

Agency: _____
 Program: _____
 Cost Center: _____

SACRAMENTO COUNTY MENTAL HEALTH PLAN CO-OCCURRING DISORDERS ASSESSMENT (CODA)

Date:	Client Name:
Date of Birth:	Client Identification Number:

Check one:	Interview Questions:
Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Does drinking or drug use ever cause you to miss work, school or time with friends?
Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Do you ever use drugs or alcohol when it is dangerous to do so (e.g., when driving)?
Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Have you ever had contact with the police as a result of drinking or drug use?
Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Have you ever used drugs or alcohol even though it was causing problems in your life?
Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Does it take more to get high or drunk than it used to?
Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Do you ever keep using to avoid feeling sick?
Yes <input type="checkbox"/> No <input type="checkbox"/>	7. Have you ever ended up using more alcohol or drugs than you meant to?
Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Have you tried to quit before?
Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Do you spend more time getting and using alcohol and drugs?
Yes <input type="checkbox"/> No <input type="checkbox"/>	10. Have you ever chosen using drugs or alcohol over family and friends?
Yes <input type="checkbox"/> No <input type="checkbox"/>	11. Do you keep using even if it makes you sick?

DIAGNOSTIC CONSIDERATION:
 Any positive response to questions 1-4 indicates a diagnosis of substance abuse. Positive responses to 5, 6 and any of 7-11 indicate a diagnosis of substance dependence.

Level of Functioning (in relation to co-occurring mental health issues/substance abuse):
 Check low, moderate or high level of functioning for each area. Definitions are as follows:
 A. **Low functioning:** Severe difficulty or impairment with serious and persistent signs and symptoms.
 B. **Moderate functioning:** Moderate difficulty or impairment with serious and persistent signs and symptoms.
 C. **High functioning:** Minimal difficulty or impairment with none or minimal signs and symptoms.

	Low	Moderate	High	Description
1. Health status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Family relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Social supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Legal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Job/Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Staff assessment of items 1 through 7 determines overall functioning related to co-occurring mental health/substance use as:

Low Moderate High

A low or moderate overall level of functioning should result in a related goal in client's ACP or R & R.

Client Identification Number:

Severity Assessment:

A. Client self-assessment (check one):

- No alcohol or drug use
- Alcohol or drug use with no related problems
- Alcohol or drug use with related problems

B. Staff assessment (check one):

- Use (minimal or no alcohol or drug related problems)
- Substance abuse (frequent and/or periodic use associated with alcohol or drug problems)
- Substance dependence not in recovery (uncontrolled use with significant alcohol or drug related problems)
- Substance dependence in recovery (prior significant, but now minimal or no substance related problems)
Subsequent CODA not required unless there is a change in status.

Check referrals made based on abuse assessment. *These should be integrated in the service plan.*

Services that do not require further Adult Access authorization.

- SacPort Substance Abuse Management Module (SAMM) – for clients assessed with use or abuse issues. Education and skills training group.
- Pre-treatment groups – for clients assessed with use or abuse issues. Group for clients who are not yet motivated to enter treatment. Focus is on engagement.
- Self-help groups – groups for clients interested in support of sobriety include AA, NA, Dual Recovery Anonymous. Referral should ideally be to a group known to support clients in psychiatric recovery.
- Mental Health Rehabilitation Services – group or individual psychosocial rehabilitation as part of a mental health goal.
- Sober Living Environment
- Other (Specify):

ADS SOC Treatment Referral

- Complete Alcohol and Other Drug (AOD) Screening and Service Referral (Form ADS 003) and MH Division Release of Information Forms and fax to System of Care at 916-874-9806. Available ADS Level of Care includes:
- Residential treatment - for chemically dependent clients with a low level of function, requiring an intense level of support to initiate sobriety. Residential treatment always requires authorization by ADS/SOC staff. (See instructions)
- Detoxification - for chemically dependent clients who are at risk of at least moderate withdrawal symptoms, and who require a high level of structure to initiate sobriety. Detoxification Services always requires authorization by ADS/SOC staff. Clients may request interim supports while awaiting a detox bed. (See instructions)

Other (specify):

Staff Signature / Title:

Date:

Countersignature / Title (when required)

Date: