Intro to IBHIS (Clinical View) & Documentation

- ✓ LACDMH Domains
- ✓ Services that we provide
- ✓ Purpose & Requirements of Documentation
- ✓ How to use our electronic health record (IBHIS)

LACDMH Quality Assurance Unit – Policy and Technical Development Team 6/24/20

Domains that Define LACDMH

(DMH Strategic Plan aimed at bolstering services & resources within these Domains)

Crisis System

Intensive care resources to help individuals in crisis who are falling out of the community (real-time response/services & facility-based for stabilization)

- Emergency Outreach
- Mental health treatment beds
  - Urgent Care
  - Residential
  - Subacute & Acute

Community

Proactive & therapeutic resources to address social determinants & outpatient mental health care

- Prevention Services
- Social Support
- Outpatient Mental Health

Institutions

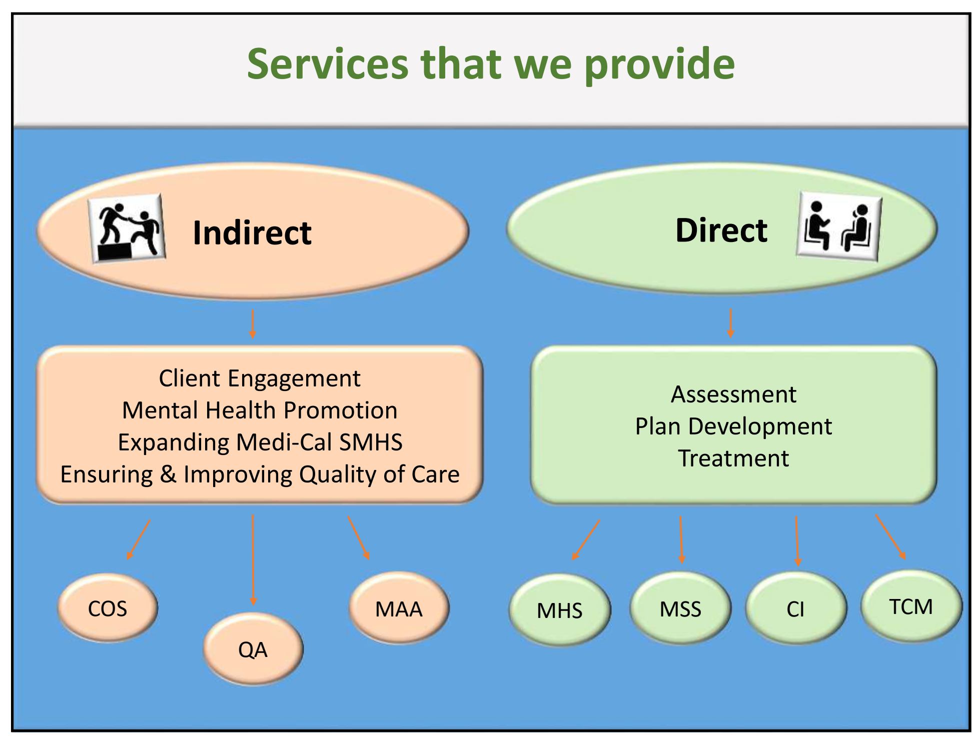
Clients who have fallen out of the community

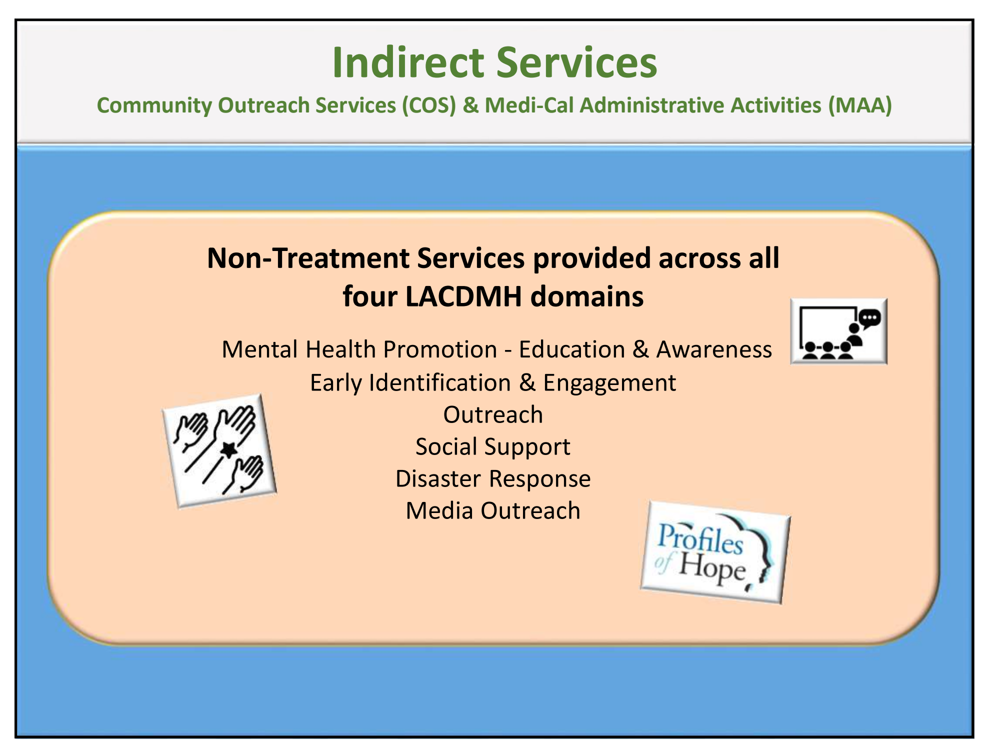
- Open air asylum – streets
- Closed air asylum – jails
- Personal asylum – deep isolation
- For children – prolonged or repeated child welfare involvement & juvenile probation

Infrastructure

Departmental engine that provides the foundation for everything we do

- Managing our technology, facilities, budget
- Ensuring that our providers are meeting State & Federal regulations
- Staffing / contracting
- Supporting stakeholder engagement & communications


Services that we provide
Indirect
Direct
Client Engagement
Mental Health Promotion
Expanding Medi-Cal SMHS
Ensuring & Improving Quality of Care
Assessment
Plan Development
Treatment
COS
QA
MAA
MHS
MSS
CI
TCM


Indirect Services
Community Outreach Services (COS) & Medi-Cal Administrative Activities (MAA)
Non-Treatment Services provided across all four LACDMH domains
Mental Health Promotion - Education & Awareness
Early Identification & Engagement
Outreach
Social Support
Disaster Response
Media Outreach
Profiles of Hope

Direct Services

Medi-Cal Specialty Mental Health Services

Medi-Cal

Insurance for those with limited income & resources

Specialty Mental Health Services (SMHS)

Part of the Medi-Cal "carve out"

Provided by mental health specialists

Provided to Medi-Cal beneficiaries through LACDMH

Assessment / Care Planning / Treatment Services provided across the 3 clinical LACDMH domains

What outpatient SMHS are covered & provided by directly-operated? (reimbursable services)

Pause the video if you want to review this

Service	Description	Activities
Mental Health Services (MHS)	Individual, group, collateral or family-based interventions to restore a client's functioning and ability to remain in the community with goals of recovery and resiliency	✓ Assessment ✓ Plan Development ✓ Therapy ✓ Rehabilitation ✓ Collateral
Intensive Home Based Services (IHBS)	An intensive form of MHS that is predominantly delivered in the home, school or community. IHBS is specifically intended for children/youth who are already receiving Intensive Care Coordination.	✓ Rehabilitation ✓ Collateral
Targeted Case Management (TCM)	Services that assist a client in accessing needed ancillary resources (e.g. medical, alcohol/drug treatment, vocational)	✓ Assessment ✓ Plan Development ✓ Referral and Related Activities ✓ Monitoring & Follow-Up
Intensive Care Coordination (ICC)	An intensive form of TCM that facilitates the assessment, planning and coordination of services. ICC is specifically intended for children/youth who are involved in multiple child serving systems and require cross-agency collaboration through a Child and Family Team	✓ Planning & Assessment of Strengths & Needs ✓ Reassessment of Strengths & Needs ✓ Referral, Monitoring, and Follow-Up Activities ✓ Transition
Medication Support Services (MSS)	Prescribing/furnishing, administering and monitoring psychiatric medications to reduce a client's mental health symptoms	✓ Evaluation of the Need for Meds ✓ Evaluation of Clinical Effectiveness & Side Effects of Meds ✓ Obtaining Information Consent ✓ Medication Education ✓ Collateral ✓ Plan Development
Crisis Intervention (CI)	Unplanned and expedited services to address a condition that requires more timely response than a regular appointment in order to assist a client to regain/remain functioning in the community.	✓ Assessment ✓ Therapy ✓ Collateral ✓ Referral

What other SMHS are covered & provided by LACDMH?
(reimbursable services)

Pause the video if you want to review this

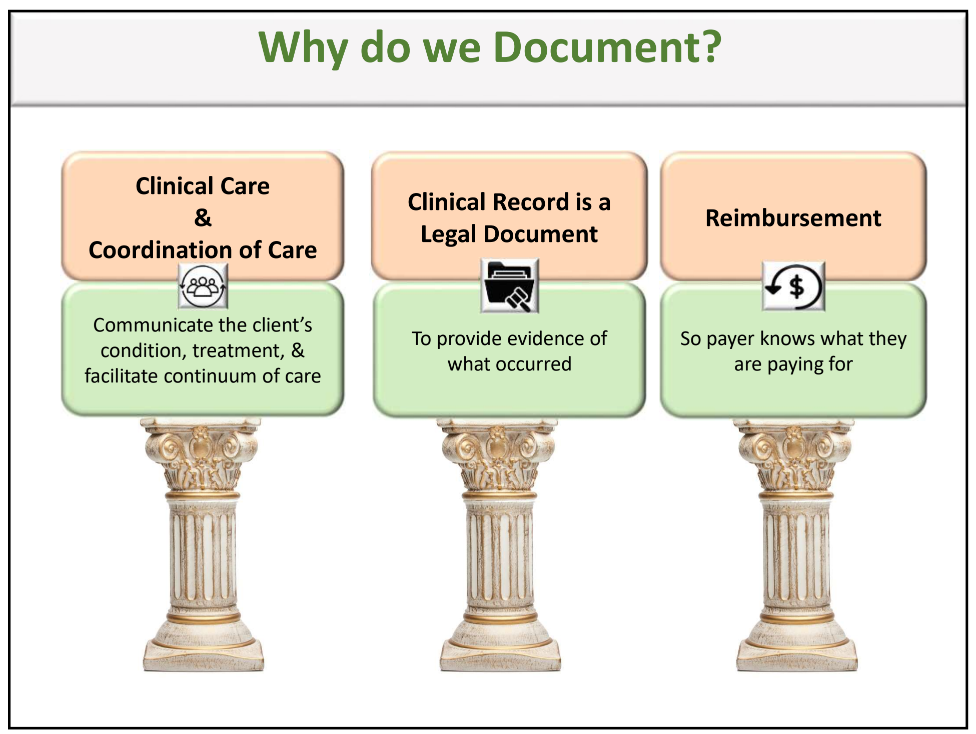
Service	Description
Therapeutic Behavioral Services (TBS)	An outpatient, intensive, one-to-one behavioral mental health service available to children/youth to teach new ways of managing challenging behaviors
Day Rehabilitation (DR)	A structured program intended to restore independence and functioning. The program lasts at least 3 hours a day.
Day Treatment Intensive (DTI)	A structured program intended as an alternative to hospitalization. The program lasts at least 3 hours a day.
Crisis Stabilization (CS)	Unplanned and expedited services lasting less than 24 hours to address an urgent condition that cannot be addressed in a community setting. The goal is to avoid the need for hospitalization.
Adult Residential Treatment	Recovery focused rehabilitative services provided in a non-institutional, residential setting. The service is available 24 hours a day, seven days a week.
Crisis Residential Treatment	Rehabilitative services provided in a non-institutional, residential setting which provides a structured program short-term (3 months or less). The service is available 24 hours a day, seven days a week.
Psychiatric Inpatient Hospital	Acute psychiatric inpatient hospital services and administrative day services provided in a hospital

Who is eligible to receive outpatient SMHS?
(medical necessity criteria)

Based on a mental health assessment, the client must meet the following criteria to be eligible for treatment services:

- ✓ **Included** primary diagnosis – covered primary diagnosis under outpatient SMHS
- ✓ **Impairment(s)** – at least one of the following impairments as a result of that dx:
  - A significant impairment(s) in an important area of life functioning
  - A probability of significant deterioration in an important area of life functioning
  - A probability that the child will not progress developmentally as individually appropriate
- ✓ **Interventions** – proposed intervention(s) to address the mental health condition and is expected to:
  - Significantly diminish the impairment OR
  - Prevent significant deterioration in an important area of life functioning OR
  - Allow the child to progress developmentally as individually appropriate

Note: If the client is under the age of 21 with the Medi-Cal benefit **Early and Periodic Screening, Diagnosis, & Treatment (EPSDT)** and does not meet criteria for impairment or intervention above, medical necessity can be met if SMHS are needed to correct or ameliorate a mental illness/condition.



What is IBHIS?

The official clinical record for documentation by directly-operated providers

Integrated **B**ehavioral **H**ealth **I**nformation **S**ystem

LACDMH's comprehensive behavioral health clinical, administrative and financial information system

LACDMH = directly-operated (DO) + legal entities (LE) + fee for service (FFS)

*LE, FFS, and DO juvenile justice programs use IBHIS for claiming; and use their respective electronic-health records for their clinical record

Other Terms

Avatar: software

Netsmart: our vendor who developed Avatar

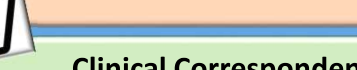
What goes in the Clinical Record

Documentation of all Services Provided

Assessment

Treatment Plan

Progress Notes



Clinical Correspondence

If not done within IBHIS, then must be scanned in

For more information, refer to LACDMH Policy 401.02 – Clinical Records Contents and Documentation Entry

What should NOT go in the Clinical Record

1. Raw data from psychological testing
2. Administrative documents for the internal use of the program
3. Critical incident reports/investigations
4. Suspected abuse reports

   NOTE: A progress note in the clinical record may be written to state simply that on that date a report was made. Any clinical relevance related to the abuse allegations may be documented as well.
5. Staff conflicts and workload problems
6. Other client's full name(s)
7. Requests for supervision

For more information, refer to LACDMH Policy 401.02 – Clinical Records Contents and Documentation Entry

When do you Document

Clinical documentation must be written and finalized by the end of the next scheduled work day following the date of service.

*If the practitioner's next scheduled work day will exceed five (5) calendar days, then documentation must be completed by the end of the work day on the date of service.

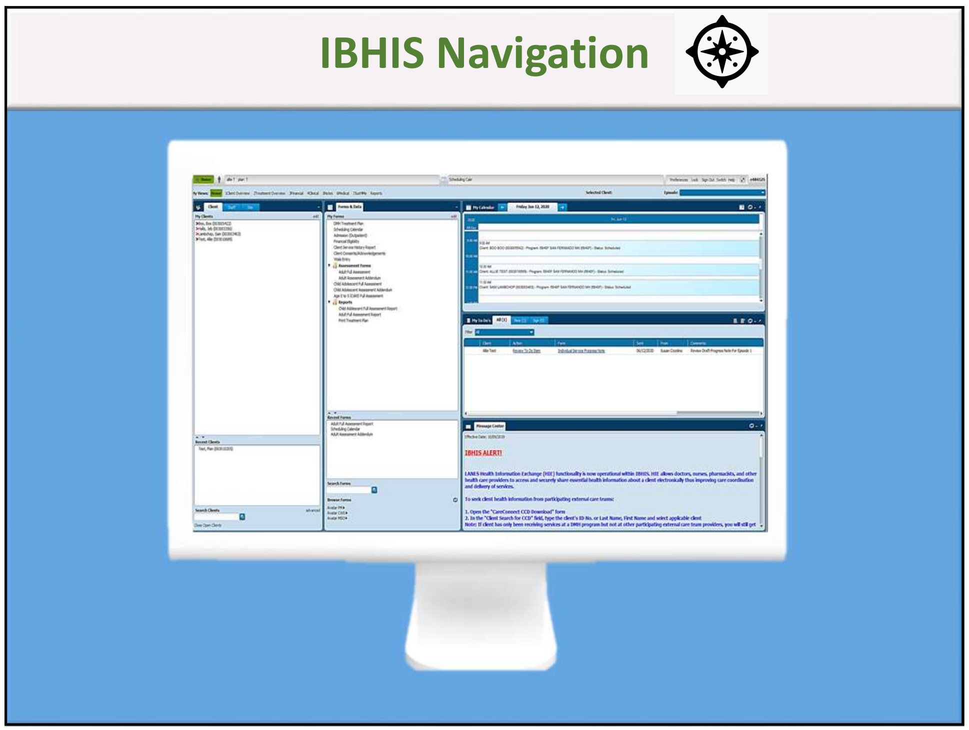
Clinical documentation requiring supervisor approval must be

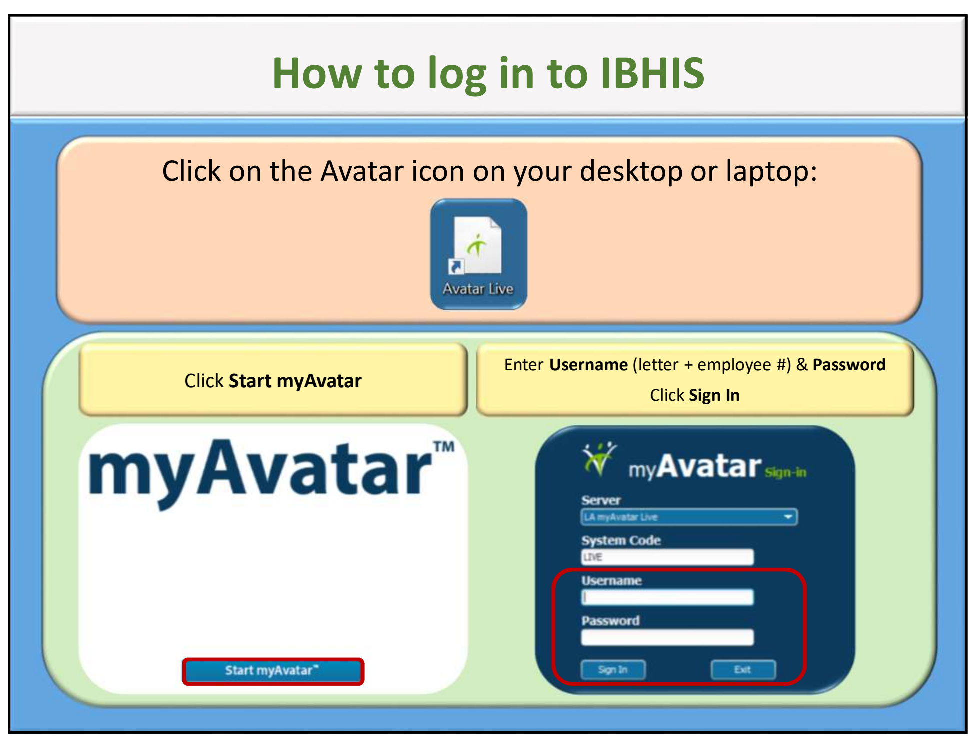
- reviewed by the end of the next scheduled work day (following the date the practitioner finalizes it) and
- co-signed within five (5) business days (from the date the practitioner finalizes it)

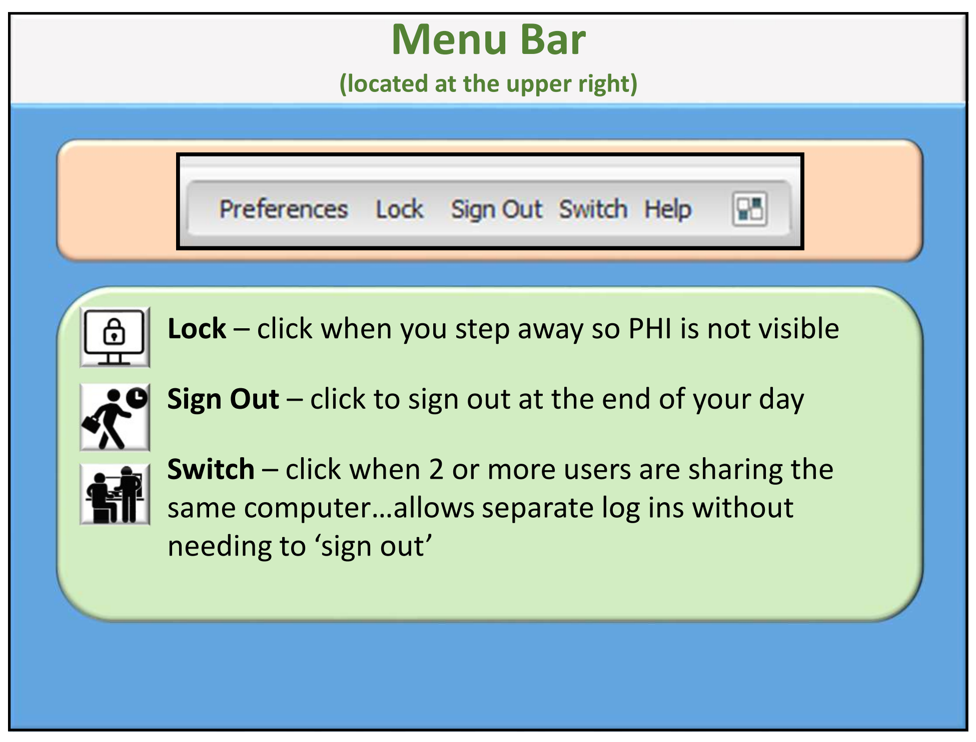
*Students require co-signature as well as practitioners without a bachelors degree or 2 years experience.

For more information, refer to LACDMH Policy 401.02 – Clinical Records Contents and Documentation Entry

IBHIS Navigation




How to log in to IBHIS
Click on the Avatar icon on your desktop or laptop:
Avatar Live
Click Start myAvatar
Enter Username (letter + employee #) & Password
Click Sign In
myAvatar™
Start myAvatar™
myAvatar Sign-in
Server
LA myAvatar Live
System Code
LIVE
Username
Password
Sign In
Exit


Menu Bar
(located at the upper right)
Preferences Lock Sign Out Switch Help
Lock – click when you step away so PHI is not visible
Sign Out – click to sign out at the end of your day
Switch – click when 2 or more users are sharing the same computer…allows separate log ins without needing to 'sign out'

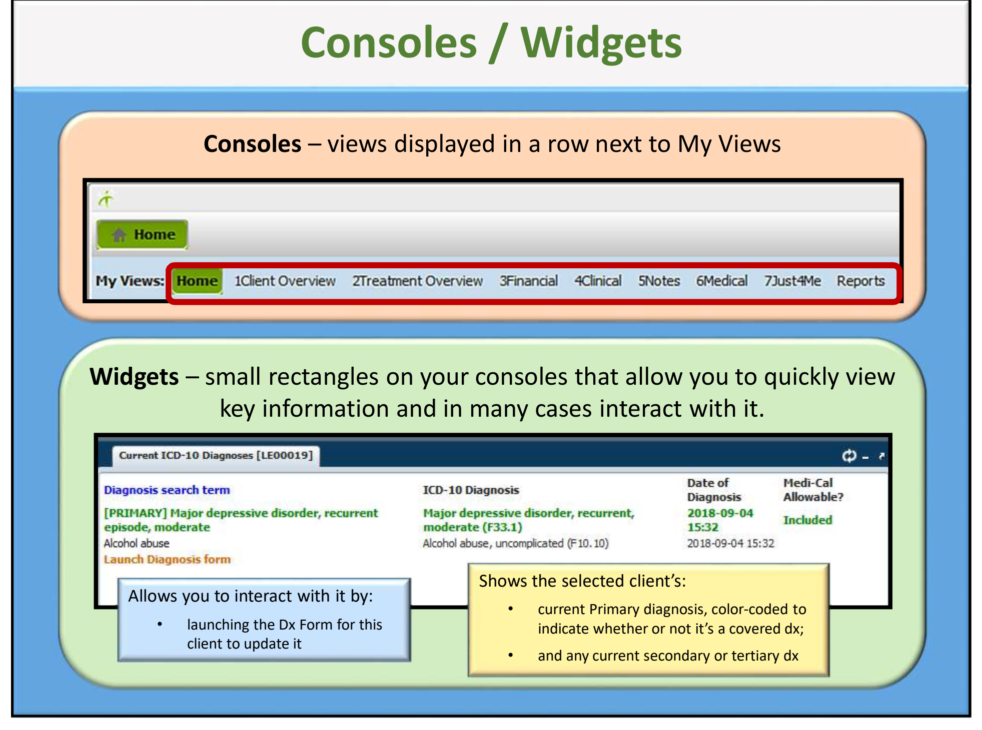
Layouts & Level of Access
(user-role)

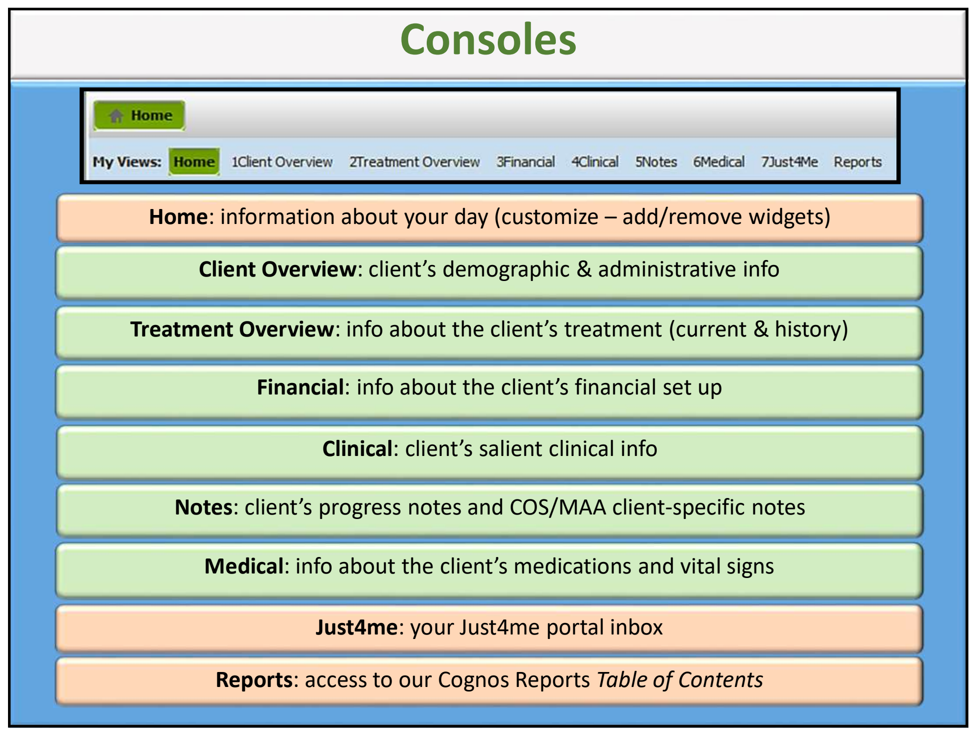
Based on your user-role in IBHIS which is determined by your job duties, you will have:

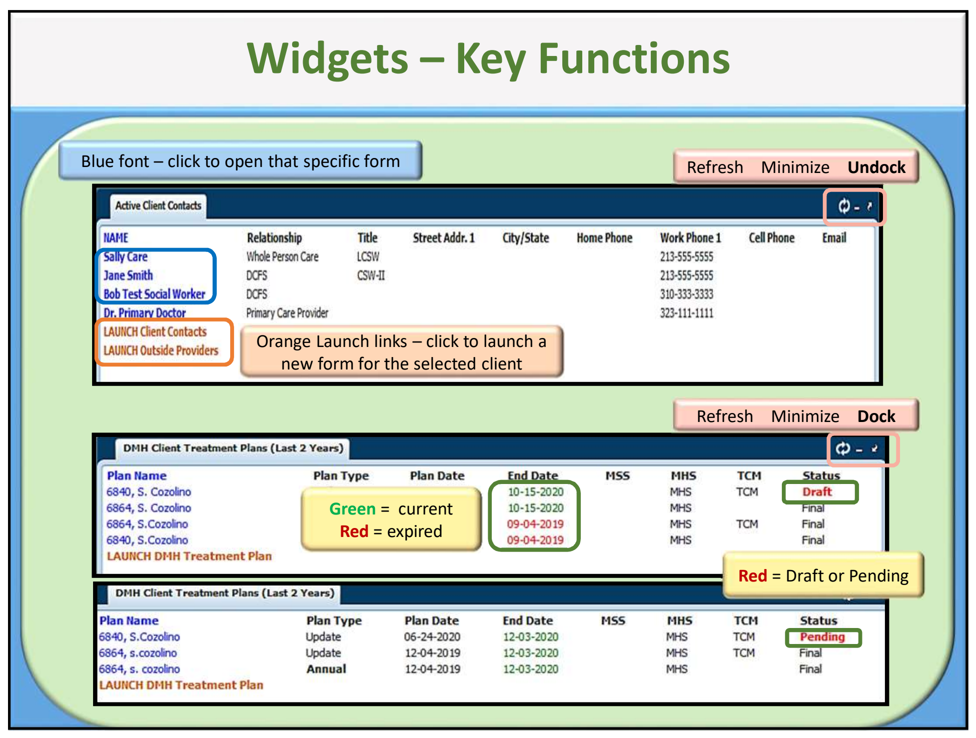
- assigned layout views
- access to forms/functions/information
- co-signature on clinical documents either required or unrequired

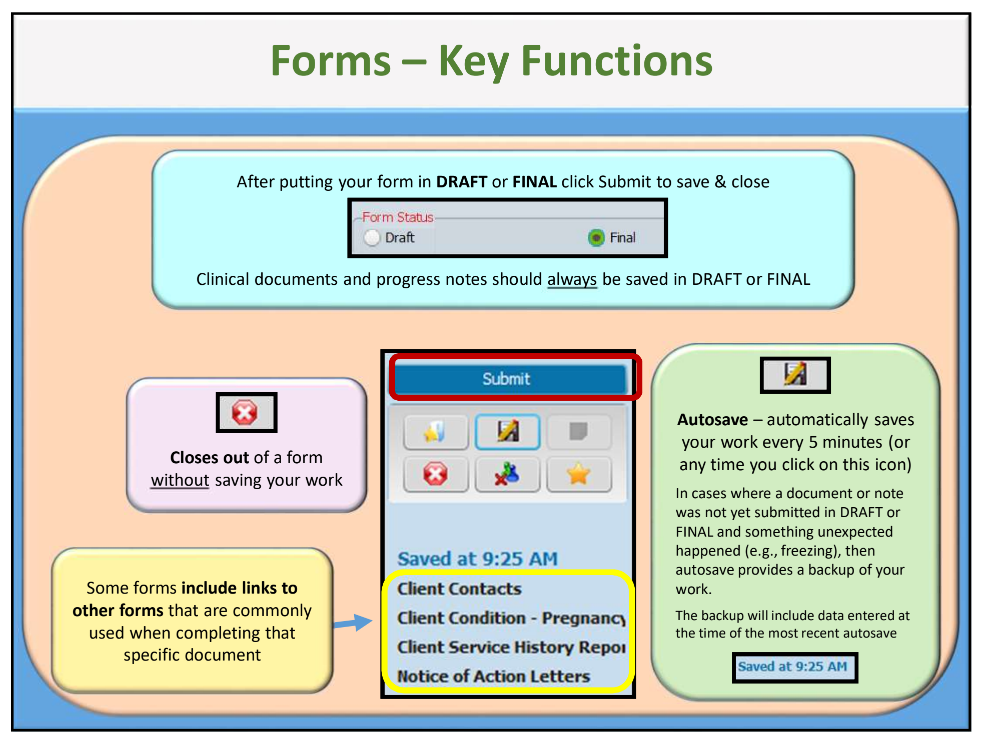
There are currently 3 different layouts:

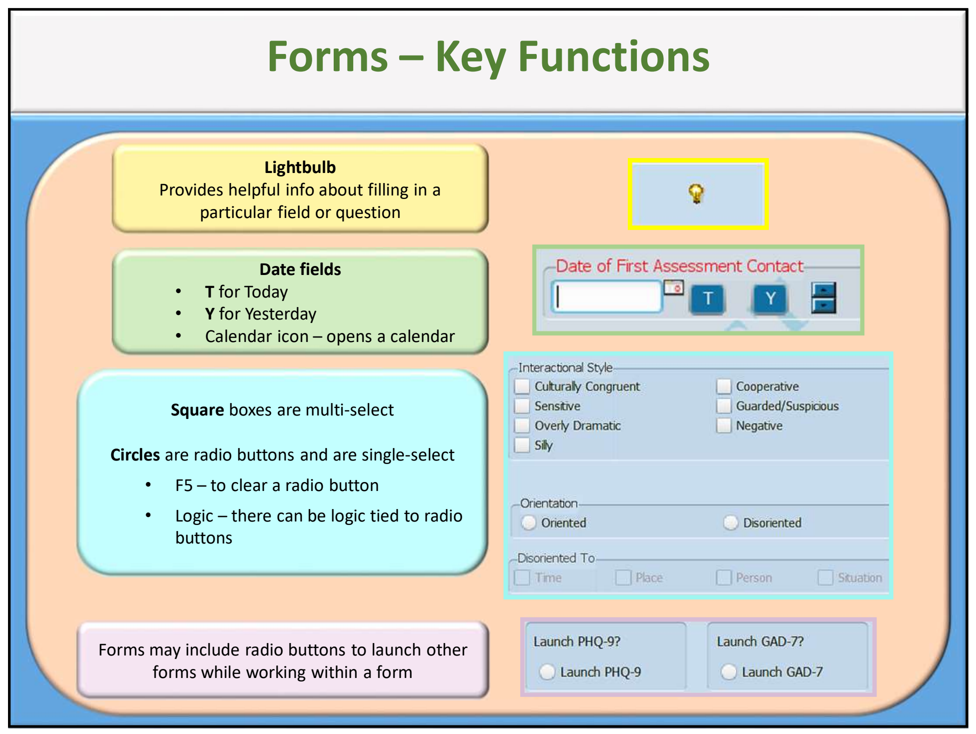
- **Clinical** – non-prescribing practitioners and their supervisors
  - This module will be covering the Clinical layout
- **Prescriber** – practitioners who are prescribing medication
  - Refer to the Intro to IBHIS (Prescriber View) & Documentation module
- **Front Desk** – clerical staff who are working at the ‘front desk’ for a program
  - Refer to the Front Desk module offered by the Central Business Office

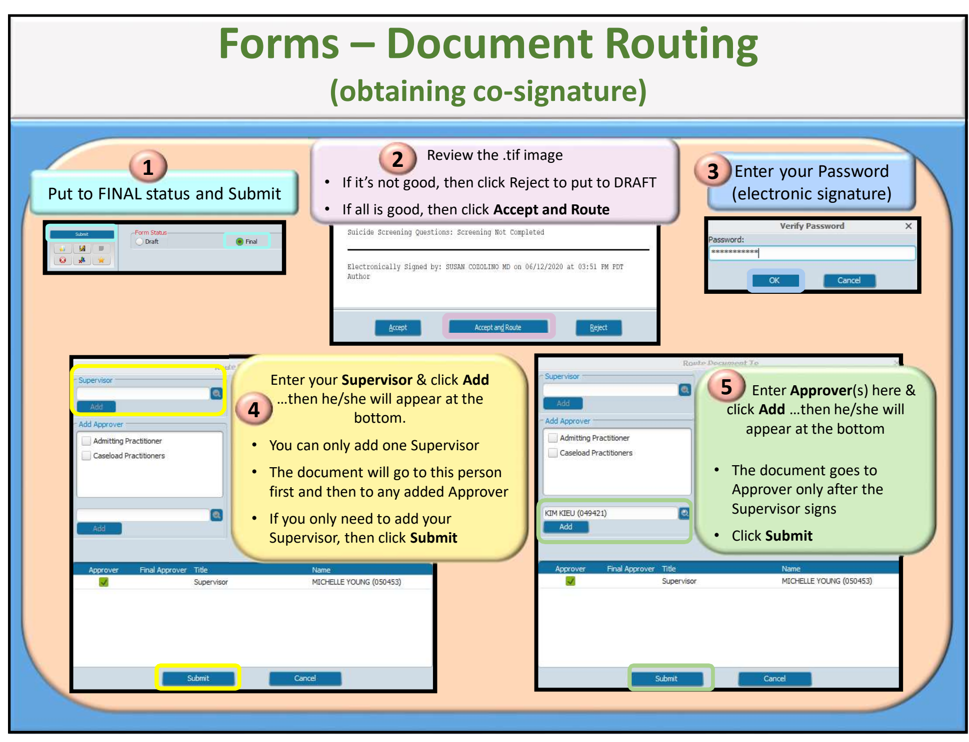


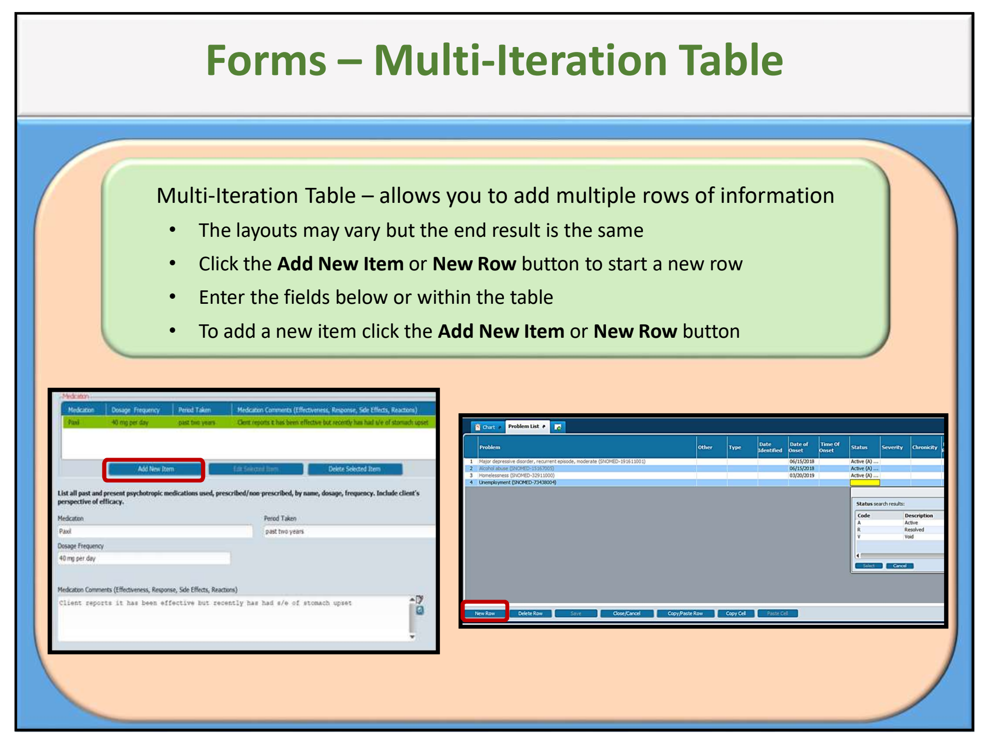

Consoles
Home
My Views: Home 1Client Overview 2Treatment Overview 3Financial 4Clinical 5Notes 6Medical 7Just4Me Reports
Home: information about your day (customize – add/remove widgets)
Client Overview: client's demographic & administrative info
Treatment Overview: info about the client's treatment (current & history)
Financial: info about the client's financial set up
Clinical: client's salient clinical info
Notes: client's progress notes and COS/MAA client-specific notes
Medical: info about the client's medications and vital signs
Just4me: your Just4me portal inbox
Reports: access to our Cognos Reports Table of Contents

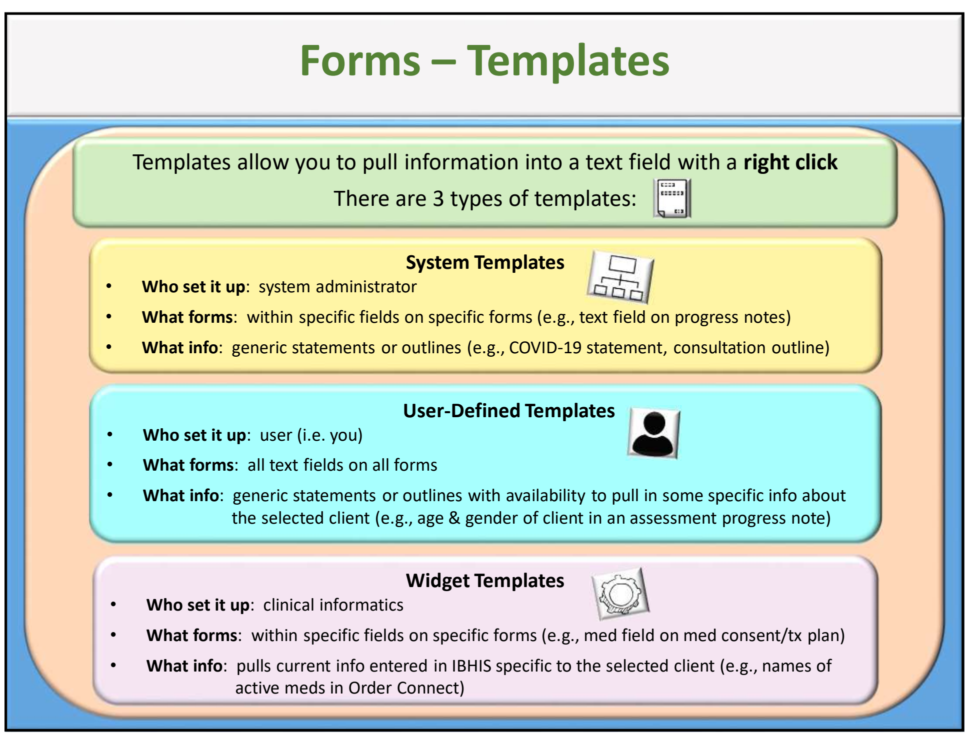

Widgets – Key Functions
Blue font – click to open that specific form
Refresh Minimize Undock
Active Client Contacts
Orange Launch links – click to launch a new form for the selected client
Refresh Minimize Dock
DMH Client Treatment Plans (Last 2 Years)
Green = current
Red = expired
Red = Draft or Pending


Forms – Key Functions
After putting your form in DRAFT or FINAL click Submit to save & close
Form Status
Draft
Final
Clinical documents and progress notes should always be saved in DRAFT or FINAL
Closes out of a form without saving your work
Submit
Saved at 9:25 AM
Client Contacts
Client Condition - Pregnancy
Client Service History Repor
Notice of Action Letters
Some forms include links to other forms that are commonly used when completing that specific document
Autosave – automatically saves your work every 5 minutes (or any time you click on this icon)
In cases where a document or note was not yet submitted in DRAFT or FINAL and something unexpected happened (e.g., freezing), then autosave provides a backup of your work.
The backup will include data entered at the time of the most recent autosave
Saved at 9:25 AM

