Department of Health Care Services

Drug Medi-Cal Organized Delivery System Waiver

San Diego County Implementation Plan

APPENDICES

Appendix 1

Addiction Severity Index (ASI) & Youth Assessment Index (YAI)

INSTRUCTIONS

1. Leave No Blanks - Where appropriate code items: X = question not answered
   N = question not applicable
   Use only one character per item.

2. Item numbers circled are to be asked at follow-up. Items with an asterisk are cumulative and should be rephrased at follow-up (see Manual).

3. Space is provided after sections for additional comments

ADDICTION SEVERITY INDEX

SEVERITY RATINGS

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation). Each rating is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual. **Note: These severity ratings are optional.**

Fifth Edition/1998 Version

SUMMARY OF PATIENTS RATING SCALE

0 - Not at all
1 - Slightly
2 - Moderately
3 - Considerably
4 - Extremely

G1. I.D. NUMBER

G2. LAST 4 DIGITS OF SSN

G3. PROGRAM NUMBER

G4. DATE OF ADMISSION

G5. DATE OF INTERVIEW

G6. TIME BEGUN :

G7. TIME ENDED :

G8. CLASS:
1 - Intake
2 - Follow-up

G9. CONTACT CODE:
1 - In Person
2 - Phone

G10. GENDER:
1 - Male
2 - Female

G11. INTERVIEWER CODE NUMBER

G12. SPECIAL:
1 - Patient terminated
2 - Patient refused
3 - Patient unable to respond

GENERAL INFORMATION

NAME _____

CURRENT ADDRESS _____

_____

_____

G13. GEOGRAPHIC CODE

G14. How long have you lived at this address? YRS. MOS.

G15 Is this residence owned by you or your family?

0 - No 1 - Yes

G16. DATE OF BIRTH

G17. RACE

1 - White (Not of Hispanic Origin)
2 - Black (Not of Hispanic Origin)
3 - American Indian
4 - Alaskan Native
5 - Asian or Pacific Islander
6 - Hispanic - Mexican
7 - Hispanic - Puerto Rican
8 - Hispanic - Cuban
9 - Other Hispanic

G18. RELIGIOUS PREFERENCE

1 - Protestant 4 - Islamic
2 - Catholic 5 - Other
3 - Jewish 6 - None

(G19) Have you been in a controlled environment in the past 30 days?

1 - No
2 - Jail
3 - Alcohol or Drug Treatment
4 - Medical Treatment
5 - Psychiatric Treatment
6 - Other _____

(G20) How many days?

ADDITIONAL TEST RESULTS

G21. Shipley C.Q.

G22. Shipley I.Q.

G23. Beck Total Score

G24. SCL-90 Total

G25. MAST

G26. _____

G27. _____

G28. _____

SEVERITY PROFILE

	PROBLEMS	MEDICAL	EMP/SUP	ALCOHOL	DRUG	LEGAL	FAM/SOC	PSYCH
9								
8								
7								
6								
5								
4								
3								
2								
1								
0								

MEDICAL STATUS

* M1. How many times in your life have you been hospitalized for medical problems? *(Include o.d.'s, d.t.'s, exclude detox.)*

M2. How long ago was your last hospitalization for a physical problem YRS. MOS.

M3. Do you have any chronic medical problems which continue to interfere with your life?
0 - No
1 - Yes _____
Specify

M4. Are you taking any prescribed medication on a regular basis for a physical problem?
0 - No 1 - Yes

M5. Do you receive a pension for a physical disability? *(Exclude psychiatric disability.)*
0 - No
1 - Yes_____
Specify

M6. How many days have you experienced medical problems in the past 30?

FOR QUESTIONS M7 & M8 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

Comments

M8. How important to you now is treatment for these medical problems?

INTERVIEWER SEVERITY RATING

M9. How would you rate the patient's need for medical treatment?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

M10. Patient's misrepresentation?
0 - No 1 - Yes

M11. Patient's inability to understand?
0 - No 1 - Yes

EMPLOYMENT/SUPPORT STATUS

* E1. Education completed *(GED = 12 years)* YRS. MOS.

* E2. Training or technical education completed MOS.

E3. Do you have a profession, trade or skill?
0 - No
1 - Yes _____
Specify

E4. Do you have a valid driver's license?
0 - No 1 - Yes

E5. Do you have an automobile available for use?
(Answer No if no valid driver's license.)
0 - No 1 - Yes

E6. How long was your longest full-time job? YRS. MOS.

* E7. Usual (or last) occupation.

_____
(Specify in detail)

E8. Does someone contribute to your support in any way?
0 - No 1 - Yes

E9. (ONLY IF ITEM E8 IS YES) Does this constitute the majority of your support?
0 - No 1 - Yes

E10. Usual employment pattern, past 3 years.
1 - full time (40 hrs/wk)
2 - part time (reg. hrs)
3 - part time (irreg., daywork)
4 - student
5 - service
6 - retired/disability
7 - unemployed
8 - in controlled environment

E11. How many days were you paid for working in the past 30? (include "under the table" work.)

How much money did you receive from the following sources in the past 30 days?

E12. Employment (net income)

E13. Unemployment compensation

E14. DPA

E15. Pension, benefits or social security

E16. Mate, family or friends (Money for personal expenses).

E17. Illegal

Comments

E18. How many people depend on you for the majority of their food, shelter, etc.?

E19. How many days have you experienced employment problems in the past 30?

FOR QUESTIONS E20 & E21 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

E20. How troubled or bothered have you been by these employment problems in the past 30 days?

E21. How important to you *now* is counseling for these employment problems?

INTERVIEWER SEVERITY RATING

E22. How would you rate the patient's need for employment counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

E23. Patient's misrepresentation?
0 - No 1 - Yes

E24. Patient's inability to understand?
0 - No 1 - Yes

DRUG/ALCOHOL USE

		PAST 30 Days	LIFETIME USE Yrs.	Rt of adm.
D1	Alcohol - Any use at all			
D2	Alcohol - To Intoxication			
D3	Heroin			
D4	Methadone			
D5	Other opiates/ analgesics			
D6	Barbiturates			
D7	Other sed/ hyp/tranq.			
D8	Cocaine			
D9	Amphetamines			
D10	Cannabis			
D11	Hallucinogens			
D12	Inhalants			

D13 More than one substance per day (Incl. alcohol).

Note: See manual for representative examples for each drug class

* Route of Administration: 1 = Oral, 2 = Nasal 3 = Smoking, 4 = Non IV inj., 5 = IV inj.

D14 Which substance is the major problem? *Please code as above or 00-No problem;* 15-Alcohol & Drug (Dual addiction); 16-Polydrug; *when not clear, ask patient.*

D15. How long was your last period of voluntary abstinence from this major substance? *(00 - never abstinent)* MOS.

D16. How many months ago did this abstinence end? *(00 - still abstinent)*

How many times have you:

* D17 Had alcohol d.t.'s

* D18 Overdosed on drugs

How many times in your life have you been treated for:

* D19 Alcohol Abuse:

* D20 Drug Abuse:

How many of these were detox only?

* D21 Alcohol

* D22 Drug

How much would you say you spent during the past 30 days on:

D23 Alcohol

D24 Drugs

Comments

D25 How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days *(Include NA, AA).*

How many days in the past 30 have you experienced:

D26 Alcohol Problems

D27 Drug Problems

FOR QUESTIONS D28-D31 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

D28 Alcohol Problems

D29 Drug Problems

How important to you now is treatment for these:

D30 Alcohol Problems

D31 Drug Problems

INTERVIEWER SEVERITY RATING

How would you rate the patient's need for treatment for:

D32 Alcohol Abuse

D33 Drug Abuse

CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34 Patient's misrepresentation? 0 - No 1 - Yes

D35 Patient's inability to understand? 0 - No 1 - Yes

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/ parole officer, etc.)

0 - No 1 - Yes

L2. Are you on probation or parole?

0 - No 1 - Yes

How many times in your life have you been arrested and charged with the following:

* L3 - shoplifting/vandalism
* L4 - parole/probation violations
* L5 - drug charges
* L6 - forgery
* L7 - weapons offense
* L8 - burglary. larceny, B & E
* L9 - robbery
* L10 - assault
* L11 - arson
* L12 - rape
* L13 - homicide, manslaughter
* L14 -prostitution
* L15 -contempt of court
* L16 -other

* L17 How many of these charges resulted in convictions?

How many times in your life have you been charged with the following:

* L18 Disorderly conduct, vagrancy public intoxication
* L19 Driving while intoxicated
* L20 Major driving violations (reckless driving, speeding, no license, etc.)
* L21 How many months were you incarcerated in your life? MOS.

L22. How long was your last incarceration? MOS.

L23. What was it for? *(Use code 3-16, 18-20. If multiple charges, code most severe)*

L24 Are you presently awaiting charges, trial or sentence? 0 - No 1 - Yes

L25 What for *(If multiple charges, use most severe).*

L26 How many days in the past 30 were you detained or incarcerated?

Comments

L27 How many days in the past 30 have you engaged in illegal activities for profit?

FOR QUESTIONS L28 & L29 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

L28 How serious do you feel your present legal problems are? *(Exclude civil problems)*

L29 How important to you *now* is counseling or referral for these legal problems?

INTERVIEWER SEVERITY RATING

L30. How would you rate the patient's need for legal services or counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31 Patient's misrepresentation? 0 - No 1 - Yes

L32 Patient's inability to understand? 0 - No 1 - Yes

FAMILY/SOCIAL RELATIONSHIPS

F1 Marital Status

1 - Married
2 - Remarried
3 - Widowed
4 - Separated
5 - Divorced
6 - Never Married

F2 How long have you been in this marital status? YRS. MOS.
(If never married, since age 18).

F3. Are you satisfied with this situation?
0 - No
1 - Indifferent
2 - Yes

* F4. Usual living arrangements (past 3 yr.)
1 - With sexual partner and children
2 - With sexual partner alone
3 - With children alone
4 - With parents
5 - With family
6 - With friends
7 - Alone
8 - Controlled environment
9 - No stable arrangements

F5. How long have you lived in these arrangements. YRS. MOS.
(If with parents or family, since age 18).

F6. Are you satisfied with these living arrangements?
0 - No
1 - Indifferent
2 - Yes

Do you live with anyone who:
0 = No 1 = Yes

F7. Has a current alcohol problem?

F8. Uses non-prescribed drugs?

F9. With whom do you spend most of your free time:
1 - Family 3 - Alone
2 - Friends

F10. Are you satisfied with spending your free time this way?
0 - No 1 - Indifferent 2 - Yes

F11. How many close friends do you have?

Direction for F12-F26: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for **any** relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relative from that category.

Would you say you have had close, long lasting, personal relationships with any of the following people in your life:

F12. Mother
F13. Father
F14. Brothers/Sisters
F15. Sexual Partner/Spouse
F16. Children
F17. Friends

Have you had significant periods in which you have experienced serious problems getting along with:

0 - No 1 - Yes	PAST 30 DAYS	IN YOUR LIFE
F18 Mother		
F19 Father		
F20 Brothers/Sisters		
F21 Sexual partner/spouse		
F22 Children		
F23 Other significant family_____		
F24 Close friends		
F25 Neighbors		
F26 Co-Workers		

Did any of these people (F18-F26) abuse you: 0 =No, 1 = Yes

	30 DAYS	LIFE
F27. Emotionally (make you feel bad through harsh words)?		
F28. Physically (cause you physical harm)?		
F29. Sexually (force sexual advances or sexual acts)?		

How many days in the past 30 have you had serious conflicts:

F30 with your family?
F31 with other people? (excluding family)

FOR QUESTIONS F32-F35 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

F32. Family problems
F33. Social problems

How important to you now is treatment or counseling for these:

F34. Family problems
F35. Social problems

INTERVIEWER SEVERITY RATING

F36. How would you rate the patient's need for family and/or social counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F37 Patient's misrepresentation?
0 - No 1 - Yes

F38. Patient's inability to understand?
0 - No 1 - Yes

Comments

PSYCHIATRIC STATUS

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

* P1 In a hospital
* P2 As an Opt. or Priv. patient

P3. Do you receive a pension for a psychiatric disablity?

0 - No 1 - Yes

Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:

0 - No 1 - Yes	PAST 30 DAYS	IN YOUR LIFE
P4. Experienced serious depression		
P5 Experienced serious anxiety or tension		
P6 Experienced hallucinations		
P7 Experienced trouble understanding, concentrating or remembering		
P8 Experienced trouble controlling violent behavior		
P9 Experienced serious thoughts of suicide		
P10 Attempted suicide		
P11 Been prescribed medication for any psychological emotional problem		

P12 How many days in the past 30 have you experienced these psychological or emotional problems?

FOR QUESTIONS P13 & P14 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

P13 How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

P14 How important to you now is treatment for these psychological problems?

THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

At the time of the interview, is patient:

0 - No 1 - Yes

P15 Obviously depressed/withdrawn

P16 Obviously hostile

P17 Obviously anxious/nervous

P18 Having trouble with reality testing thought disorders, paranoid thinking

P19 Having trouble comprehending, concentrating, remembering.