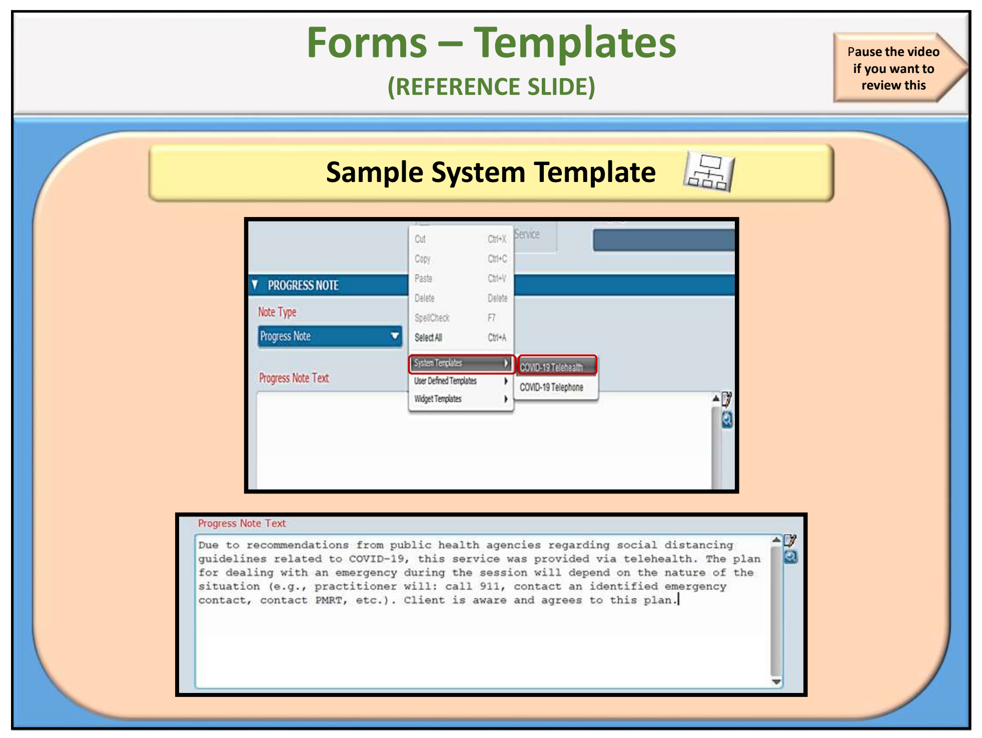

Forms – Key Functions
Lightbulb
Provides helpful info about filling in a particular field or question
Date fields
T for Today
Y for Yesterday
Calendar icon – opens a calendar
Date of First Assessment Contact
T
Y
Square boxes are multi-select
Circles are radio buttons and are single-select
F5 – to clear a radio button
Logic – there can be logic tied to radio buttons
Interactional Style
Culturally Congruent
Cooperative
Sensitive
Guarded/Suspicious
Overly Dramatic
Negative
Silly
Orientation
Oriented
Disoriented
Disoriented To
Time
Place
Person
Situation
Forms may include radio buttons to launch other forms while working within a form
Launch PHQ-9?
Launch PHQ-9
Launch GAD-7?
Launch GAD-7


Forms – Document Routing
(obtaining co-signature)
1 Put to FINAL status and Submit
2 Review the .tif image
If it's not good, then click Reject to put to DRAFT
If all is good, then click Accept and Route
3 Enter your Password (electronic signature)
4 Enter your Supervisor & click Add ...then he/she will appear at the bottom.
You can only add one Supervisor
The document will go to this person first and then to any added Approver
If you only need to add your Supervisor, then click Submit
5 Enter Approver(s) here & click Add ...then he/she will appear at the bottom
The document goes to Approver only after the Supervisor signs
Click Submit

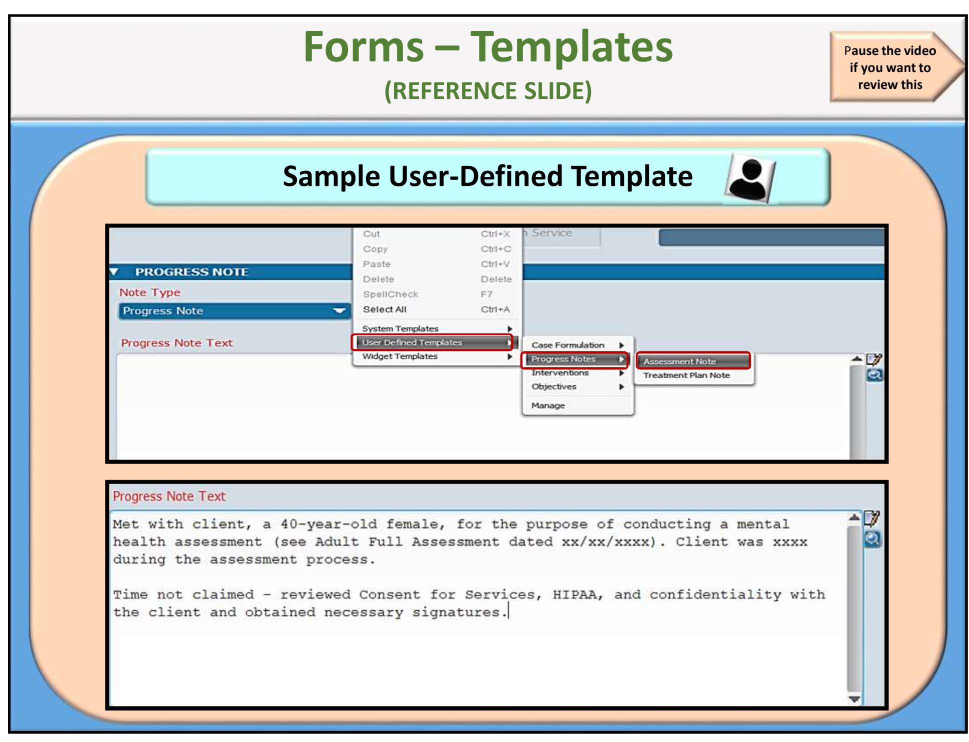

Forms – Multi-Iteration Table
Multi-Iteration Table – allows you to add multiple rows of information
The layouts may vary but the end result is the same
Click the Add New Item or New Row button to start a new row
Enter the fields below or within the table
To add a new item click the Add New Item or New Row button

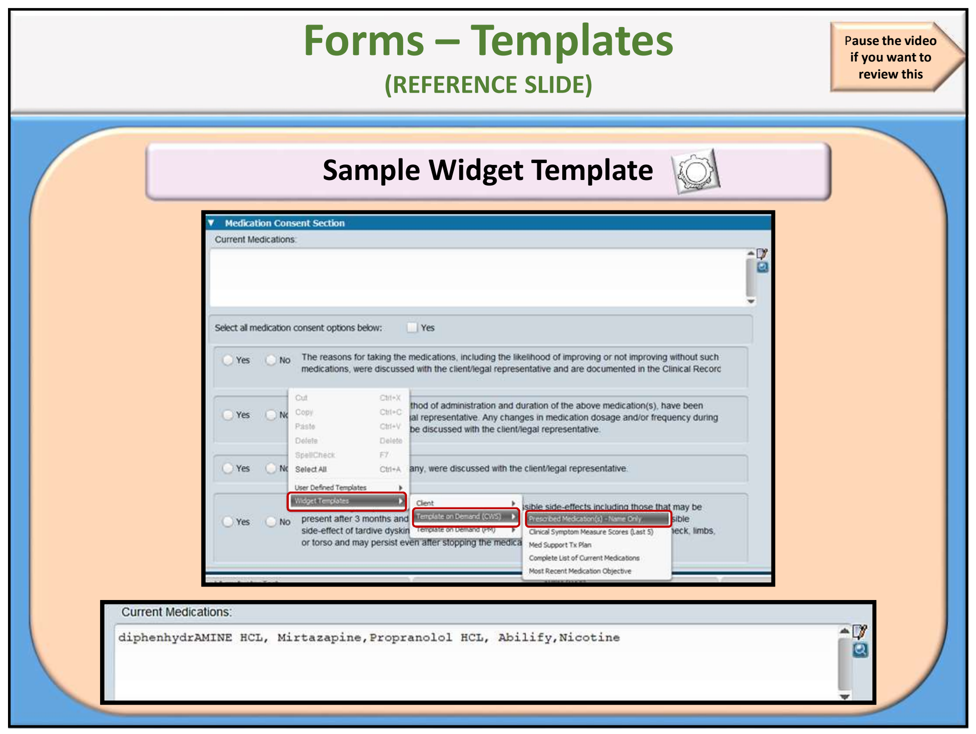


Forms – Templates
Templates allow you to pull information into a text field with a right click
There are 3 types of templates:
System Templates
Who set it up: system administrator
What forms: within specific fields on specific forms (e.g., text field on progress notes)
What info: generic statements or outlines (e.g., COVID-19 statement, consultation outline)
User-Defined Templates
Who set it up: user (i.e. you)
What forms: all text fields on all forms
What info: generic statements or outlines with availability to pull in some specific info about the selected client (e.g., age & gender of client in an assessment progress note)
Widget Templates
Who set it up: clinical informatics
What forms: within specific fields on specific forms (e.g., med field on med consent/tx plan)
What info: pulls current info entered in IBHIS specific to the selected client (e.g., names of active meds in Order Connect)



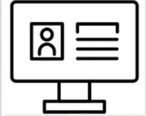
Forms – Templates
(REFERENCE SLIDE)
Pause the video if you want to review this
Sample System Template
PROGRESS NOTE
Note Type
Progress Note
Progress Note Text
Cut
Copy
Paste
Delete
SpellCheck
Select All
System Templates
User Defined Templates
Widget Templates
COVID-19 Telehealth
COVID-19 Telephone
Progress Note Text
Due to recommendations from public health agencies regarding social distancing guidelines related to COVID-19, this service was provided via telehealth. The plan for dealing with an emergency during the session will depend on the nature of the situation (e.g., practitioner will: call 911, contact an identified emergency contact, contact PMRT, etc.). Client is aware and agrees to this plan.


Forms – Templates
(REFERENCE SLIDE)
Pause the video if you want to review this
Sample User-Defined Template
PROGRESS NOTE
Note Type
Progress Note
Progress Note Text
Cut Ctrl+X
Copy Ctrl+C
Paste Ctrl+V
Delete Delete
SpellCheck F7
Select All Ctrl+A
System Templates
User Defined Templates
Widget Templates
Case Formulation
Progress Notes
Interventions
Objectives
Manage
Assessment Note
Treatment Plan Note
Progress Note Text
Met with client, a 40-year-old female, for the purpose of conducting a mental health assessment (see Adult Full Assessment dated xx/xx/xxxx). Client was xxxx during the assessment process.
Time not claimed - reviewed Consent for Services, HIPAA, and confidentiality with the client and obtained necessary signatures.


Forms – Templates
(REFERENCE SLIDE)
Pause the video if you want to review this
Sample Widget Template
Medication Consent Section
Current Medications:
Select all medication consent options below:
Yes
No
The reasons for taking the medications, including the likelihood of improving or not improving without such medications, were discussed with the client/legal representative and are documented in the Clinical Record
User Defined Templates
Widget Templates
Client
Template on Demand (CWS)
Template on Demand (PM)
Prescribed Medication(s) - Name Only
Clinical Symptom Measure Scores (Last 5)
Med Support Tx Plan
Complete List of Current Medications
Most Recent Medication Objective
Current Medications:
diphenhydrAMINE HCL, Mirtazapine,Propranolol HCL, Abilify,Nicotine

Before going into IBHIS, remember…

- ✓ Be cautious – you have access to protected health information (PHI)
- ✓ Do NOT randomly look people up (e.g., neighbors, family members, yourself)
- ✓ Need to know only
- ✓ IBHIS tracks all activities
- ✓ Never test/experiment in the LIVE environment; use the UAT training environment



Let's go into IBHIS…

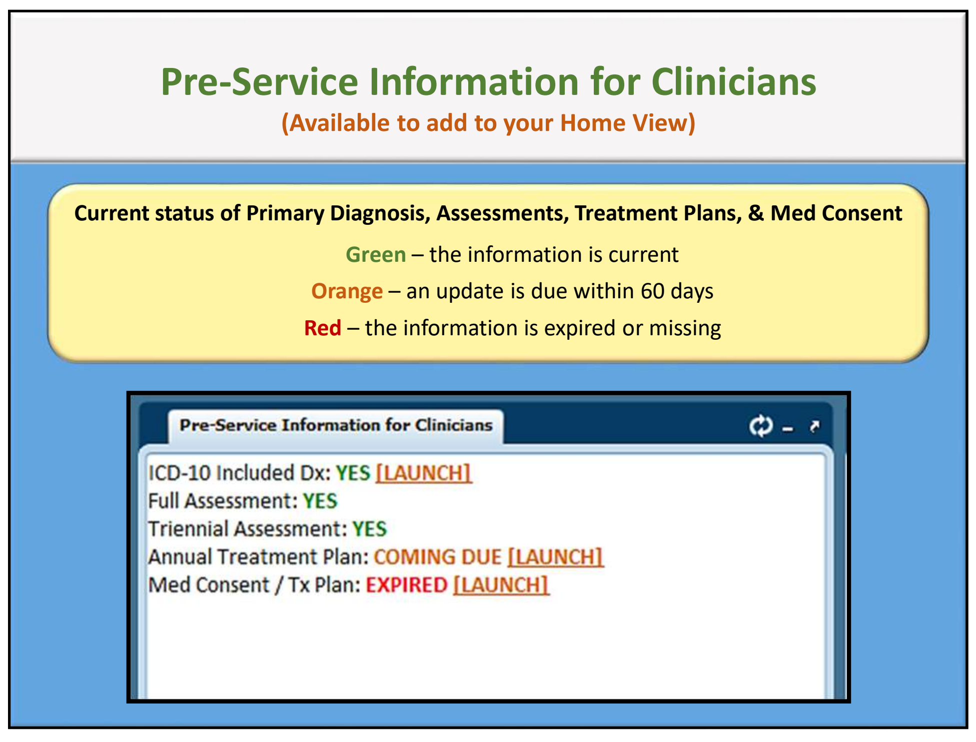
View consoles and widgets

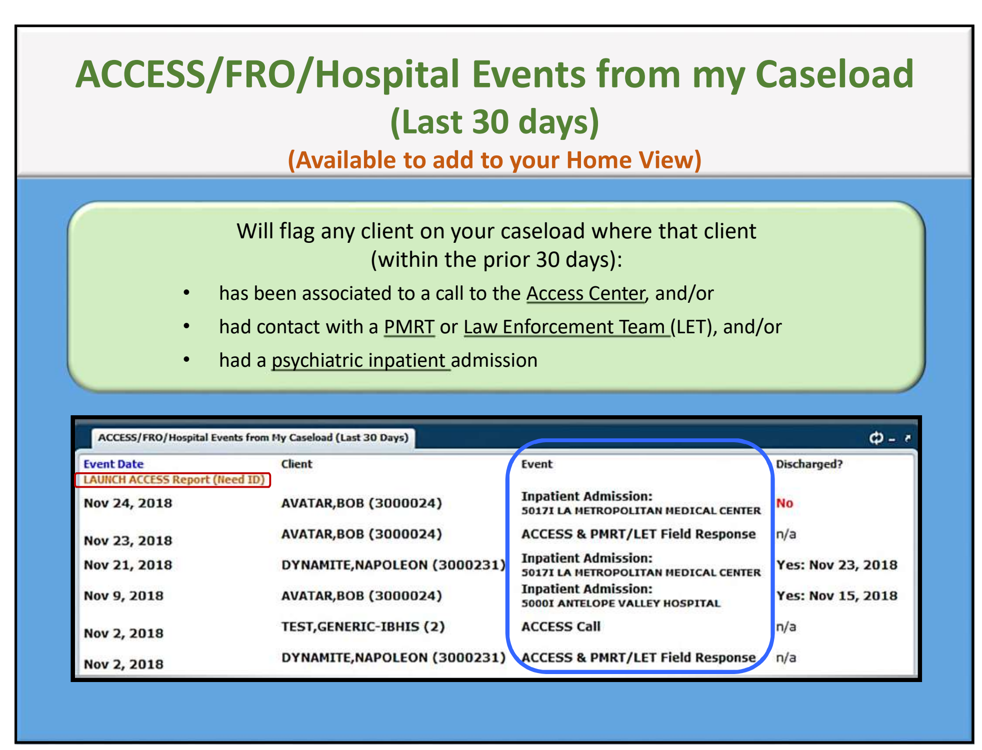
Create a user-defined template

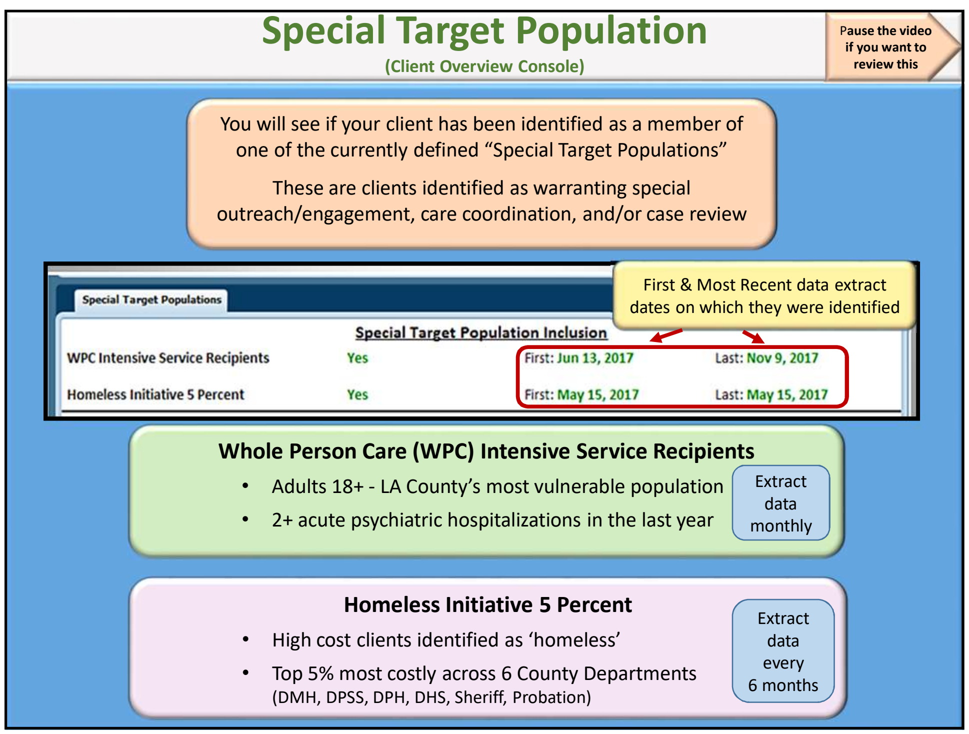
Review a few forms

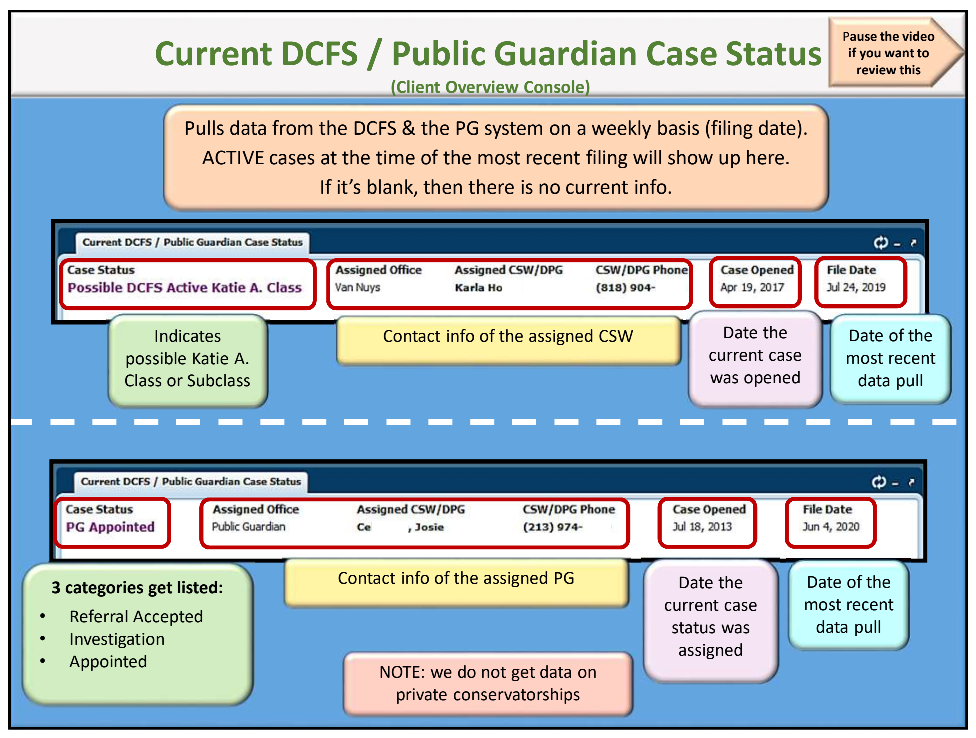
Route a document

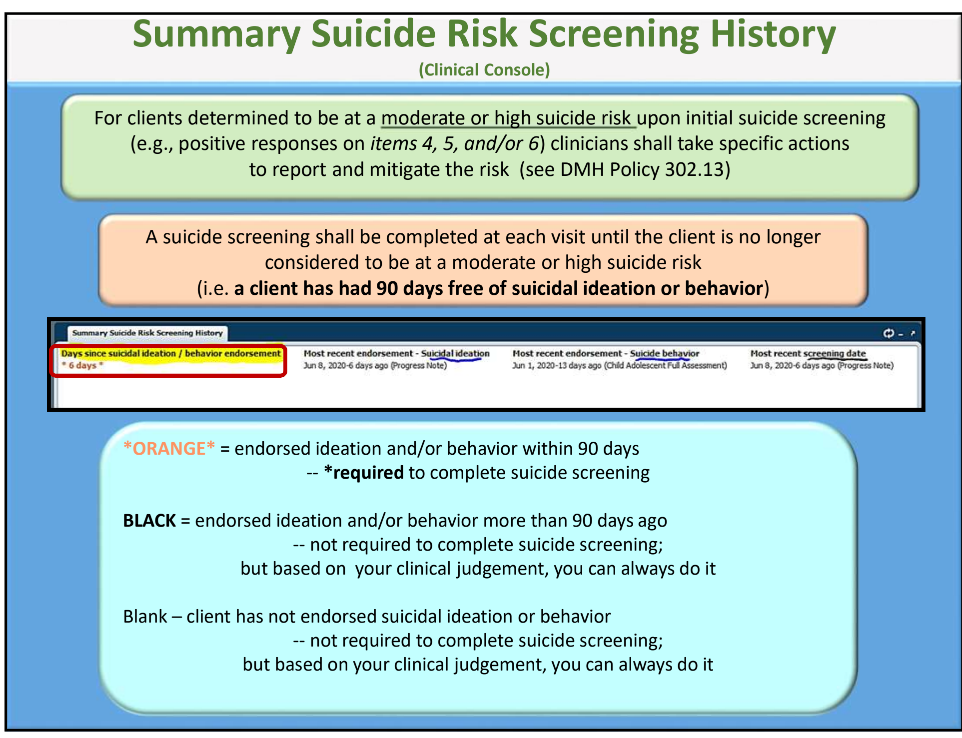
Go into a client's chart


Pre-Service Information for Clinicians
(Available to add to your Home View)
Current status of Primary Diagnosis, Assessments, Treatment Plans, & Med Consent
Green – the information is current
Orange – an update is due within 60 days
Red – the information is expired or missing
Pre-Service Information for Clinicians
ICD-10 Included Dx: YES [LAUNCH]
Full Assessment: YES
Triennial Assessment: YES
Annual Treatment Plan: COMING DUE [LAUNCH]
Med Consent / Tx Plan: EXPIRED [LAUNCH]