P20 Having suicidal thoughts

Comments

INTERVIEWER SEVERITY RATING

P21 How would you rate the patient's need for psychiatric/psychological treatment?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

P22 Patient's misrepresentation?
0 - No 1 - Yes

P23 Patient's inability to understand?
0 - No 1 - Yes

YOUTH ASSESSMENT INDEX ver. 4.0c

(Sponsored by: QuickStart Systems, Inc.)

Dr. David Metzger
A. Thomas McLellan, Ph.D.

Remember: This is an interview, not a test.

Call QuickStart Systems at (214)342-9020 for:
- Free copies of the Youth Assessment Index
- Free copies of the Clinical/Training ASI
- The Easy-YAI software, and
- Other Treatment Tracking Software.

INTRODUCING THE YAI:

Eight potential problem areas:
Current living situation, Legal, Medical, Family Relationships, Education/Work, Drug/Alcohol, Psycho/Social Adjustment, and Personal Relationships. All clients receive this same standard interview. All information gathered is confidential.
There are two time periods we will discuss:

0 - Has never occurred
1 - Occurred more than 30 days ago
2 - Occurred the last 30 days
3 - Occurred during and before the last 30 days

Client Input:
Client input is important. For each area, I will ask you to let me know how bothered you have been by any problems in each section. I will also ask you how important counseling is to you for the area being discussed. The response to these questions will be a yes or no.

If you are uncomfortable giving an answer, then don't answer. *Please do not give inaccurate information! Remember: This is an interview, not a test.*

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this YAI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. X = Question not answered.
4. N = Question not applicable.
5. Privately interview the youth about drug and alcohol use and personal relationships unless parents are reluctant or unwilling to leave.

HALF TIME RULE: If a question is interested in the number of months, round up periods of 14 days or more to 1 month. If the question is only interested in the number of years, round up 6 months or more to 1 year.

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

> 30 day questions only require the number of days used.
> Lifetime use is asked to determine extended periods of use.
> How to ask these questions:
  > How many days in the past 30 have you used....?
  > How many years in your life have you regularly used....?
> Use 99 percent to represent number of times used is one hundred or more

Source or referral:

01 = Family /Friend
05 = Self Referral
06 = Employer
07 = School
09 = Technician Alternatives to Street Crime (TASC)
32 = Physician
33 = Council on alcohol and Drug Abuse
34 = Employee Assistance Program (EAP)
37 = Clergy
38 = Texas Rehabilitation Commission (TRC)
39 = Court Commitment
40 = Texas Dept. of Human Services (DPW, DHR)
41 = Substitute for Foster Care
50 = State Hospital Outreach Program
51 = AA, NA, Alanon, Alateen, Other Peer Support
52 = Community MHMR Center
53 = Other Non-Residential Program
60 = State Hospital
61 = Other Hospital
62 = Halfway House - Intermediate Care
63 = Long Term Care
64 = Non-Hospital Detox Facility
65 = Other Residential Program
70 = Police
71 = Probation (non-DWI)
72 = Probation (DWI)
73 = Parole
74 = Other Law Enforcement
75 = Texas Youth Commission
76 = TDJC/ID
77 = TAIP
78 = City/County Jail
80 = Other Individual
81 = Other Community Agency(not treatment, not law enforcement)

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Diluaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups = Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes
Cocaine	Cocaine Crystal, Free-Base Cocaine or "Crack", and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetimine, Speed, Ice, Crystal,
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD(Acid), Mescaline, Mushrooms(Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippets, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.
Just note if these are used:	Antidepressants, Ulcer Meds = Zantac, Tagamet, Asthma Meds = Ventoline Inhaler, Theodur, Other meds = Antipsychotics, Lithium

YAI (Youth Assessment Index) / Intake Attendance tab

YOUTH ASSESSMENT INDEX ver. 4.0c

Section I: General Information

Interview site_____

Date: ____/____/____

Case #: ☐☐☐☐☐☐☐☐☐☐

Interviewer: ☐☐☐☐

Initial/Follow-up: I=Initial F=Follow-up ☐

1._____
First Name Middle Last Name

2._____
Address Line 1

_____
Address Line 2

_____
City State Zip Code County

(_____) _____-_____
Home Phone Number

(_____) _____- _____ Ext._____
Work Phone number

3. Sex : 1=Male 2=Female ☐

4. Race: ☐
1. White(not Hisp.)
2. African American (not Hisp.)
3. Hispanic-Mexican American
4. Hispanic-Mexican National
5. Hispanic-Puerto Rican
6. Hispanic-Cuban
7. Hispanic-Other
8. Alaskan Native
9. Asian/Pacific
0. Other
x. Unknown

5. Date of Birth: ____/____/____ Age: YEARS ☐☐

6.a. Your (youth's) Marital Status: ☐
0=Never Married 1=Married 2=Divorced 3=Separated

b. Have you had any children (yes/no)? 0=No 1=Yes ☐

c. Are you currently responsible for the care of any children(yes/no)? 0=No 1=Yes ☐

7. SSN: ☐☐☐-☐☐-☐☐☐☐

8. Health Insurance type: ☐
0=No health insurance
1=Blue Cross/Blue Shield WITHOUT Substance Abuse Coverage
2=Other private insurance WITHOUT Substance Abuse Coverage
3=Blue Cross/Blue shield WITH Substance Abuse Coverage
4=Other private insurance WITH Substance Abuse Coverage
5=Medicaid
6=Medicare
7=CHAMPUS
8=Other Public Funds For Health Care
X=Unknown

9. _____
Insurance Provider Name

10. Ins. Policy #: ☐☐☐☐☐☐☐☐☐☐

11. _____
Insurance Provider Address Line 1

_____
Insurance Provider Address Line 2

_____
Insurance Provider's City State Zip

12. Source of referral: (see cover page) ☐☐

If referred by probation/parole (or if currently on probation /parole) :

13. _____
Probation/Parole Officer Name:

14. (_____)_____-_____Ext:_____
Probation /Parole Officer Phone Number

15. _____
Judge Name

16. Case Number ☐☐☐☐☐☐☐☐☐☐

17. Charge Code ☐☐☐☐☐☐

18. _____
Charge Description

19. Other available documents on file (check all that apply):
a.) _____ Drug and Alcohol Assessment
b.) _____ School/Employment
c.) _____ Police
d.) _____ Psychological
e.) _____ Other _____

20. Does adolescent: ☐
1=Understand and agree with the reason for the interview?
2=Agree?
3=understand?
4=Niether understand nor agree.

General Information Comments:
(Include the question number with your notes)

_____

_____

_____

_____

_____

_____

_____

Section II: Current Living Situation

1. Have you been in a controlled environment in the past 30 days? ☐ #DAYS ☐☐
1. No 4. Residential Treatment

2. Group Home
3. Prison
5. Hospital-Based Program

2. With whom do you live (current caretakers)? ☐

1=Both Parents
2=Mother Only
3=Father Only
4=Mother & Stepfather
5=Father & Stepmother
6=Substitute or Foster Care
7=Institution
8=Alone
9=other
0=Other Relatives
A=Friends

3a. Current marital status of natural parents: ☐

0=Never Married
1=Married and living together
4=Both Deceased
5=Father Deceased

4. HEAD OF HOUSEHOLD:

a. Name: _____
b. Relationship: _____
c. Address: _____

City State Zip County

d. Phone: (_____)_____-_____
e. Date of Birth: _____/_____/_____ ☐☐
f. Social Security #: ☐☐☐ ☐☐ ☐☐☐☐
g. Current employment Status: ☐

1=Unemployed, has not sought employment in the last 30 days
2=Unemployed, has sought employment in last 30 days
3=Part-Time (less than 35 hours/week)
4=Full- Time (35 or more hours/week)

<<if working>>

h. Occupation:_____
i. Employer: _____
j. Address: _____

(city) (state) (zip) (county)

k. (_____)_____-_____ Hours:___:___-___:___
Work Phone From To

<<If not working>>

l. Primary reason for no paid employment ☐

0=Cannot find a job
1=Unable to work for health reasons
2=unable to keep job due to substance abuse problems
3=Needed at home to work or take care of other family members
4=Attending School
5=Not interested in working
6=Lack of transportation
7=Lack of job skills
8=Retired
9=Other
N=Not applicable (employed)

m. Income:

Employment: $_____ Pension: $_____
Public Assistance: $_____ Family: $_____
Disability: $_____ Illegal: $_____

n. Marital status of Head of Household:

0=Never Married
1=Married and living together
2=Divorced
3=Separated(married, not living together nor incarcerated)
4=Deceased

o. Highest Grade Completed: ☐☐

OTHER PRIMARY CARETAKER:

a. Name: _____
b. Relationship: _____

2=Divorced
3=Separated (married, not living together nor incarcerated)
6=Mother Deceased

3b. If either parent(s) is (are) deceased, how old were you at the time of their death:
Mother ☐☐
Father ☐☐

3c. Who has custody if parents are divorced/separated? ☐

N=N/A, Not divorced/separated
1=N/A, Youth is over 18
2=Father
3=Mother
4=Other Individual
5=Institution
6=Other

c. Address: _____

City State Zip County

d. Phone: (_____)_____-_____
e. Date of Birth: _____/_____/_____ ☐☐
f. Social Security #: ☐☐☐ ☐☐ ☐☐☐☐
g. Current employment Status: ☐

1=Unemployed, has not sought employment in the last 30 days
2=Unemployed, has sought employment in last 30 days
3=Part-Time (less than 35 hours/week)
4=Full- Time (35 or more hours/week)

<<if working>>

h. Occupation:_____
i. Employer: _____
j. Address: _____

(city) (state) (zip) (county)

k. (_____)_____-_____ Hours:___:___-___:___
Work Phone From To

<<If not working>>

l. Primary reason for no paid employment ☐

0=Cannot find a job
1=Unable to work for health reasons
2=unable to keep job due to substance abuse problems
3=Needed at home to work or take care of other family members
4=Attending School
5=Not interested in working
6=Lack of transportation
7=Lack of job skills
8=Retired
9=Other
N=Not applicable (employed)

m. Income:

Employment: $_____ Pension: $_____
Public Assistance: $_____ Family: $_____
Disability: $_____ Illegal: $_____

n. Marital status of Head of Household:

0=Never Married
1=Married and living together
2=Divorced
3=Separated(married, not living together nor incarcerated)
4=Deceased

o. Highest Grade Completed: ☐☐

6. OTHER INVOLVED ADULTS:

a. _____
Name

b. _____
Relationship

c. _____

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Address

_____
City State Zip County

d. (_____)_____-_____
Phone

e. Date of Birth: _____/_____/_____ Age ☐☐

f. Social Security #: ☐☐☐ ☐☐ ☐☐☐☐

g. Current employment Status: ☐
1=Unemployed, has not sought employment in the last 30 days
2=Unemployed, has sought employment in last 30 days
3=Part-Time (less than 35 hours/week)
4=Full- Time (35 or more hours/week)

<<if working>>

h. Occupation:_____

i. _____
Employer

j. _____
Address

_____
(city) (state) (zip) (county)

k. (_____)_____-_____ Hours:___:___-___:___
Work Phone From To

OTHER INVOLVED ADULTS:

a. _____

Name

b. _____
Relationship

c. _____
Address

_____
City State Zip County

d. (_____)_____-_____
Phone

e. Date of Birth: _____/_____/_____ Age ☐☐

f. Social Security #: ☐☐☐ ☐☐ ☐☐☐☐

g. Current employment Status: ☐
1=Unemployed, has not sought employment in the last 30 days
2=Unemployed, has sought employment in last 30 days
3=Part-Time (less than 35 hours/week)
4=Full- Time (35 or more hours/week)

<<if working>>

h. Occupation:_____

i. _____
Employer

j. _____
Address

_____
(city) (state) (zip) (county)

k. (_____)_____-_____ Hours:___:___-___:___
Work Phone From To

Comments on Current Living Situation:
(Include the question number with your notes)

SECTION III: LEGAL

(Include the question number with your notes)

1. Do you have a drivers license? 0=No 1=Yes ☐

   a.) Have your driving privileges ever been postponed, suspended or revoked? 0=No 1=Yes ☐

2. Have you ever been picked up by the police? 0=No 1=Yes ☐

   a.) How many times and at what age(first time)? Times ☐☐ Years ☐☐

3. Have you ever been taken to a police station? 0=No 1=Yes ☐

4. Have you ever been locked up? 0=No 1=Yes ☐

5. Have you ever been in front of a judge? 0=No 1=Yes ☐

6. Do you have a probation officer now? 0=No 1=Yes ☐

   a.) _____
   (Probation Officer name)

   b.) (_____)_____-_____ Ext:_____
   Probation officer's phone number

7. Are you currently facing charges or waiting to see a judge? 0=No 1=Yes ☐

8. Have you ever spent time in jail or in a detention center? 0=No 1=Yes ☐ DAYS ☐☐

9. When do you feel a need to defend yourself, what do you use (carry)? ☐
   0=Nothing
   1=Knives
   2=Guns
   3=Other (specify in comments)