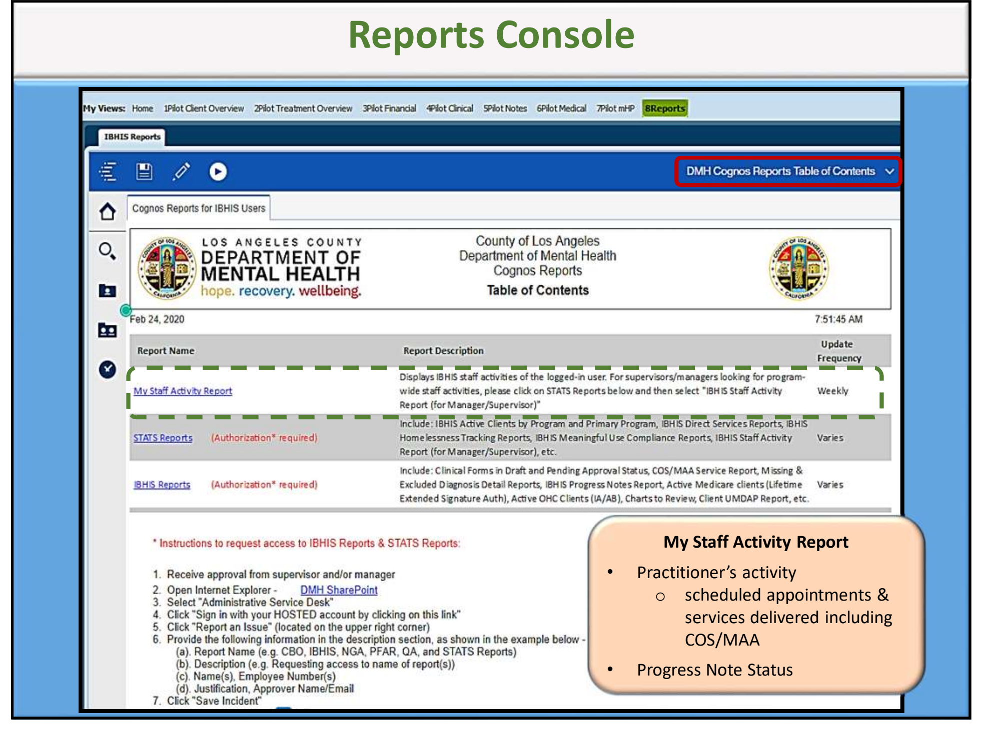

ACCESS/FRO/Hospital Events from my Caseload
(Last 30 days)
(Available to add to your Home View)
Will flag any client on your caseload where that client
(within the prior 30 days):
has been associated to a call to the Access Center, and/or
had contact with a PMRT or Law Enforcement Team (LET), and/or
had a psychiatric inpatient admission
ACCESS/FRO/Hospital Events from My Caseload (Last 30 Days)
Event Date
LAUNCH ACCESS Report (Need ID)
Client
Event
Discharged?
Nov 24, 2018
AVATAR,BOB (3000024)
Inpatient Admission:
5017I LA METROPOLITAN MEDICAL CENTER
No
Nov 23, 2018
AVATAR,BOB (3000024)
ACCESS & PMRT/LET Field Response
n/a
Nov 21, 2018
DYNAMITE,NAPOLEON (3000231)
Inpatient Admission:
5017I LA METROPOLITAN MEDICAL CENTER
Yes: Nov 23, 2018
Nov 9, 2018
AVATAR,BOB (3000024)
Inpatient Admission:
5000I ANTELOPE VALLEY HOSPITAL
Yes: Nov 15, 2018
Nov 2, 2018
TEST,GENERIC-IBHIS (2)
ACCESS Call
n/a
Nov 2, 2018
DYNAMITE,NAPOLEON (3000231)
ACCESS & PMRT/LET Field Response
n/a


Special Target Population
(Client Overview Console)
Pause the video if you want to review this
You will see if your client has been identified as a member of one of the currently defined "Special Target Populations"
These are clients identified as warranting special outreach/engagement, care coordination, and/or case review
Special Target Populations
First & Most Recent data extract dates on which they were identified
Special Target Population Inclusion
WPC Intensive Service Recipients Yes First: Jun 13, 2017 Last: Nov 9, 2017
Homeless Initiative 5 Percent Yes First: May 15, 2017 Last: May 15, 2017
Whole Person Care (WPC) Intensive Service Recipients
• Adults 18+ - LA County's most vulnerable population
• 2+ acute psychiatric hospitalizations in the last year
Extract data monthly
Homeless Initiative 5 Percent
• High cost clients identified as 'homeless'
• Top 5% most costly across 6 County Departments (DMH, DPSS, DPH, DHS, Sheriff, Probation)
Extract data every 6 months

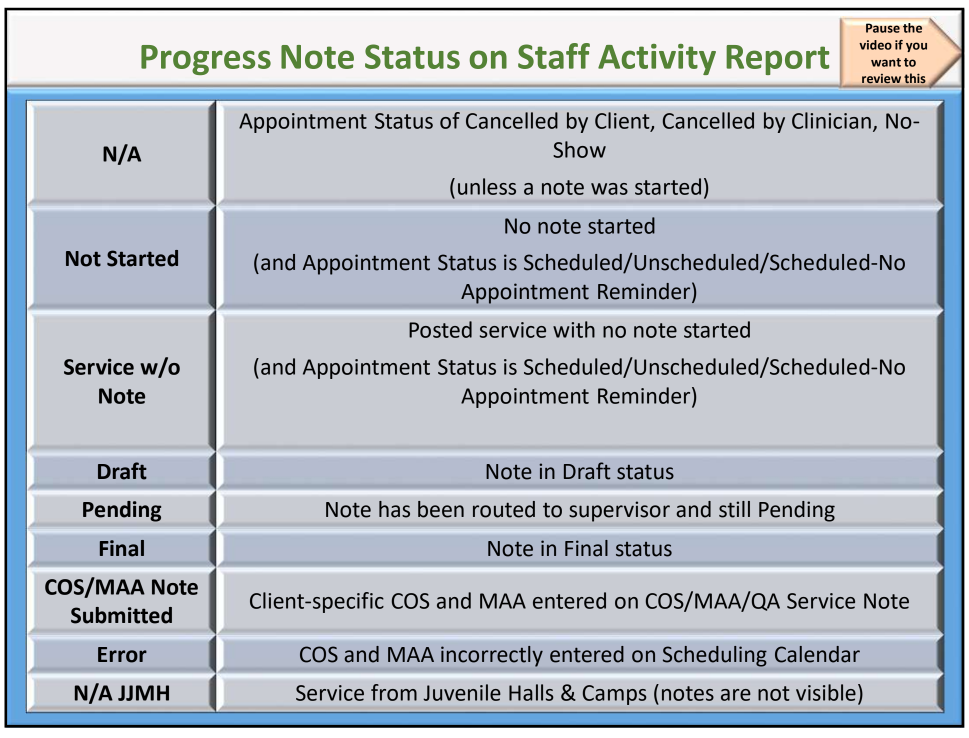

Current DCFS / Public Guardian Case Status
(Client Overview Console)
Pause the video if you want to review this
Pulls data from the DCFS & the PG system on a weekly basis (filing date).
ACTIVE cases at the time of the most recent filing will show up here.
If it's blank, then there is no current info.
Current DCFS / Public Guardian Case Status
Case Status Possible DCFS Active Katie A. Class
Assigned Office Van Nuys
Assigned CSW/DPG Karla Ho
CSW/DPG Phone (818) 904-
Case Opened Apr 19, 2017
File Date Jul 24, 2019
Indicates possible Katie A. Class or Subclass
Contact info of the assigned CSW
Date the current case was opened
Date of the most recent data pull
Current DCFS / Public Guardian Case Status
Case Status PG Appointed
Assigned Office Public Guardian
Assigned CSW/DPG Ce , Josie
CSW/DPG Phone (213) 974-
Case Opened Jul 18, 2013
File Date Jun 4, 2020
3 categories get listed:
• Referral Accepted
• Investigation
• Appointed
Contact info of the assigned PG
Date the current case status was assigned
Date of the most recent data pull
NOTE: we do not get data on private conservatorships



Summary Suicide Risk Screening History
(Clinical Console)
For clients determined to be at a moderate or high suicide risk upon initial suicide screening (e.g., positive responses on items 4, 5, and/or 6) clinicians shall take specific actions to report and mitigate the risk (see DMH Policy 302.13)
A suicide screening shall be completed at each visit until the client is no longer considered to be at a moderate or high suicide risk (i.e. a client has had 90 days free of suicidal ideation or behavior)
Summary Suicide Risk Screening History
Days since suicidal ideation / behavior endorsement
* 6 days *
Most recent endorsement - Suicidal ideation
Jun 8, 2020-6 days ago (Progress Note)
Most recent endorsement - Suicide behavior
Jun 1, 2020-13 days ago (Child Adolescent Full Assessment)
Most recent screening date
Jun 8, 2020-6 days ago (Progress Note)
ORANGE = endorsed ideation and/or behavior within 90 days
-- *required to complete suicide screening
BLACK = endorsed ideation and/or behavior more than 90 days ago
-- not required to complete suicide screening;
but based on your clinical judgement, you can always do it
Blank – client has not endorsed suicidal ideation or behavior
-- not required to complete suicide screening;
but based on your clinical judgement, you can always do it

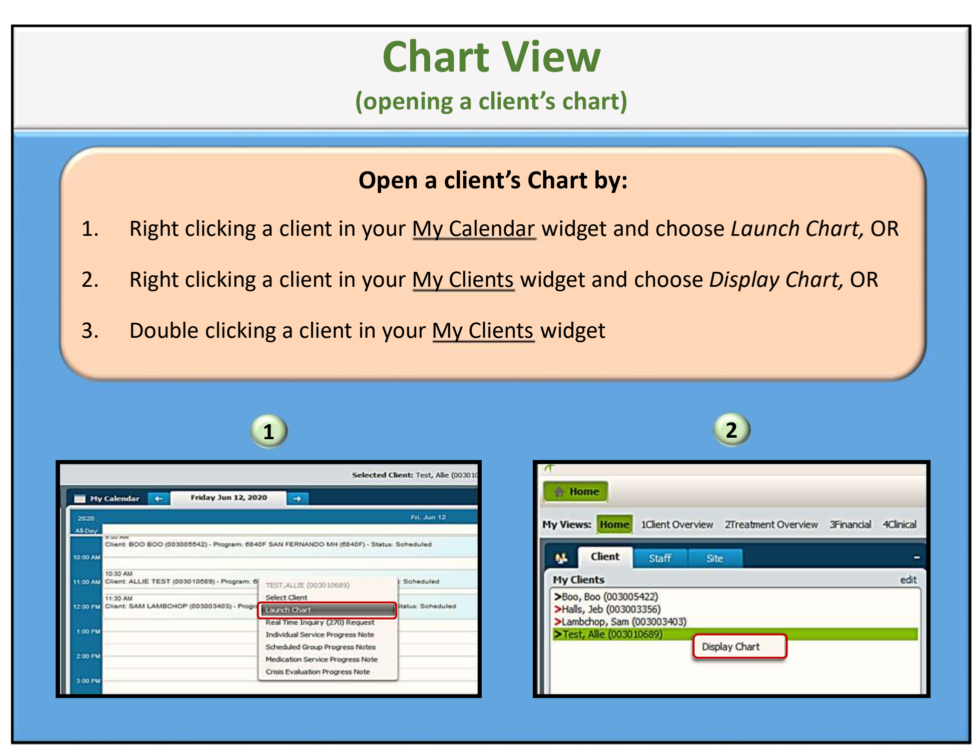


Reports Console
My Views: Home 1Pilot Client Overview 2Pilot Treatment Overview 3Pilot Financial 4Pilot Clinical 5Pilot Notes 6Pilot Medical 7Pilot mHP 8Reports
IBHIS Reports
DMH Cognos Reports Table of Contents
Cognos Reports for IBHIS Users
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.
County of Los Angeles
Department of Mental Health
Cognos Reports
Table of Contents
Feb 24, 2020
7:51:45 AM
Report Name
Report Description
Update Frequency
My Staff Activity Report
Displays IBHIS staff activities of the logged-in user. For supervisors/managers looking for program-wide staff activities, please click on STATS Reports below and then select "IBHIS Staff Activity Report (for Manager/Supervisor)"
Weekly
STATS Reports (Authorization* required)
Include: IBHIS Active Clients by Program and Primary Program, IBHIS Direct Services Reports, IBHIS Homelessness Tracking Reports, IBHIS Meaningful Use Compliance Reports, IBHIS Staff Activity Report (for Manager/Supervisor), etc.
Varies
IBHIS Reports (Authorization* required)
Include: Clinical Forms in Draft and Pending Approval Status, COS/MAA Service Report, Missing & Excluded Diagnosis Detail Reports, IBHIS Progress Notes Report, Active Medicare clients (Lifetime Extended Signature Auth), Active OHC Clients (IA/AB), Charts to Review, Client UMDAP Report, etc.
Varies
* Instructions to request access to IBHIS Reports & STATS Reports:
1. Receive approval from supervisor and/or manager
2. Open Internet Explorer - DMH SharePoint
3. Select "Administrative Service Desk"
4. Click "Sign in with your HOSTED account by clicking on this link"
5. Click "Report an Issue" (located on the upper right corner)
6. Provide the following information in the description section, as shown in the example below -
(a). Report Name (e.g. CBO, IBHIS, NGA, PFAR, QA, and STATS Reports)
(b). Description (e.g. Requesting access to name of report(s))
(c). Name(s), Employee Number(s)
(d). Justification, Approver Name/Email
7. Click "Save Incident"
My Staff Activity Report
Practitioner's activity
scheduled appointments & services delivered including COS/MAA
Progress Note Status



Progress Note Status on Staff Activity Report

Status	Description
N/A	Appointment Status of Cancelled by Client, Cancelled by Clinician, No-Show (unless a note was started)
Not Started	No note started (and Appointment Status is Scheduled/Unscheduled/Scheduled-No Appointment Reminder)
Service w/o Note	Posted service with no note started (and Appointment Status is Scheduled/Unscheduled/Scheduled-No Appointment Reminder)
Draft	Note in Draft status
Pending	Note has been routed to supervisor and still Pending
Final	Note in Final status
COS/MAA Note Submitted	Client-specific COS and MAA entered on COS/MAA/QA Service Note
Error	COS and MAA incorrectly entered on Scheduling Calendar
N/A JJMH	Service from Juvenile Halls & Camps (notes are not visible)



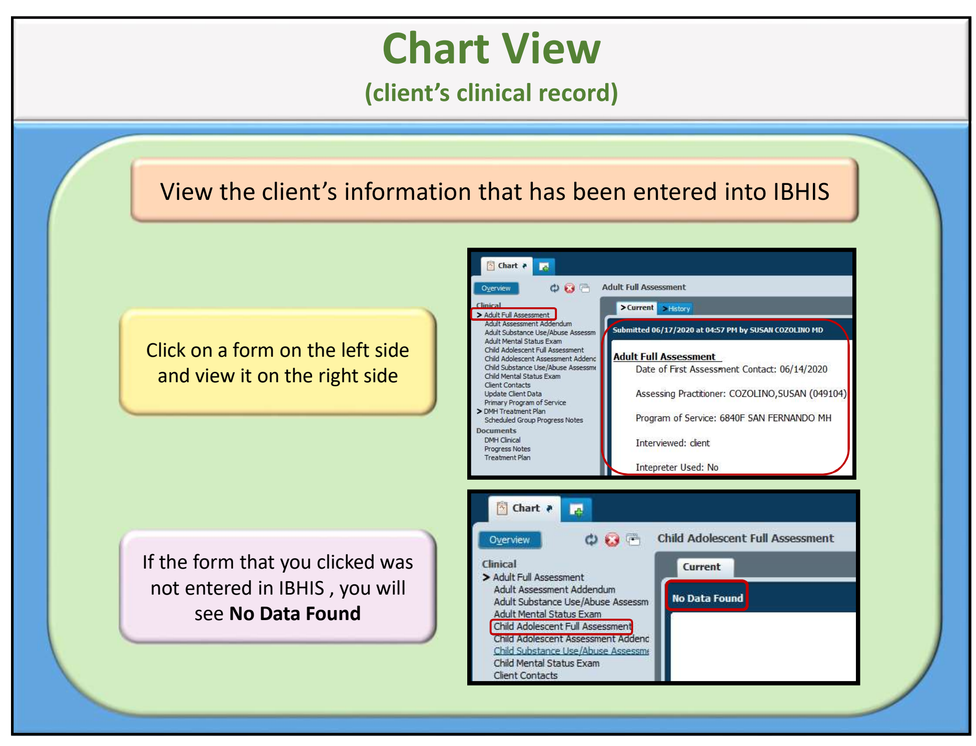


Chart View
(client's clinical record)
View the client's information that has been entered into IBHIS
Click on a form on the left side and view it on the right side
If the form that you clicked was not entered in IBHIS , you will see No Data Found
Chart
Overview
Adult Full Assessment
Current
History
Submitted 06/17/2020 at 04:57 PM by SUSAN COZOLINO MD
Adult Full Assessment
Date of First Assessment Contact: 06/14/2020
Assessing Practitioner: COZOLINO,SUSAN (049104)
Program of Service: 6840F SAN FERNANDO MH
Interviewed: client
Intepreter Used: No
Child Adolescent Full Assessment
Clinical
Adult Full Assessment
Adult Assessment Addendum
Adult Mental Status Exam
Child Adolescent Full Assessment
Child Mental Status Exam
Client Contacts
No Data Found

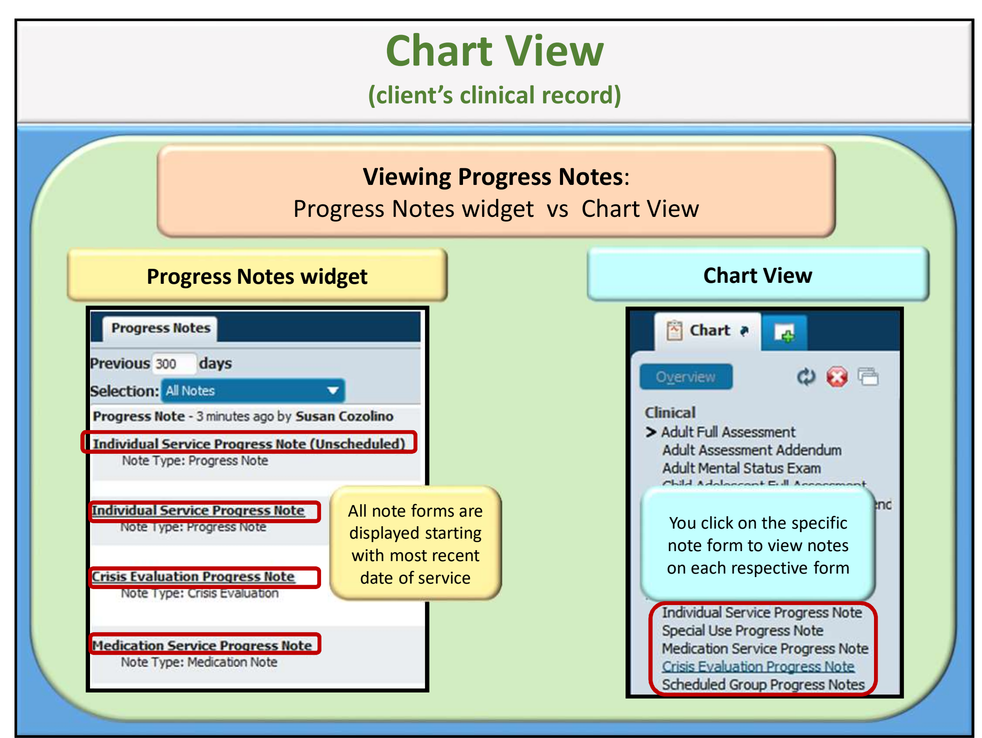


Chart View
(client's clinical record)
Viewing Progress Notes:
Progress Notes widget vs Chart View
Progress Notes widget
Chart View
Progress Notes
Previous 300 days
Selection: All Notes
Progress Note - 3 minutes ago by Susan Cozolino
Individual Service Progress Note (Unscheduled)
Note Type: Progress Note
Individual Service Progress Note
Note Type: Progress Note
Crisis Evaluation Progress Note
Note Type: Crisis Evaluation
Medication Service Progress Note
Note Type: Medication Note
All note forms are displayed starting with most recent date of service
Chart
Overview
Clinical
Adult Full Assessment
Adult Assessment Addendum
Adult Mental Status Exam
You click on the specific note form to view notes on each respective form
Individual Service Progress Note
Special Use Progress Note
Medication Service Progress Note
Crisis Evaluation Progress Note
Scheduled Group Progress Notes

Resources

- Policy 401.02 - Clinical Records Content & Documentation Entry
  - ✓ What it is: Provides policy and procedures related to the contents of the clinical record as well as the entry of documentation into the clinical record.
  - ✓ Where to go: DMH Website > For Providers > Administrative Tools > Policies
- Policy 302.13 - Suicide Risk Screening, Assessment, & Mitigation
  - ✓ What it is: Provides policy and procedures for the use of a standardized suicide risk screening (Columbia Suicide Severity Rating Scale [C-SSRS]) as a component of suicide assessment
  - ✓ Where to go: DMH Website > For Providers > Administrative Tools > Policies