10. Have you ever had a weapon taken away from you? 0=No 1=Yes ☐

11. When involved with the legal system, was:

    a.) someone hurt? 0=No 1=Yes ☐

    b.) property damaged? 0=No 1=Yes ☐

12. Do you think that you have legal problems? 0=No 1=Yes ☐

13. Would you like counseling for these problems? 0=No 1=Yes ☐

14. Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

    Confidence Rating: 0=No 1=Yes ☐

Comments on Legal Section:

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SECTION IV: MEDICAL

How long ago was your last physical examination? MONTHS ☐☐

2. Do you have any chronic medical problems (e.g. diabetes, asthma, allergies, etc)? 0=No 1=Yes ☐
3. Are you taking any prescribed medication at this time? 0=No 1=Yes ☐
4. Have you had to visit an emergency room in the past year? 0=No 1=Yes ☐ TIMES ☐☐
5. Do you feel that you have a medical problem? 0=No 1=Yes ☐
6. Would you like treatment for these medical problems? 0=No 1=Yes ☐
7. Interviewer Severity Rating: 0=No need 1=Minor 2=Moderate 3=Urgent ☐
8. Confidence Rating 0=No 1=Yes ☐

SECTION V: FAMILY RELATIONSHIPS

1. Has your living arrangement changed in the past year? 0=No 1=Yes ☐
2. Are you unhappy or dissatisfied with the current situation at home? 0=No 1=Yes ☐
3. Have you ever lived away from home or parents (or current guardians)? 0=No 1=Yes ☐
4. Have any of your brothers or sisters ever had to live away from home before they were eighteen years old? 0=No 1=Yes ☐
5. Have you ever run away from home? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr ☐ TIMES ☐☐
6. Is there a lot of arguing or fighting in your house? <OPT> If yes, how many times? 0=No 1=Yes ☐ TIMES ☐☐
7. Have you ever been a member of a gang? 0=No 1=Yes ☐
   a) _____ <OPT> Gang Name b) Age at Start: YEARS ☐☐
8. Has any member of your immediate family or household?
   a) been arrested? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr ☐
   b) been hospitalized overnight or longer? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr ☐
   c) died? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr ☐
9. Have you ever:
   a) had serious problems in getting along with anyone in your household? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr ☐
   b) had a physical fight with either of your parents /guardians? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr ☐
   c) been involved in family counseling, or had a caseworker assigned to visit your family? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr ☐
10. Do you feel that you have a family problem? 0=No 1=Yes ☐
11. Would you like counseling for these problems? 0=No 1=Yes ☐
12. Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent ☐
13. Confidence Rating 0=No 1=Yes ☐

Comments on Medical Section
(Include the question number with your notes)

Comments on Family Relationships:
(Include the question number with your notes)

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SECTION VI: EDUCATION/WORK

Name of current or last school attended

2. School Address Line 1

School Address Line 2

3. Current School Status:
1 = Graduated (or GED)
2 = Quit or dropped out
3 = Suspended
4 = Still in School(incl. Summer vacn).
5 = Enrolled in other educational skill development program
6 = Enrolled in or transferred from an institutional educational program

4. Current or highest grade completed:

5. Days absent from school during last 6 week period: (Days)

6. Have you ever received any special programming? (0=No 1=Yes)

7. Number of D's or F's on last report card:

a.) <OPT> Are you currently failing any classes? (0=No 1=Yes)

8. Have you ever failed or repeated a grade: (0=No 1=Yes) (Times)

9. How many times have you been suspended or expelled (include in-school suspensions):

a. Suspended? (Times) b. Expelled? (Times)

c. Are you currently suspended or expelled (0=No 1=Yes)

d. # of days suspended in the last 6 weeks? (Days)

10. Do you plan on graduating (or getting a GED)? (0=No 1=Yes)

11. Have you ever:

a. skipped school or cut classes more than one time a week? (0=No 1=Month+ 2=Past Mo. 3=Past&Bfr)

b. <OPT> If yes, have you gotten high when you skip? (0=No 1=Yes)

c. had your parents been called by the school because of your behavior? (0=No 1=Month+ 2=Past Mo. 3=Past&Bfr)

d. Had a serious argument or fight with a teacher? (0=No 1=Month+ 2=Past Mo. 3=Past&Bfr)

12. What are your current source(s) of income(check all that apply):

__ Employment __ Public Assistance __ Other
__ Parents __ Social Security

<<If working>> a. Number of hours: (Hours)

b. Net Income/week: $

13. Have you ever been fired from a job? (0=No 1=Yes)

14. On average, how many weeks do you stay on a job? (Weeks)

15. Do you have any skills or training that could help you get a job? (If yes, specify in comments). (0=No 1=Yes)

16. Do you feel that you have a school or work problem? (0=No 1=Yes)

17. Would you like counseling for these problems? (0=No 1=Yes)

Interviewer Severity Rating: (0=No Need 1=Minor 2=Moderate 3=Urgent)

Confidence Rating: (0=No 1=Yes)

SECTION VII: DRUG / ALCOHOL

Comments on Education/Work:
(Include the question number with your notes)

How many of your five closest friends:
Smoke ☐☐ b. Drink ☐☐ c. Do Drugs ☐☐

2. Do you smoke cigarettes? 0=NO 1=YES ☐
a. <OPT> If yes, how old were you when you started smoking regularly (3 or more times/week)? YEARS ☐☐

3. Substance Abuse Patterns:
a. Have you ever used drugs & alcohol? 0=NO 1=YES ☐

<<IF NO ALCOHOL OR DRUG USE IS REPORTED IN #3a, SKIP TO QUESTION #5>>

b.

SUBSTANCE:	CODAP Code	1ST AGE	#TIMES LAST YR	#TIMES LAST MO.	CODAP FREQ <OPT>	CODAP ROUTE <OPT>
ALCOHOL	04					
MARIJUANA	09					
COCAINE	08					
CRACK	08					
INHALANTS	11					
SPEED	07					
TOTAL DEPRESSANTS	05					
HALLUCINOGENS	10					
HERION	01					
NON-RX METHADONE	02					
HER OPIATES	03					
VER-THE-DUNTER	12					
TRANQUILIZERS	13					
ECSTACY	15					
PCP	21					
OTHER	14					
TOTAL OTHER						

The frequency and Route columns in the substance table are not required or entered into the computer system. They are used to gather data for the CODAP summary below.

c. <OPT> CODAP Summary:
(To be filled out by interviewer after interview)

PROBLEMS	Primary	Secondary	Tertiary
Substances:			
Severity:			
Frequency:			
Route:			
Year of 1st use:			

SEVERITY
0=Use (not a problem)
1=Primary
2=Secondary
3=Tertiary

FREQUENCY
0=None, did not happen
1=Less than once/week
2=Once per week
3=Several times/week
4=Once daily
5=2 to 3 times daily
6=More than 3 times daily

ROUTE OF ADMIN
1=Oral
2=Smoking
3=Inhalation
4=Intramuscular
5=Intravenous

mments on Alcohol/Drug use:
clude the question number with your notes)

YOUTH ASSESSMENT INDEX ver. 4.0c

Have you ever:

a. used drugs or alcohol before or during school? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

b. missed school because you were hung over? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

c. missed work because you were high or hung over? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

d. been told you should cut down or stop using drugs or alcohol? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

e. been in a program to get help for a drug problem? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

f. been in a program to get help for an alcohol problem? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

g. gotten into trouble (including this incident) for things you've done while you were using drugs or alcohol? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

5. Have you ever been:

a. at a party where alcohol was served? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

b. at a party where drugs were available? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

c. accused by your parents, teachers, or employer of being drunk or high? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

d. in a car where the driver or others were using drugs or alcohol? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

Have any of you FRIENDS ever:

a. asked you to get drugs or alcohol for them? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

b. tried to get you to drink or use drugs? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

c. been treated for drug or alcohol problems? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

7. How much money have you spent during the last month on:

a. Alcohol $ ☐☐☐☐

b. Drugs $ ☐☐☐☐

8. Do either of your parents or other members of your household have (or have had) a drug or alcohol problem?

Mother: 0=NO 1=YES ☐ Father: 0=NO 1=YES ☐

Brothers/Sisters 0=NO 1=YES ☐ Other Relatives: 0=NO 1=YES ☐

Other Non-Related 0=NO 1=YES ☐

9. Are you permitted to drink at home (excluding small amounts on special occasions)? 0=NO 1=YES ☐

10. Do you feel that you have drug/alcohol problems? 0=NO 1=YES ☐

11. Would you like treatment or counseling for these problems? 0=NO 1=YES ☐

Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

13. Confidence Rating: 0=NO 1=YES ☐

Comments:
(Include the question number with your notes)

ECTION VIII: PSYCHO/SOCIAL ADJUSTMENT

1. Have you ever been treated for an emotional problem by a psychiatrist, psychologist or other counselor? (If yes, specify name, company name and address in comments). 0=NO 1=YES ☐

2. Has there ever been a time (a few days or more) when you have:

a. felt very unhappy, sad, depressed? ☐

b. felt worried, afraid, scared? ☐

c. felt very lonely, all alone, isolated? ☐

d. felt like a failure or worthless? ☐

e. had trouble controlling your anger? ☐

f. had trouble falling or staying asleep? ☐

g. lost your appetite or worried about your weight? ☐

h. heard voices? ☐

i. seen things? ☐

SCALE	
0=No	2=Past Mo.
1=Month+	3=Past& Bfr.

3. Have you ever had serious thoughts of hurting yourself? 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

Have you ever attempted suicide? 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

5. Have you ever:

a. had trouble making or keeping friends? 0=NO 1=YES ☐

b. had serious problems with your girlfriend/boyfriend? 0=NO 1=YES ☐

c. felt like no one really cared about you? 0=NO 1=YES ☐

d. gotten into trouble because of your friends? 0=NO 1=YES ☐

e. gambled? 0=NO 1=YES ☐

6. Do you think that you have emotional problems? 0=NO 1=YES ☐

7. Would you like counseling for these problems? 0=NO 1=YES ☐

8. Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

Confidence Rating: 0=NO 1=YES ☐

Comments on Psycho/Social Adjustment:
(Include the question number with your notes)

SECTION IX: PERSONAL RELATIONSHIPS

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YOUTH ASSESSMENT INDEX ver. 4.0c

1. Have you ever had a serious relationship (boyfriend or girlfriend)? 0=NO 1=YES ☐
2. Are you currently involved in a serious relationship? 0=NO 1=YES ☐
   a. If yes, are you unhappy or dissatisfied with this relationship? 0=NO 1=YES ☐
3. Have you ever had sex? <<If no, skip to question#11>> 0=NO 1=YES ☐
4. How old were you when you first had sex? YEARS ☐☐
5. How many sexual partners have you had in the last six months? ☐☐
6. Have you ever had sex without using precautions? 0=NO 1=YES ☐
7. How about in the last six months? 0=NO 1=YES ☐
8. What methods of protection do you currently use:
   a. Nothing 0=SOME 1=EVERY ☐
   b. Withdrawal 0=SOME 1=EVERY ☐
   c. Diaphragm 0=SOME 1=EVERY ☐
   d. B. C. Pill 0=SOME 1=EVERY ☐
   e. Condom 0=SOME 1=EVERY ☐
   f. Implant 0=SOME 1=EVERY ☐
   g. Other 0=SOME 1=EVERY ☐
   (Specify in comments)
9. Have you ever had a sexually transmitted disease (like gonorrhea, clap, VD, etc.) 0=NO 1=YES ☐
10. a. <FEMALE>Have you ever been pregnant? 0=NO 1=YES ☐
    b. <MALE>Have you ever gotten somebody pregnant? 0=NO 1=YES ☐
11. Have you been taught about avoiding HIV/AIDS? 0=NO 1=YES ☐
    Can you tell me how someone can avoid getting AIDS? (Specify in comments)
12. Have you ever been abused:
    a. Physically? 0=NO 1=YES ☐
    b. Sexually? 0=NO 1=YES ☐
    c. If yes, was the incident investigated? 0=NO 1=YES ☐
    d. Have you ever physically or sexually abused someone else? 0=NO 1=YES ☐
13. Have you ever seriously considered calling the police because of the way members of your household were acting? 0=NO 1=YES ☐
    (If yes, specify in comments).
14. Have you ever been forced/pressured into having sex? 0=NO 1=YES ☐
    a. If no, have you ever been touched in a way that you did not like? 0=NO 1=YES ☐
    b. Have you ever forced/pressured someone into having sex? 0=NO 1=YES ☐
15. If 12, 13, 14 or 14a is YES, are you currently in a relationship where this is happening? 0=NO 1=YES ☐
16. Do you need help/counseling on the above subjects? 0=NO 1=YES ☐
17. Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

Confidence Rating 0=NO 1=YES ☐

mments on Personal Relationships:
ude the question number with your notes)

ECTION X: PROFILE

1. Severity Profile:

	0	1	2	3
Legal				
Family				
Education				
Medical				
Psy. /Soc. Adj.				
Substance use				
Personal				

2. Guardian Assessment:

	Agree	Disagree
Legal		
Family		
Education		
Medical		
Psy./Soc. Adj.		
Substance use		
Personal		

elationship of Rater: _____

3. Overall Confidence Rating:

Do you feel the information is significantly distorted by:

a. Client's misrepresentation? 0=NO 1=YES ☐

b. Client's inability to understand? 0=NO 1=YES ☐

4. How long did this interview last? MINUTES ☐☐☐

Comments on Profile:
(Include the question number with your notes)

Appendix 2

Patient Placement Criteria (PPC-2R) & Patient Placement Criteria – Adolescent

ASAM PPC-2R RISK RATING CROSSWALK

ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders - Adult

	0	1	2	3	4
1 *Acute Intoxication and/or Withdrawal Potential*	Fully functioning, no signs of intoxication or withdrawal present.	Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self or others. Minimal risk of severe withdrawal.	Intoxication may be severe, but responds to support; not posing a danger to self or others. Moderate risk of severe withdrawal.	Severe s/s of intoxication indicates an imminent danger to self or others. Risk of severe but manageable withdrawal; or withdrawal is worsening.	Incapacitated, with severe signs and symptoms. Severe withdrawal presents danger, as of seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleed, or fetal death).
2 *Biomedical Conditions and Complications*	Fully functioning and able to cope with any physical discomfort or pain.	Adequate ability to cope with physical discomfort. Mild to moderate symptoms (such as mild to moderate pain) interfere with daily functioning.	Some difficulty tolerating physical problems. Acute, non-life threatening medical symptoms are present. Serious biomedical problems are neglected.	Serious medical problems are neglected during outpatient treatment. Severe medical problems are present but stable. Poor ability to cope with physical problems.	The patient is incapacitated, with severe medical problems.
3 *Emotional, Behavioral or Cognitive (EBC) Conditions and Complications*	Good impulse control and coping skills and sub-domains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness).	There is a suspected or diagnosed EBC condition that requires intervention, but does not significantly interfere with tx. Relationships are being impaired but not endangered by substance use.	Persistent EBC condition, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.	Severe EBC symptomatology, but sufficient control that does not require involuntary confinement. Impulses to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC symptomatology; requires involuntary confinement. Exhibits severe and acute life-threatening symptoms (e.g., dangerous or impulsive behavior or cognitive functioning) posing imminent danger to self and others.
4 *Readiness to Change*	Willing, engaged in treatment.	Willing to enter treatment, but is ambivalent about the need for change. Or willing to change substance use, but believes it will not be difficult to do so.	Reluctant to agree to treatment. Able to articulate negative consequences of usage but has low commitment to change use. Only passively involved in treatment.	Unaware of the need for change, minimal awareness of the need for treatment, and unwilling or only partially able to follow through with recommendations.	Not willing to explore change, knows very little about addiction, and is in denial of the illness and its implications. Unable to follow -through with recommendations.
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	Willingly engaged in tx as a proactive, responsible participant; willing to change mental functioning & behavior.	Willing to enter tx and explore strategies for changing mental functioning but is ambivalent about the need for change. Willing to explore the need for strategies to deal with mental disorders. Participation in mental health tx is sufficient to avert mental decompensation. *Ex: ambivalent about taking meds but generally follows tx recommendations.*	Reluctant to agree to tx for mental disorders. Is able to articulate the negative consequences of mental health problems but has low commitment to therapy. Has low readiness to change and passively involved in tx. *Ex: variable attendance to therapy or with taking medication.*	Exhibits inconsistent follow through and shows minimal awareness of mental disorder or need for tx. Unaware of the need for change and is unwilling or partially able to follow through with recommendations.	A. No immediate Action Required: Unable to follow through has little or no awareness of a mental disorder or negative consequences. Sees no connection between suffering and mental disorder. Is not imminently dangerous or unable to care for self. Unwilling to explore change and is in denial regarding their illness and its implications. B. Immediate Action Required: Unable to follow

					through with recommendations. Behavior represents an imminent danger of harm to self and others. Unable to function independently or engage in self-care.
5 *Relapse, Continued Use, or Continued Problem Potential*	Low or no potential for relapse, good coping skills.	Minimal relapse potential, with some vulnerability, and has fair self management and relapse prevention skills.	Impaired recognition and understanding of substance use relapse issues, but is able to self manage with prompting.	Little recognition and understanding of substance use relapse issues, and poor skills to interrupt addiction problems, or to avoid or limit relapse.	No skills to cope with addiction problems, or to prevent relapse. Continued addictive behavior places self and/or others in imminent danger.
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	No potential for further mental health problems or low potential and good coping skills.	Minimal relapse potential with some vulnerability and fair self management & relapse prevention skills.	Impaired recognition & understanding of mental illness relapse issues, but is able to self-manage.	Little recognition or understanding of mental illness relapse issues & poor skills to cope with mental health problems.	A. No immediate action required: Repeated tx episodes with little positive effect. No skills to cope with or interrupt mental health problems. Not in imminent danger and is able to care for self. B. Immediate action required: No skills to arrest the mental health disorder or relapse of mental illness. Psychiatric disorder places them in imminent danger.
6 *Recovery Environment*	Supportive environment and/or able to cope in environment.	Passive support or significant others are not interested in patient's addiction recovery, but is not too distracted by this and is able to cope	The environment is not supportive of addiction recovery but, with clinical structure, able to cope most of the time.	The environment is not supportive of addiction recovery and the patient finds coping difficult, even with clinical structure.	The environment is chronically hostile and toxic to recovery. The patient is unable to cope with the negative effects of this environment on recovery, and the environment may pose a threat to the patient's safety.
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	Has a supportive environment or is able to cope with poor supports.	Has passive supports or significant others not interested in improved mental health but they are able to cope.	Environment is not supportive of good mental health but, with clinical structure, they are able to cope most of the time.	Environment is not supportive of good mental health and they find coping difficult, even with clinical structure.	A. No immediate action required: Environment is not supportive and is chronically hostile and toxic to good mental health Able to cope with the negative effects of the environment on their recovery. B. Immediate Action Required: Environment is not supportive and is chronically hostile to a safe mental health environment posing an immediate threat to their safety and well being. (ex

					lives with a abusive alcoholic partner.)
	No Risk	Low	Moderate	High	Severe

- **Level III Residential Treatment** typically has a one “3” or “4” in Dimension 1, 2 or 3; and an additional “3” or “4” in Dimensions 1 through 6. For dimension 1, risk rating of “3” or “4” within past 2 weeks.

- **Level II Partial Hospitalization** typically has a risk rating of “1” or “0” in Dimension 1; a “2” or “3” in Dimension 2; a “2 or 3” in Dimension 3; and one “3 or 4” in Dimensions 4 through 6.

- **Level II Intensive Outpatient** typically has a “0” or “1” in Dimensions 1 and 2; a “1 or 2” in Dimension 3; and a “3” or “4” in Dimension 4, 5, or 6.

- **Level I Outpatient treatment** typically has a risk rating of “0” or”1” in all Dimensions.

ASAM PPC-2R ADOLESCENT RISK RATING

ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders- Adolescents

	0	1	2	3	4
1 *Acute Intoxication and/or Withdrawal (WD) Potential*	Fully functioning and demonstrates good ability to tolerate and cope with WD discomfort; no signs and symptoms of intoxication or WD present or signs and symptoms are resolving;	Adequate ability to tolerate and cope with W/D discomfort; mild to mod. Intoxication or signs and symptoms pose no imminent danger;	Some difficulty tolerating and coping with W/D discomfort; does not pose imminent danger to self or others;	Poor ability to tolerate and cope with W/D; may pose an imminent danger to self or others; Severe signs and symptoms of W/D;	Ct. is incapacitated with severe s/s; W/D poses danger, continued use poses an imminent threat to life;
2 *Biomedical Conditions and Complications*	Fully functioning and demonstrates good ability to cope with physical discomfort; no biomedical signs and symptoms present or biomedical problems are stable;	Adequate ability to tolerate and cope with physical discomfort; mild to moderate signs and symptoms interfere w/daily functioning;	Some difficulty tolerating and coping with physical discomfort & has other biomedical problems that may interfere w/recovery and treatment; moderately severe biomedical conditions & problems are active, but manageable w/ easily assessable off site care;	Ct. demonstrates poor ability to tolerate & cope with physical problems or general health condition is poor; Serious medical conditions which are neglected in OP/IOP; such problems are stable;	Ct. is incapacitated with severe medical problems;
3 *Emotional, Behavioral or Cognitive (EBC) Conditions and Complications*	Good impulse control & coping skills: Able to focus on recovery, identify appropriate supports and reach out for help; Fully functioning in relationships with significant others, school, work and friends; Fully functional with good personal resources and skills to cope with emotional problems; No emotional or behavioral problems or any problems identified are stable; no recent serious or high-risk vulnerability;	Adequate impulse control to deal w/thoughts of harm; Emotional concerns relate to neg. consequences & effects of addiction; able to view as part of addiction; Relationships or social functioning are impaired but not endangered by use; able to meet personal responsibilities & maintain relationships despite s/s; Adequate resources & skills to cope with problems; Mild to moderate symptoms with good response to tx. in the past; relatively long periods of stability or not severe enough to pose high risk;	Suicidal ideations or violent impulses which require more than routine monitoring; EBC distract from recovery efforts; Relationships or social functioning are impaired but not endangered by use; s/s are causing moderate difficulties in relationships but do not pose a danger or impede the ADL or responsibilities in the home; Poor personal resources, moderate or minimal skills to cope with EBC; Frequent or intense symptoms w/ a history that indicates not well stabilized; acute problems pose some risk of harm but not imminently dangerous;	Frequent impulses to harm self or others which are potentially destabilizing or chronic; Recovery efforts are negatively affected by the ct's EBC problems in significant & distracting ways; Significant functional impairment, with severe symptoms of EBC; such symptoms seriously impair the ct's ability to function in family, social, work or school settings and can not be managed at less intensive LOC or to function in shelters or community situations; Insufficient or severe lack of capacity to cope with EBC; uncontrolled behavior, confusion or disorientation limit the ct's ability to manage ADL; Acute course of illness dominates the clinical	Severe psychotic, mood or personality disorders present acute risk to the ct such as immediate risk of suicide, psychosis with unpredictable, disorganized or violent behavior, or gross neglect of self; Unable to focus on addiction recovery due to severe overwhelming mental health problems or regression and psychiatric symptoms due to continued AOD use; Unable to cope with family, school, friends or work due to severe overwhelming EBC problems or regression and psychiatric symptoms related to AOD use; Ct has developed a life-threatening condition that requires medical management High risk with significant vulnerability to dangerous consequences; exhibits

Handout 18 - Adolescent ASAM PPC-2r Risk Rating Crosswalk

				presentation with symptoms involving impaired reality testing, communication, thought processes, judgment or attention to personal hygiene, which significantly compromise the ct's ability to adjust to life in the community; interventions at previous LOC have not achieved stabilization or remission of symptoms; limited ability to follow through with tx recommendations resulting in risk of and vulnerability to dangerous situations	sever and acute life-threatening symptoms that pose imminent danger to self or others; history of instability indicates a need for high intensity service to prevent dangerous consequences
4 *Readiness to Change*	Engaged in tx as a proactive, responsible participant and is committed to change AOD use;	Willing to enter treatment and to explore strategies for substance use but is ambivalent about the need for change; willing to change substance use but believes it will not be difficult to do so or will not accept full recovery tx plan;	Reluctant to agree to tx for substance use; able to articulate the negative consequences but has a low level of commitment to change their use; minimal readiness to change, only passively engaged in tx and is variably compliant with attendance at sessions	Exhibits inconsistent follow through and shows minimal awareness of SA disorder and need for tx; appears unaware of the need to change & is unwilling or only partially able to follow through with tx recommendations;	***4a. No Immediate Action Required;*** Unable to follow through, has little or no awareness of SA use problems and associated neg. consequences; knows very little about addiction, and sees no connection between suffering and substance use; no imminent danger or inability to care for self, not willing to explore change and is in denial regarding illness and implications; ***4b. Immediate Action Required*** Unable to follow through with tx recommendations and behavior represents an imminent danger of harem to self or to others, or is unable to function independently and engage in self care;
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	Engaged in tx as a proactive, responsible participant and is committed to change mental functioning and behavior;	Willing to enter treatment and to explore strategies for substance use but is ambivalent about the need for change; participation in MH tx is sufficient to avert mental decompensation;	Reluctant to agree to tx for mental disorders; able to articulate the negative consequences of their MH problems but has low commitment to tx; minimal readiness to change and	Exhibits inconsistent follow through and shows minimal awareness of MH disorder and need for tx; appears unaware of the need to change & is unwilling or only partially able to follow	***4a. No Immediate Action Required:*** Unable to follow through, has little or no awareness of a mental disorder and any associated negative consequences, knows very

Handout 18 - Adolescent ASAM PPC-2r Risk Rating Crosswalk

			only passively involved in tx;	through with tx recommendations;	little about mental illness, and sees no connection between suffering and MH problems; no imminent danger or inability to care for self, not willing to explore change and is in denial regarding illness and implications; ***4b. Immediate Action Required:*** Unable to follow through with tx recommendations and behavior represents an imminent danger of harem to self or to others, or is unable to function independently and engage in self care;
5 *Relapse, Continued Use, or Continued Problem Potential*	No potential for further substance use problems or is at minimal risk of relapse and good coping skills;	Minimal relapse potential, with some vulnerability, and has fair self-management and relapse prevention skills;	Impaired recognition and understanding of substance use relapse issues, but is able to self manage with prompting;	Little recognition and understanding of substance use relapse issues and has poor skills to cope with and interrupt addiction problems or to avoid or limit relapse;	***4a. No Immediate Action Required:*** Repeated tx episodes have had little positive effect on the ct's functioning; no coping skills to interrupt addiction problems or to prevent or limit relapse; No imminent danger and able to care for self; ***4b. Immediate Action Required:*** No skills to arrest the addictive disorder or to prevent relapse to substance use; continued addictive behavior places the ct and/or others in imminent danger;
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	Not at risk of further mental health problems or has low risk and good coping skills;	Minimal relapse potential with some vulnerability, and has fair self-management and relapse prevention skills	Impaired recognition and understanding of mental illness relapse issues, but is able to self manage with prompting;	Little recognition and understanding of mental illness relapse issues and has poor skills to cope with and interrupt mental health problems or to avoid or limit relapse;	***4a. No Immediate Action Required:*** Repeated tx episodes have had little positive effect on the ct's functioning; no coping skills to interrupt mental health problems or to prevent or limit relapse; No imminent danger and able to care for self; ***4b. Immediate Action***

					Required: No skills to arrest the mental illness or to prevent relapse to mental health problems; continued psychiatric disorder places the ct and/or others in imminent danger;
6 *Recovery Environment*	Has a supportive environment or is able to cope with poor supports	Has passive support or significant others are not interested in their addiction recovery, but ct is not too distracted by the situation to be able to cope	Environment is not supportive of addiction recovery but with clinical structure, the ct is able to cope most of the time;	Environment is not supportive of addiction recovery and ct finds coping difficult even with clinical structure;	***4a. No Immediate Action Required:*** Environment is not supportive and is chronically hostile and toxic to addiction recovery or tx progress; ct is unable to cope with the negative effects of such an environment on their recovery; ***4b. Immediate Action Required:*** Environment is not supportive and is actively hostile to addiction recovery, posing an immediate threat to the ct's safety and wellbeing;
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	Has a supportive environment or is able to cope with poor supports	Has passive support or significant others are not interested in an improved mental health environment, but ct is not too distracted by the situation to be able to cope	Environment is not supportive of good mental health, but with clinical structure, the ct is able to cope most of the time;	Environment is not supportive of good mental health and ct finds coping difficult even with clinical structure;	***4a. No Immediate Action Required:*** Environment is not supportive and is chronically hostile and toxic to good mental health; ct is unable to cope with the negative effects of such an environment on their recovery; ***4b. Immediate Action Required:*** Environment is not supportive and is actively hostile to a safe mental health environment, posing an immediate threat to the ct's safety and wellbeing;
	No Risk	Low	Moderate	High	Severe

Handout 18 - Adolescent ASAM PPC-2r Risk Rating Crosswalk

- **Level I Outpatient treatment** typically has a risk rating of "0" or"1" in all Dimensions.

- **Level II Intensive Outpatient** typically has a "0" or "1" in Dimensions 1 and 2; a "1 or 2" in Dimension 3; and a "3" or "4" in Dimension 4, 5, or 6.

- **Level II Partial Hospitalization** typically has a risk rating of "1" or "0" in Dimension 1; a "2" or "3" in Dimension 2; a "2 or 3" in Dimension 3; and one "3 or 4" in Dimensions 4 through 6.

- **Level III Residential Treatment** typically has a one "3" or "4" in Dimension 1, 2 or 3; and an additional "3" or "4" in Dimensions 1 through 6. For dimension 1, risk rating of "3" or "4" within past 2 weeks.

Handout 18 - Adolescent ASAM PPC-2r Risk Rating Crosswalk

Appendix 3

List of SDCBHS Contracted SUD Providers by Modality, Region, and Certification

ASAM Designation	Name of Agency	Name of Program	Treatment Modality Provided by Program	Geographic Area Served by Program	Adult or Youth	Male, Female, Perinatal or Coed	DMC Certified	Providing MAT	Current # of DMC Patients Served FY2015-16	DMC-ODS Patient Capacity
TBD	Deaf Community Services of San Diego	Deaf Community Services of San Diego	Outpatient Services	Central	Adult	Coed	No	No	336	336
1	Family Health Centers of San Diego	Solutions for Recovery	Outpatient Services	Central	Adult	Coed	Yes	Interested	10	149
1	Mental Health Systems, Inc.	MidCoast Regional Recovery Center	Outpatient Services	Central	Adult	Coed	Yes	Unsure	83	117
1	Mental Health Systems, Inc.	San Diego Center for Change	Outpatient Services	Central	Adult	Coed	Yes	No	47	70
1	Mental Health Systems, Inc.	Serial Inebriate Program	Outpatient Services	Central	Adult	Coed	Yes	No	50	66
1	Mental Health Systems, Inc.	Re-entry Treatment Program	Outpatient Services	Central	Adult	Coed	Yes	No	2	32
1	UC San Diego	UCSD Co-Occuring Disorders' Integrated Treatment Program	Outpatient Services	Central	Adult	Coed	Yes	Interested	49	120
1	UPAC	Adult Alcohol and Drug Treatment Program	Outpatient Services	Central	Adult	Coed	Yes	Interested	78	144
1	Vista Hill Foundation	ParentCare Central	Outpatient Services	Central	Adult	Perinatal	Yes	No	10	10
1	Vista Hill Foundation	Bridges IOP	Outpatient Services	Central	Adult	Coed	Yes	No	65	77
1	McAlister Institute for Treatment and Education, Inc.	East County Regional Recovery Center	Outpatient Services	East	Adult	Coed	Yes	No	555	855
1	Mental Health Systems, Inc.	Central East Regional Recovery Center	Outpatient Services	East	Adult	Coed	Yes	No	86	217
1	Mental Health Systems, Inc.	East County Center for Change	Outpatient Services	East	Adult	Coed	Yes	No	64	87
1	Vista Hill Foundation	ParentCare East	Outpatient Services	East	Adult	Perinatal	Yes	No	72	90
1	Mental Health Systems, Inc.	Harmony West Women's Recovery Center	Outpatient Services	North Central	Adult	Perinatal	Yes	No	22	27
1	McAlister Institute for Treatment and Education, Inc.	North Coastal Regional Recovery Center	Outpatient Services	North Coastal	Adult	Coed	Yes	Unsure	449	701
1	Mental Health Systems, Inc.	Family Recovery Center-Outpatient Treatment	Outpatient Services	North Coastal	Adult	Perinatal	Yes	No	94	51
1	Mental Health Systems, Inc.	North County Center for Change	Outpatient Services	North Coastal	Adult	Coed	Yes	No	58	72
1	McAlister Institute for Treatment and Education, Inc.	North Inland Women/Adolescents Recovery Center	Outpatient Services	North Inland	Adult	Perinatal	Yes	Unsure	23	68
1	Mental Health Systems, Inc.	North Inland Regional Recovery Center	Outpatient Services	North Inland	Adult	Coed	Yes	No	94	164
1	McAlister Institute for Treatment and Education, Inc.	South Bay Regional Recovery Center	Outpatient Services	South	Adult	Coed	Yes	Unsure	317	503
1	McAlister Institute for Treatment and Education, Inc.	South Bay Women's Recovery Center	Outpatient Services	South	Adult	Perinatal	Yes	Unsure	116	157
1	Mental Health Systems, Inc.	South County Center for Change	Outpatient Services	South	Adult	Coed	Yes	No	71	89
1	*TBD	100 Homeless Project	Outpatient Services	Central	Adult	Coed	In progress	No	TBD	TBD
1	McAlister Institute for Treatment and Education, Inc.	New Hope Teen Recovery Center	Outpatient Services	Central	Youth	Perinatal	Yes	No	0	5
1	McAlister Institute for Treatment and Education, Inc.	East Teen Recovery Center	Outpatient Services	East	Youth	Coed	Yes	Unsure	12	72
1	McAlister Institute for Treatment and Education, Inc.	North Central Teen Recovery Center	Outpatient Services	North Central	Youth	Coed	Yes	Unsure	17	81
1	McAlister Institute for Treatment and Education, Inc.	North Coastal Teen Recovery Center	Outpatient Services	North Coastal	Youth	Coed	Yes	Unsure	16	81
1	McAlister Institute for Treatment and Education, Inc.	South Teen Recovery Center	Outpatient Services	South	Youth	Coed	Yes	Unsure	50	80

1	Mental Health Systems, Inc.	North Inland Teen Recovery Center	Outpatient Services	North Inland	Youth	Coed	Yes	Interested	63	85
1	Vista Hill Foundation	Vista Hill Teen Recovery Center	Outpatient Services	Central	Youth	Coed	Yes	No	52	107
1	UPAC	Teen Recovery Center	Outpatient Services	Central	Youth	Coed	Yes	No	31	68

ASAM Designation	Name of Agency	Name of Program	Treatment Modality Provided by Program	Geographic Area Served by Program	Adult or Youth	Male, Female, Perinatal or Coed	DMC Certified	Providing MAT	Current # of DMC Patients Served FY2015-16	DMC-ODS Patient Capacity
2.1	Family Health Centers of San Diego	Solutions for Recovery	Intensive Outpatient	Central	Adult	Coed	Yes	Interested	6	50
2.1	Mental Health Systems, Inc.	MidCoast Regional Recovery Center	Intensive Outpatient	Central	Adult	Coed	Yes	No	23	31
2.1	Vista Hill Foundation	Bridges IOP	Intensive Outpatient	Central	Adult	Coed	Yes	No	24	27
2.1	Vista Hill Foundation	ParentCare Central	Intensive Outpatient	Central	Adult	Perinatal	Yes	No	34	71
2.1	UC San Diego	UCSD Co-Occuring Disorders' Integrated Treatment Program	Outpatient Services	Central	Adult	Coed	Yes	Interested	31	40
2.1	McAlister Institute for Treatment and Education, Inc.	East County Regional Recovery Center	Intensive Outpatient	East	Adult	Coed	Yes	No	52	234
2.1	Mental Health Systems, Inc.	East County Center for Change	Intensive Outpatient	East	Adult	Coed	Yes	No	13	15
2.1	Mental Health Systems, Inc.	Central East Regional Recovery Center	Intensive Outpatient	East	Adult	Coed	Yes	No	16	79
2.1	Vista Hill Foundation	ParentCare East	Intensive Outpatient	East	Adult	Perinatal	Yes	No	35	76
2.1	Mental Health Systems, Inc.	Harmony West Women's Recovery Center	Intensive Outpatient	North Central	Adult	Perinatal	Yes	No	33	91
2.1	McAlister Institute for Treatment and Education, Inc.	North Coastal Regional Recovery Center	Intensive Outpatient	North Coastal	Adult	Coed	Yes	Unsure	18	101
2.1	Mental Health Systems, Inc.	Family Recovery Center-Outpatient Treatment	Intensive Outpatient	North Coastal	Adult	Perinatal	Yes	No	13	37
2.1	McAlister Institute for Treatment and Education, Inc.	North Inland Women/Adolescents Recovery Center	Intensive Outpatient	North Inland	Adult	Perinatal	Yes	Unsure	29	101
2.1	Mental Health Systems, Inc.	North Inland Regional Recovery Center	Intensive Outpatient	North Inland	Adult	Coed	Yes	No	21	110
2.1	McAlister Institute for Treatment and Education, Inc.	South Bay Regional Recovery Center	Intensive Outpatient	South	Adult	Coed	Yes	Unsure	31	214
2.1	McAlister Institute for Treatment and Education, Inc.	South Bay Women's Recovery Center	Intensive Outpatient	South	Adult	Perinatal	Yes	Unsure	50	128
2.1	McAlister Institute for Treatment and Education, Inc.	East Teen Recovery Center	Intensive Outpatient	East	Youth	Coed	Yes	Unsure	6	102
2.1	McAlister Institute for Treatment and Education, Inc.	North Coastal Teen Recovery Center	Intensive Outpatient	North Coastal	Youth	Coed	Yes	Unsure	20	101
2.1	McAlister Institute for Treatment and Education, Inc.	North Central Teen Recovery Center	Intensive Outpatient	North Central	Youth	Coed	Yes	Unsure	10	24
2.1	McAlister Institute for Treatment and Education, Inc.	South Teen Recovery Center	Intensive Outpatient	South	Youth	Coed	Yes	Unsure	22	62
2.1	Mental Health Systems, Inc.	North Inland Teen Recovery Center	Intensive Outpatient	North Inland	Youth	Coed	Yes	Unsure	40	58
2.1	Vista Hill Foundation	Vista Hill Teen Recovery Center	Intensive Outpatient	Central	Youth	Coed	Yes	No	19	44
2.1	UPAC	Teen Recovery Center	Intensive Outpatient	Central	Youth	Coed	Yes	No	16	23
2.1	McAlister Institute for Treatment and Education, Inc.	New Hope Teen Recovery Center	Intensive Outpatient	Central	Youth	Perinatal	Yes	Unsure	0	6

ASAM Designation (Provisional)	Name of Agency	Name of Program	Treatment modality provided by Program	Geographic area served by Program	Adult or Youth	Male, Female, Perinatal or Coed	DMC Certified	Providing MAT	Current # of DMC Patients Served FY2015-16	DMC-ODS Patient Capacity
3.1	Alpha Project	Casa Raphael	Residential Services	North Coastal	Adult	Male	Yes	Interested	56	423
3.1 & 3.5	Amity Vista Ranch	Epidaurus Amity Foundation	Residential Services	North Coastal	Adult	Male	Yes	No	20	202
3.1	Community Resources And Self-Help (CRASH, INC)	Bill Dawson Residential Recovery Program	Residential Services	Central	Adult	Coed	Yes	No	24	238
3.1	CRASH, INC.	Short Term I	Residential Services	Central	Adult	Male	Yes	No	61	316
3.1	CRASH, INC.	Golden Hill House Short Term II	Residential Services	Central	Adult	Female	Yes	No	56	234
TBD	Crossroads Foundation	Crossroads Foundation	Residential Services	Central	Adult	Female	In progress	Interested	7	68
3.1 & 3.5	HealthRIGHT 360	North County Serenity House	Residential Services	North Inland	Adult	Perinatal	In progress	Interested	58	293
3.1	House of Metamorphosis, Inc.	House of Metamorphosis, Inc.	Residential Services	Central	Adult	Coed	Yes	No	48	393
3.1	MAAC Project	Casa De Milagros	Residential Services	Central	Adult	Female	In progress	Interested	8	45
TBD	MAAC Project	Nosotros Recovery Home	Residential Services	South	Adult	Male	In progress	Interested	9	100
TBD	Volunteers of America Southwest	Amigos Sobrios	Residential Services	Central	Adult	Male	In progress	Interested	8	73
TBD	McAlister Institute for Treatment and Education, Inc.	Kiva Women and Children learning Center	Residential Services	East	Adult	Perinatal	In progress	No	131	559
3.1	Mental Health Systems, Inc.	Family Recovery Center-Residential NDMC	Residential Services	North Coastal	Adult	Perinatal	Yes	No	36	142
TBD	Pathfinders of San Diego	Pathfinders Residential Recovery Home	Residential Services	Central	Adult	Male	In progress	Interested	0	61
3.1	San Diego Freedom Ranch Inc.	Freedom Ranch	Residential Services	East	Adult	Male	Yes	No	17	226
TBD	Stepping Stone of San Diego	Stepping Stone of San Diego	Residential Services	Central	Adult	Coed	In progress	Interested	2	84
3.1 & 3.5	The Fellowship Center	The Fellowship Center	Residential Services	North Coastal	Adult	Male	Yes	Interested	24	348
3.1	The Twelfth Step House of San Diego Inc.	Heartland House	Residential Services	Central	Adult	Male	Yes	Interested	9	134
TBD	The Way Back Inc.	Way Back Recovery Home for Men	Residential Services	South	Adult	Male	In progress	No	14	127
TBD	Tradition One	Tradition One	Residential Services	Central	Adult	Male	In progress	No	6	158
3.1 & 3.5	Turning Point Home	Turning Point Home	Residential Services	Central	Adult	Female	Yes	No	1	44
3.5	Veterans Village of San Diego	Veterans Village of San Diego	Residential Services	Central	Adult	Coed	Yes	Interested	3	253
ASAM Designation (Provisional)	Name of Agency	Name of Program	Treatment modality provided by Program	Geographic area served by Program	Adult or Youth	Male, Female, Perinatal or Coed	DMC Certified	Providing MAT	Current # of DMC Patients Served FY2015-16	DMC-ODS Patient Capacity
TBD	McAlister Institute for Treatment and Education, Inc.	Kiva Women and Children learning Center	Withdrawal Management - Residential	East	Adult	Perinatal	In progress	No	21	74
3.1, 3.3 & 3.5	McAlister Institute for Treatment and Education, Inc.	Adult Detox	Withdrawal Management - Residential	East	Adult	Coed	In progress	Unsure	150	880
TBD	Volunteers of America Southwest	Renaissance Treatment Center - Adult Detox	Withdrawal Management - Residential	South	Adult	Coed	In progress	Interested	146	1182
TBD	McAlister Institute for Treatment and Education, Inc.	Adolescent Group Home East	Withdrawal Management - Residential	East	Youth	Male	In progress	No	12	89

TBD	McAlister Institute for Treatment and Education, Inc.	Adolescent Group Home North	Withdrawal Management - Residential	North Central	Youth	Male	In progress	No	12	81
TBD	McAlister Institute for Treatment and Education, Inc.	Adolescent Group Home South	Withdrawal Management - Residential	South	Youth	Female	In progress	No	27	95

ASAM Designation	Name of Agency	Name of Program	Treatment modality provided by Program	Geographic area served by Program	Adult or Youth	Male, Female, Perinatal or Coed	DMC Certified	Current # of Patients Served	DMC-ODS Patient Capacity
NTP	*San Diego Treatment Services, LLC	Home Avenue Clinic	Narcotic Treatment Program	Central	Adult	Coed	Yes	180	310
NTP	*San Diego Health Alliance, Inc.	El Cajon Treatment Center	Narcotic Treatment Program	East	Adult	Coed	Yes	246	399
NTP	*San Diego Health Alliance	Capalina Clinic	Narcotic Treatment Program	Central	Adult	Coed	Yes	245	475
NTP	*San Diego Health Alliance, Inc.	Fashion Valley Clinic	Narcotic Treatment Program	North Central	Adult	Coed	Yes	350	750
NTP	*San Diego Treatment Services, LLC	Third Avenue Clinic	Narcotic Treatment Program	South	Adult	Coed	Yes	271	480
NTP	*Mission Treatment Services, Inc.	Mission Treatment Services, Inc. - North Inland	Narcotic Treatment Program	North Inland	Adult	Coed	Yes	164	240
NTP	*Mission Treatment Services, Inc.	Mission Treatment Services, Inc. - Central	Narcotic Treatment Program	Central	Adult	Coed	Yes	83	240
NTP	*Progressive Medical Specialists, Inc.	Progressive Medical Specialists, Inc.	Narcotic Treatment Program	Central	Adult	Coed	Yes	190	250
NTP	*Eldorado Community Service Center	Euclid Medical and Mental Health Services	Narcotic Treatment Program	North Inland	Adult	Coed	Yes	500	750
NTP	*SOAP MAT, LLC	SOAP MAT, LLC	Narcotic Treatment Program	North Coastal	Adult	Coed	Yes	376	600
NTP	*Mission Treatment Services, Inc.	Mission Treatment Services, Inc. - North Coastal	Narcotic Treatment Program	North Coastal	Adult	Coed	Yes	110	175

*New SDCBHS Contracts currently in progress

Appendix 4

State of California Narcotic Treatment Program Directory
San Diego, California
06/08/2016

San Diego

Licensee: San Diego Treatment Services, LLC
DBA: Home Avenue Clinic
Address: 3940 Home Avenue
City: San Diego Zip: 92105
Phone: (619) 262-8000
Fax: (619) 266-7405
Operating Hours: 5:30am-2:30pm,Th 5:30am-12pı
Dispensing Hours: 5:30am-2:00pm,Th 5:30am-12pı
Weekend Operating Hours: 7:00 am - 9:30 am
Weekend Dispensing Hours: 7:00 am - 9:30 am
Executive Director: *John Peloquin
Medical Director: Jesus Serrano, M.D.
Program Director: Georges Djanabia

License # 37-07
OTP CA10, 170M
CADDS # 378776
D/MC # 8776
Original License Date: 09/15/1978
Entity: Corporation
Tax Status: profit
Total Slots: 310
LAAM: No
2+2: Yes
30 Day TH's: Yes

Licensee: San Diego Health Alliance, Inc.
DBA: El Cajon Treatment Center
Address: 234 North Magnolia Avenue
City: El Cajon Zip: 92020
Phone: (619) 579-8373
Fax: (619) 579-8155
Operating Hours: M,T,Th,F: 5:30a-2p; W 5:30a-1
Dispensing Hours: M,T,Th,F: 5:30a-2p; W 5:30a-1
Weekend Operating Hours: 7:00am - 10:00am
Weekend Dispensing Hours: 7:00am - 10:00am
Executive Director: *John Peloquin
Medical Director: Jesus Serrano, M.D.
Program Director: Ed Petrivelli

License # 37-09
OTP CA10, 163M
CADDS # 378780
D/MC # 8780
Original License Date: 01/01/1983
Entity: corporation
Tax Status: profit
Total Slots: 390
LAAM: No
2+2: Yes
30 Day TH's: Yes

Licensee: San Diego Health Alliance
DBA: Capalina Clinic
Address: 1560 Capalina Road
City: San Marcos Zip: 92069
Phone: (760) 744-2104
Fax: (760) 744-1382
Operating Hours: 5:30am - 4:30pm
Dispensing Hours: 5:30am - 3:30pm
Weekend Operating Hours: 7:00am - 9:30am
Weekend Dispensing Hours: 7:00am - 9:30am
Executive Director: *John Peloquin
Medical Director: Paul Little, M.D.
Program Director: Travis Shepard

License # 37-14
OTP CA10, 176M
CADDS # 378778
D/MC # 8778
Original License Date: 01/01/1983
Entity: corporation
Tax Status: profit
Total Slots: 475
LAAM: No
2+2: YES
30 Day TH's: Yes

San Diego

Licensee: San Diego Health Alliance, Inc.
DBA: Fashion Valley Clinic
Address: 7020 Friars Road
City: San Diego Zip: 92108
Phone: (619) 718-9890
Fax: (619) 718-9897
Operating Hours: 5:30 am - 3:30 pm
Dispensing Hours: 5:30 am - 3:30 pm
Weekend Operating Hours: 7:00 am - 10:30 am
Weekend Dispensing Hours: 7:00 am - 10:30 am
Executive Director: *John Peloquin
Medical Director: Rita Starritt, M.D.
Program Director: Deborah Hamilton

License # 37-15
OTP CA10, 177M
CADDS # 378779
D/MC # 8779
Original License Date: 01/01/1983
Entity: corporation
Tax Status: profit
Total Slots: 575
LAAM: No
2+2: Yes
30 Day TH's: Yes

Licensee: San Diego Treatment Services, LLC
DBA: Third Avenue Clinic
Address: 1161 Third Avenue
City: Chula Vista Zip: 91911
Phone: (619)498-8260
Fax: (619)498-8265
Operating Hours: 5:30am - 2:00pm
Dispensing Hours: 5:30a - 2p Wed. 5:30a - 12:30p
Weekend Operating Hours: 6:00am - 10:00am
Weekend Dispensing Hours: 6:00am - 10:00am
Executive Director: *John Peloquin
Medical Director: Rita Starritt, M.D.
Program Director: Karissa Shephard

License # 37-16
OTP CA10, 175M
CADDS # 378777
D/MC # 8777
Original License Date: 01/01/1983
Entity: Corporation
Tax Status: profit
Total Slots: 380
LAAM: No
2+2: Yes
30 Day TH's: Yes

Licensee: Mission Treatment Services, Inc.
DBA: N/A
Address: 910 E. Ohio Avenue # 104
City: Escondido Zip: 92025
Phone: (760)745-7786
Fax: (760) 745-1061
Operating Hours: 5:30am - 1:30pm, W 5:30am - 1
Dispensing Hours: 5:30am - 11am, 11:30am - 1:30p
Weekend Operating Hours: 7:00 a.m. - 10:00 a.m.
Weekend Dispensing Hours: 7:00 a.m. - 10:00 a.m.
Executive Director: *Marc Lewison
Medical Director: Mike Markopoulos, M.D.
Program Director: Michelle Gonzales

License # 37-17
OTP CA10, 347M
CADDS # 378514
D/MC # 8514
Original License Date: 07/07/2004
Entity: Corporation
Tax Status: Profit
Total Slots: 240
LAAM: No
2+2: Yes
30 Day TH's: Yes

San Diego

Licensee: Mission Treatment Services, Inc.
DBA: N/A
Address: 8898 Clairemont Mesa Blvd., Suite H
City: San Diego Zip: 92123
Phone: (858) 715-1211
Fax: (858) 715-1274
Operating Hours: 5:30am-1:30pm, W 530am-12pn
Dispensing Hours: 5:30a-11a,11:30a-1:30p,W 5:30
Weekend Operating Hours: 7:00 am - 10:00 am
Weekend Dispensing Hours: 7:00 am - 10:00 am
Executive Director: *Marc Lewison
Medical Director: Mike Markopolous, M.D.
Program Director: Michelle Gonzales

License # 37-18
OTP CA10, 355M
CADDS # 378523
D/MC # 8523
Original License Date: 04/22/2005
Entity: Corporation
Tax Status: Profit
Total Slots: 240
LAAM: No
2+2: Yes
30 Day TH's: Yes

Licensee: Progressive Medical Specialists, Inc.
DBA: N/A
Address: 4974 El Cajon Boulevard, Suites A & H
City: San Diego Zip: 92115
Phone: (619)286-4600
Fax: (619)286-0060
Operating Hours: 5:15 am - 1:45 pm
Dispensing Hours: 5:30 am - 1:00 pm
Weekend Operating Hours: 7:00 a.m. - 10:30 a.m.
Weekend Dispensing Hours: 7:15 am - 10:15 am
Executive Director: *Tim Boylan
Medical Director: P. Scott Ricke, M.D.
Program Director: Tim Boylan

License # 37-19
OTP CA10, 356M
CADDS # 378545
D/MC # 8545
Original License Date: 03/15/2006
Entity: Incorprated
Tax Status: profit
Total Slots: 250
LAAM: No
2+2: Yes
30 Day TH's: Yes

Licensee: Eldorado Community Service Center
DBA: Euclid Medical and Mental Health Services
Address: 1733 Euclid Avenue
City: San Diego Zip: 92105
Phone: (619) 263-0433
Fax: (619) 263-3992
Operating Hours: 5:30 a.m. - 5:30 p.m.
Dispensing Hours: 5:30am - 5:30pm
Weekend Operating Hours: 6:30 a.m. - 10:30 a.m.
Weekend Dispensing Hours: 6:30 a.m. - 10:30 a.m.
Executive Director: *Stan Sharma, Ph.D.
Medical Director: Vijaya K. Katukota, M.D.
Program Director: Alicia Marquez

License # 37-20
OTP CA10, 365M
CADDS # 378562
D/MC # 8562
Original License Date: 09/23/2010
Entity: Corporation
Tax Status: Non Profit
Total Slots: 750
LAAM: No
2+2: Yes
30 Day TH's: No

San Diego

Licensee: SOAP MAT, LLC
DBA: N/A
Address: 3230 Waring Court, Suite A
City: Oceanside Zip: 92056
Phone: (760) 305-7528
Fax: (760) 509-4410
Operating Hours: 5:00 am - 2:00 pm
Dispensing Hours: 5:00 am - 2:00 pm
Weekend Operating Hours: 6:00 am -12:00 pm
Weekend Dispensing Hours: 6:00 am - 10:00 pm
Executive Director: *Laura Rossi, PhD
Medical Director: Bruce Pevney, MD
Program Director: Kathleen Morgan, LCSW

License # 37-21
OTP CA10, 370M
CADDS # 378571
D/MC # 8571
Original License Date: 03/12/2012
Entity: LLC
Tax Status: Profit
Total Slots: 600
LAAM: No
2+2: Yes
30 Day TH's: Yes

Licensee: Mission Treatment Services, Inc.
DBA: N/A
Address: 1919 Apple Street Suite F & G
City: Oceanside Zip: 92054
Phone: (760) 547-1280
Fax: (760) 547-1268
Operating Hours: 5:30am - 1:30pm, W 5::30a - 12:
Dispensing Hours: 5:30am - 1:30pm, W 5:30a - 12:
Weekend Operating Hours: 7:00 a.m. - 10:00 a.m.
Weekend Dispensing Hours: 7:00 a.m. - 10:00 a.m.
Executive Director: Marc Lewison
Medical Director: Michael Markopoulos, M.D.
Program Director: Michelle Gonzales

License # 37-22
OTP CA10, 382M
CADDS # XXXX
D/MC # XXX
Original License Date: 09/24/2014
Entity: Corporation
Tax Status: For-Profit
Total Slots: 175
LAAM: No
2+2: Yes
30 Day TH's: Yes

Appendix 5

Coordination of Physical and Behavioral Health Form

Coordination with Primary Care Physicians and Behavioral Health Services

Coordination of care between behavioral health care providers and health care providers is necessary to optimize the overall health of a client. Behavioral Health Services (BHS) values and expects coordination of care with health care providers, linkage of clients to medical homes, acquisition of primary care provider (PCP) information and the entry of all information into the client's behavioral health record. With healthcare reform, BHS providers shall further strengthen integration efforts by improving care coordination with primary care providers. Requesting client/guardian authorization to exchange information with primary care providers is mandatory, and upon authorization, communicating with primary care providers is required. County providers shall utilize the *Coordination and/or Referral of Physical & Behavioral Health Form & Update Form*, while contracted providers may obtain legal counsel to determine the format to exchange the required information. *This requirement is effective immediately and County QI staff and/or COTR will audit to this standard beginning FY 13-14*.

For all clients:

Coordination and/or Referral of Physical & Behavioral Health Form:

- Obtain written consent from the client/guardian on the *Coordination and/or Referral of Physical & Behavioral Health Form*/ contractor identified form at intake, but no later than 30 days of episode opening.
- For clients that do not have a PCP, provider shall connect them to a medical home. Contractor will initiate the process by completing the *Coordination and/or Referral of Physical & Behavioral Health Form* /contractor form and sending it to the PCP within 30 days of episode opening. It is critical to have the specific name of the treating physician.
- Users of the form shall check the appropriate box at the top of the *Coordination and/or Referral of Physical & Behavioral Health Form* /contractor form noting if this is a referral for physical healthcare, a referral for physical healthcare and medication management, a referral for total healthcare, or coordination of care notification only. If it is a referral for physical healthcare, or physical healthcare and medication management, type in your program name in the blank, and select appropriate program type.

Coordination of Physical and Behavioral Health Update Form:

- Update and send the *Coordination of Physical and Behavioral Health Update Form* /contractor form if there are significant changes like an addition, change or discontinuation of a medication.
- Notify the PCP when the client is discharged from services by sending the *Coordination of Physical and Behavioral Health Update Form* /contractor form. The form shall be completed prior to completion of a discharge summary.

Tracking Reminders:

- Users of the form shall have a system in place to track the expiration date of the authorization to release/exchange information.
- Users of the form shall have a system in place to track and adhere to any written revocation for authorization to release/exchange information.
- Users of the form shall have a system in place to track and discontinue release/exchange of information upon termination of treatment relationship. Upon termination of treatment the provider may only communicate the conclusion of treatment, but not the reason for termination.

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Coordination and/or Referral of Physical & Behavioral Health Form

☐ Referral for *physical* healthcare – [ ] will continue to provide specialty behavioral health services
☐ Mental Health ☐ Alcohol and Drug

☐ Referral for *physical* healthcare & Medication Management – [ ] will continue to provide limited specialty behavioral health services
☐ Mental Health ☐ Alcohol and Drug

☐ Referral for *total* healthcare – [ ] is no longer providing specialty behavioral health services. Available for psychiatric consult.

☐ Coordination of care notification only.

Section A: CLIENT INFORMATION

Client Name: Last First Middle Initial	AKA	☐ Male ☐ Female
Street Address	Date of Birth	
City	Telephone #	
Zip	Alternate Telephone #	

Section B: BEHAVIORAL HEALTH PROVIDER INFORMATION

Name of Treatment Provider:	Name of Treating Psychiatrist (If applicable)
Agency/Program	
Street Address	City, State, Zip
Telephone #	Specific provider secure fax # or secure email address:
Date of Initial Assessment:	
Focus of Treatment (*Use Additional Progress Note if Needed*)	
Case Manager/ Mental Health Clinician/ Alcohol and Drug Counselor/ Program Manager:	Behavioral Health Nurse: Phone #:

Date Last Seen	Mental Health Diagnoses: Alcohol and Drug Related Diagnoses:

Current Mental and Physical Health Symptoms (*Use Additional Progress Note if Needed*)

Current Mental Health and Non-Psychiatric Medication and Doses
(*Use Additional Medication/Progress Note if Needed*)

Last Psychiatric Hospitalization
☐ Date: ☐ None

Section C: PRIMARY CARE PHYSICIAN INFORMATION

Provider's Name

Organization OR Medical Group

Street Address

City, State, Zip

Telephone #:	Specific provider secure fax # or secure email address:

Section D: FOR PRIMARY CARE PHYSICIAN COMPLETION ACCEPTED FOR TREATMENT OR REFERED BACK TO SDCBHS PROGRAM (PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN TO BEHAVIORAL HEALTH PROVIDER WITHIN TWO WEEKS OF RECEIPT)

☐ Coordination of Care notification received.
If this is a primary care referral, please indicate appropriate response below:

1. ☐ Patient accepted for physical health treatment only
2. ☐ Patient accepted for physical healthcare and psychotropic medication treatment while additional services continue with behavioral health program
3. ☐ Patient accepted for total healthcare including psychotropic medication treatment
4. ☐ Patient not accepted for psychotropic medication treatment and referred back due to:

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Sensitive Information: I understand that the information in my record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or infection with the Human Immunodeficiency Virus (HIV). It may also include information about mental health services or treatment for alcohol and drug abuse.

Right to Revoke: I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing. I understand that the revocation will not apply to information that has already been released based on this authorization.

Photocopy or Fax:
I agree that a photocopy or fax of this authorization is to be considered as effective as the original.

Redisclosure: If I have authorized the disclosure of my health information to someone who is not legally required to keep it confidential, I understand it may be redisclosed and no longer protected. California law generally prohibits recipients of my health information from redisclosing such information except with my written authorization or as specifically required or permitted by law.

Other Rights: I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form to assure treatment. I understand that I may inspect or obtain a copy of the information to be used or disclosed, as provided in 45 Code of Federal Regulations section164.524.

SIGNATURE OF INDIVIDUAL OR LEGAL REPRESENTATIVE

SIGNATURE:	DATE:

Client Name (*Please type or print clearly*)
Last: First: Middle:

IF SIGNED BY LEGAL REPRESENTATIVE, PRINT NAME:	RELATIONSHIP OF INDIVIDUAL:

Expiration: Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____ **If I do not specify an expiration date, event or condition, this authorization will expire in one (1) calendar year from the date it was signed, or 60 days after termination of treatment.**

☐ Information Contained on this form	☐ Discharge Reports/Summaries
☐ Current Medication & Treatment Plan	☐ Laboratory/Diagnostics Test Results
☐ Substance Dependence Assessments	☐ Medical History
☐ Assessment /Evaluation Report	☐ Other _____

The above signed authorizes the behavioral health practitioner and the physical health practitioner to release the medical records and Information/updates concerning the patient. The purpose of such a release is to allow for coordination of care, which enhances quality and reduces the risk of duplication of tests and medication interactions. Refusal to provide consent could impair effective coordination of care.

I would like a copy of this authorization ☐ Yes ☐ No
Clients/Guardians Initials

➔ Please place a copy of this Form in your client"s chart

TO REACH A PLAN REPRESENTATIVE

Care1st Health Plan	Community Health Group	Health Net	Kaiser Permanente	Molina Healthcare	Access &Crisis Line
(800) 605-2556	(800) 404-3332	(800) 675-6110	(800) 464-4000	(888) 665-4621	(888) 724-7240

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

Date Release of Information Signed:

COORDINATION OF PHYSICAL AND BEHAVIORAL HEALTH UPDATE FORM

CLIENT NAME

Last	First	Middle
Date of Birth	☐ Male	☐ Female

BEHAVIORAL HEALTH UPDATE

Date:

Treating Provider Name	Phone	FAX
Treating Psychiatrist Name (If applicable)	Phone	FAX

☐ Medications prescribed on _____ Date ☐ Medications changed on _____ Date ☐ Medications discontinued on _____ Date	Name/Dosage: _____ Name/Dosage: _____ Name/Dosage: _____
☐ Medications prescribed on _____ Date ☐ Medications changed on _____ Date ☐ Medications discontinued on _____ Date	Name/Dosage: _____ Name/Dosage: _____ Name/Dosage: _____

☐ Diagnosis Update :

☐ Key Information Update:

☐ Discharge from Treatment Date:

☐ Follow-up Recommendations:

PRIMARY CARE PHYSICIAN UPDATE

Please provide any relevant Update/Change to Patient's Physical Health Status.

Appendix 6

FQHC Providers in San Diego County

Grantee Name	Site Address	Site City	Site State Abbre-viation	Site ZIP Code	Health Center Type Description	Mailing Address	Mailing City	Mailing State Abbre-viation	Mailing ZIP Code
BORREGO COMMUNITY HEALTH FOUNDATION	4343 Yaqui Pass Rd	BORREGO SPRINGS	CA	92004	Administrative/Service Delivery Site	Po Box 2369	BORREGO SPRINGS	CA	92004-2369
BORREGO COMMUNITY HEALTH FOUNDATION	1121 E Washington Ave	ESCONDIDO	CA	92025-2214	Service Delivery Site	Po Box 2369	BORREGO SPRINGS	CA	92004-2369
BORREGO COMMUNITY HEALTH FOUNDATION	4343 Yaqui Pass Rd	BORREGO SPRINGS	CA	92004	Service Delivery Site	Po Box 2369	BORREGO SPRINGS	CA	92004-2369
BORREGO COMMUNITY HEALTH FOUNDATION	8851 Center Dr Ste 210	LA MESA	CA	91942-3045	Service Delivery Site	Po Box 2369	BORREGO SPRINGS	CA	92004-2369
BORREGO COMMUNITY HEALTH FOUNDATION	2721 Washington St	JULIAN	CA	92036	Service Delivery Site	Po Box 2369	BORREGO SPRINGS	CA	92004-2369
BORREGO COMMUNITY HEALTH FOUNDATION	133 W Main St	EL CAJON	CA	92020-3315	Service Delivery Site	Po Box 2369	BORREGO SPRINGS	CA	92004-2369
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	950 S Euclid Ave	SAN DIEGO	CA	92114-6201	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	3364 Beyer Blvd	SAN DIEGO	CA	92173-1322	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	1058 3rd Ave	CHULA VISTA	CA	91911-2009	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	4050 Beyer Blvd	SAN YSIDRO	CA	92173-2007	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	678 3rd Ave	CHULA VISTA	CA	91910-5736	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	1637 3rd Ave Ste B	CHULA VISTA	CA	91911-5823	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007

* FQHCs are color coded by Legal Entity

CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	450 4th Ave Ste 400	CHULA VISTA	CA	91910-4430	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	286 Euclid Ave Ste 302	SAN DIEGO	CA	92114-3613	Service Delivery Site	1275 30th St	SAN DIEGO	CA	92154-3476
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	3177 Ocean View Blvd	SAN DIEGO	CA	92113-1432	Service Delivery Site	446 26th St	SAN DIEGO	CA	92102-3026
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	3025 Beyer Blvd Ste 101	SAN DIEGO	CA	92154-3432	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	1136 D Ave	NATIONAL CITY	CA	91950-3412	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	2400 E 8th St Ste A	NATIONAL CITY	CA	91950-2956	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
COMMUNITY HEALTH SYSTEMS, INC.	1328 S Mission Rd	FALLBROOK	CA	92028-4006	Service Delivery Site	22675 Alessandro Blvd	MORENO VALLEY	CA	92553-8551
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1550 Broadway Ste 2	SAN DIEGO	CA	92101-5713	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	251 Landis Ave	CHULA VISTA	CA	91910-2628	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	4094 4th Ave	SAN DIEGO	CA	92103-2143	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	2114 National Ave	SAN DIEGO	CA	92113-2209	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1111 W Chase Ave	EL CAJON	CA	92020-5710	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1234 Broadway	EL CAJON	CA	92021-4901	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1827 Logan Ave Ste 2	SAN DIEGO	CA	92113-2137	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	3845 Spring Dr	SPRING VALLEY	CA	91977-1030	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541

* FQHCs are color coded by Legal Entity

FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	3544 30th St	SAN DIEGO	CA	92104-4120	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	7592 Broadway	LEMON GROVE	CA	91945-1604	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	2204 National Ave	SAN DIEGO	CA	92113-3615	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	4141 Pacific Hwy	SAN DIEGO	CA	92110-2030	Service Delivery Site	4141 Pacific Hwy	SAN DIEGO	CA	92110-2030
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	3928 Illinois St	SAN DIEGO	CA	92104-3058	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1809 National Ave	SAN DIEGO	CA	92113-2113	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	140 Elm St	SAN DIEGO	CA	92101-2602	Service Delivery Site	140 Elm St	SAN DIEGO	CA	92101-2602
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1145 Broadway	SAN DIEGO	CA	92101-5611	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1250 6th Ave Ste 100	SAN DIEGO	CA	92101-4368	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	5454 El Cajon Blvd	SAN DIEGO	CA	92115-3621	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	4725 Market St	SAN DIEGO	CA	92102-4715	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	8788 Jamacha Rd	SPRING VALLEY	CA	91977-4035	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	3705 Mission Blvd	SAN DIEGO	CA	92109-7104	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1643 Logan Ave	SAN DIEGO	CA	92113-1004	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	2325 Commercial St Ste 1400	SAN DIEGO	CA	92113	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541

* FQHCs are color coded by Legal Entity

FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	4040 30th St	SAN DIEGO	CA	92104-2684	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	3690 Mission Blvd	SAN DIEGO	CA	92109-7368	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
IMPERIAL BEACH COMMUNITY CLINIC	1016 Outer Rd	SAN DIEGO	CA	92154-1351	Service Delivery Site	Po Box 459	IMPERIAL BEACH	CA	91933-0459
IMPERIAL BEACH COMMUNITY CLINIC	949 Palm Ave	IMPERIAL BEACH	CA	91932-1503	Service Delivery Site	Po Box 459	IMPERIAL BEACH	CA	91933-0459
LA MAESTRA FAMILY CLINIC, INC.	4185 Fairmount Ave	SAN DIEGO	CA	92105-1609	Administrative/Service Delivery Site	4060 Fairmount Ave	SAN DIEGO	CA	92105-1608
LA MAESTRA FAMILY CLINIC, INC.	217 Highland Ave	NATIONAL CITY	CA	91950-1518	Service Delivery Site	4185 Fairmount Ave	SAN DIEGO	CA	92105-1609
LA MAESTRA FAMILY CLINIC, INC.	165 S 1st St	EL CAJON	CA	92019-4795	Service Delivery Site	4185 Fairmount Ave	SAN DIEGO	CA	92105-1609
LA MAESTRA FAMILY CLINIC, INC.	4171 Fairmount Ave	SAN DIEGO	CA	92105-1609	Service Delivery Site	4185 Fairmount Ave	SAN DIEGO	CA	92105-1609
LA MAESTRA FAMILY CLINIC, INC.	7967 Broadway	LEMON GROVE	CA	91945-1809	Service Delivery Site	7967 Broadway	LEMON GROVE	CA	91945-1809
MOUNTAIN HEALTH & COMMUNITY SERVICES, INC.	1620 Alpine Blvd Ste B119	ALPINE	CA	91901-1102	Service Delivery Site	31115 Highway 94	CAMPO	CA	91906-3133
MOUNTAIN HEALTH & COMMUNITY SERVICES, INC.	31115 Highway 94	CAMPO	CA	91906-3133	Administrative/Service Delivery Site	Po Box 37	CAMPO	CA	91906-0037
MOUNTAIN HEALTH & COMMUNITY SERVICES, INC.	316 25th St	SAN DIEGO	CA	92102-3016	Service Delivery Site	1620 Alpine Blvd	ALPINE	CA	91901-1102
MOUNTAIN HEALTH & COMMUNITY SERVICES, INC.	255 N Ash St Ste 101	ESCONDIDO	CA	92027-3069	Service Delivery Site	1620 Alpine Blvd	ALPINE	CA	91901-1102
NEIGHBORHOOD HEALTHCARE	16650 Highway 76	PAUMA VALLEY	CA	92061-9524	Service Delivery Site	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413
NEIGHBORHOOD HEALTHCARE	460 N Elm St	ESCONDIDO	CA	92025-3002	Service Delivery Site	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413
NEIGHBORHOOD HEALTHCARE	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413	Service Delivery Site	425 N Date St	ESCONDIDO	CA	92025-3413
NEIGHBORHOOD HEALTHCARE	855 E Madison Ave	EL CAJON	CA	92020-3819	Service Delivery Site	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413
NEIGHBORHOOD HEALTHCARE	426 N Date St	ESCONDIDO	CA	92025-3409	Service Delivery Site	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413
NEIGHBORHOOD HEALTHCARE	1001 E Grand Ave	ESCONDIDO	CA	92025-4604	Service Delivery Site	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413

* FQHCs are color coded by Legal Entity

NEIGHBORHOOD HEALTHCARE	10039 Vine St Ste A	LAKESIDE	CA	92040-3122	Service Delivery Site	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413
NEIGHBORHOOD HEALTHCARE	728 E Valley Pkwy	ESCONDIDO	CA	92025-3052	Service Delivery Site	728 E Valley Pkwy	ESCONDIDO	CA	92025-3052
NORTH COUNTY HEALTH PROJECTINCORPORATED	217 Earlham St	RAMONA	CA	92065-1589	Service Delivery Site	217 Earlham St	RAMONA	CA	92065-1589
NORTH COUNTY HEALTH PROJECTINCORPORATED	3220 Mission Ave Ste 1	OCEANSIDE	CA	92058-1354	Service Delivery Site	3220 Mission Ave	OCEANSIDE	CA	92058-1351
NORTH COUNTY HEALTH PROJECTINCORPORATED	1100 Sportfisher Dr	OCEANSIDE	CA	92054-2550	Service Delivery Site	1100 Sportfisher Dr	OCEANSIDE	CA	1100
NORTH COUNTY HEALTH PROJECTINCORPORATED	605 Crouch St	OCEANSIDE	CA	92054-4415	Service Delivery Site	605 Crouch St	OCEANSIDE	CA	92054-4415
NORTH COUNTY HEALTH PROJECTINCORPORATED	2210 Mesa Dr Ste 5	OCEANSIDE	CA	92054-3701	Service Delivery Site	2210 Mesa Dr Ste 5	OCEANSIDE	CA	92054-3701
NORTH COUNTY HEALTH PROJECTINCORPORATED	150 Valpreda Rd	SAN MARCOS	CA	92069-2973	Service Delivery Site	150 Valpreda Rd	SAN MARCOS	CA	92069-2973
NORTH COUNTY HEALTH PROJECTINCORPORATED	940 E Valley Pkwy	ESCONDIDO	CA	92025-3441	Service Delivery Site	940 E Valley Pkwy	ESCONDIDO	CA	92025-3441
NORTH COUNTY HEALTH PROJECTINCORPORATED	161 Thunder Dr Ste 210	VISTA	CA	92083-6052	Service Delivery Site	161 Thunder Dr Ste 210	VISTA	CA	92083-6052
NORTH COUNTY HEALTH PROJECTINCORPORATED	1295 Carlsbad Village Dr Ste 100	CARLSBAD	CA	92008-1950	Service Delivery Site	1295 Carlsbad Village Dr Ste 100	CARLSBAD	CA	92008-1950
NORTH COUNTY HEALTH PROJECTINCORPORATED	1130 2nd St	ENCINITAS	CA	92024-5008	Service Delivery Site	1130 2nd St	ENCINITAS	CA	92024-5008
OPERATION SAMAHAN	10737 Camino Ruiz Ste 235	SAN DIEGO	CA	92126-2375	Service Delivery Site	10737 Camino Ruiz Ste 235	SAN DIEGO	CA	92126-2375
OPERATION SAMAHAN	9955 Carmel Mountain Rd Ste F2	SAN DIEGO	CA	92129-2815	Service Delivery Site	9955 Carmel Mountain Rd Ste F2	SAN DIEGO	CA	92129-2815
OPERATION SAMAHAN	2743 Highland Ave	NATIONAL CITY	CA	91950-7410	Service Delivery Site	2743 Highland Ave	NATIONAL CITY	CA	91950-7410
OPERATION SAMAHAN	2835 Highland Ave Ste A	NATIONAL CITY	CA	91950-7406	Service Delivery Site	2835 Highland Ave Ste A	NATIONAL CITY	CA	91950-7406
SAN DIEGO FAMILY CARE	6973 Linda Vista Rd	SAN DIEGO	CA	92111-6342	Administrative/Service Delivery Site	6973 Linda Vista Rd	SAN DIEGO	CA	92111-6342

* FQHCs are color coded by Legal Entity

SAN DIEGO FAMILY CARE	4290 Polk Ave	SAN DIEGO	CA	92105-1524	Service Delivery Site	6973 Linda Vista Rd	SAN DIEGO	CA	92111-6342
ST. VINCENT DE PAUL VILLAGE, INC.	1501 Imperial Ave	SAN DIEGO	CA	92101-7600	Service Delivery Site	1501 Imper Village Family Health Ctr	SAN DIEGO	CA	92101
VISTA COMMUNITY CLINIC	4700 N River Rd	OCEANSIDE	CA	92057-6043	Service Delivery Site	1000 Vale Terrace Dr	VISTA	CA	92084-5218
VISTA COMMUNITY CLINIC	517 N Horne St	OCEANSIDE	CA	92054-2518	Service Delivery Site	1000 Vale Terrace Dr	VISTA	CA	92084-5218
VISTA COMMUNITY CLINIC	1000 Vale Terrace Dr	VISTA	CA	92084-5218	Service Delivery Site	1000 Vale Terrace Dr	VISTA	CA	92084-5218
VISTA COMMUNITY CLINIC	134 Grapevine Rd	VISTA	CA	92083-4004	Service Delivery Site	1000 Vale Terrace Dr	VISTA	CA	92084-5218
VISTA COMMUNITY CLINIC	818 Pier View Way	OCEANSIDE	CA	92054-2803	Service Delivery Site	1000 Vale Terrace Dr	VISTA	CA	92084-5218

* FQHCs are color coded by Legal Entity

Appendix 7

San Diego County Training Plan

Training	Target Audience	Frequency	Training Provider
ASAM			
CalOMS/DATAR			
Web Infrastructure for Treatment Services (WITS)			
Motivational Interviewing			
Relapse Prevention			
DMC Documentation Training - Title 22 & Title 9 regulations			
DMC Billing			
Cultural Competency (including CLAS)			
Confidentiality			
Comprehensive, Continuous, Integrated System of Care Model			
Trauma Informed Care			
Youth Treatment Guidelines, *for Adolescent providers*			
Client Screening & Assessment			
Client Referral			
CPR			
Communicable Diseases			
Drug Testing Protocols			
Program Registrar procedures			
Perinatal Treatment Guidelines, *for Perinatal providers*			
CCISC			
Medication Assisted Treatment			
Continuum of Care			
DSM 5/ ICD-10			
DMC Certification/ Re-Certification			
Financial and Billing Topics			
Recovery Services			
CBT and TFCBT			
Solution Focused Brief Therapy			

*To be completed by Final DMC Implementation Plan submission

Appendix 8

Memorandum of Understanding With Medi-Cal Managed Care Plans

*To be included in Final DMC Implementation Plan submission