

## Intro to IBHIS (Prescriber 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

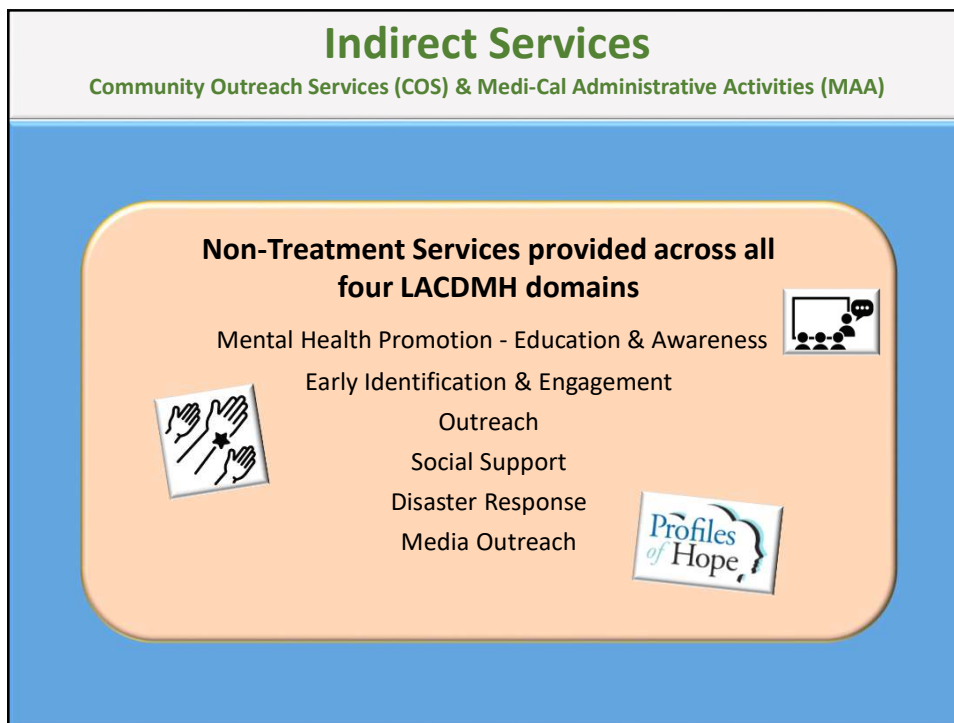
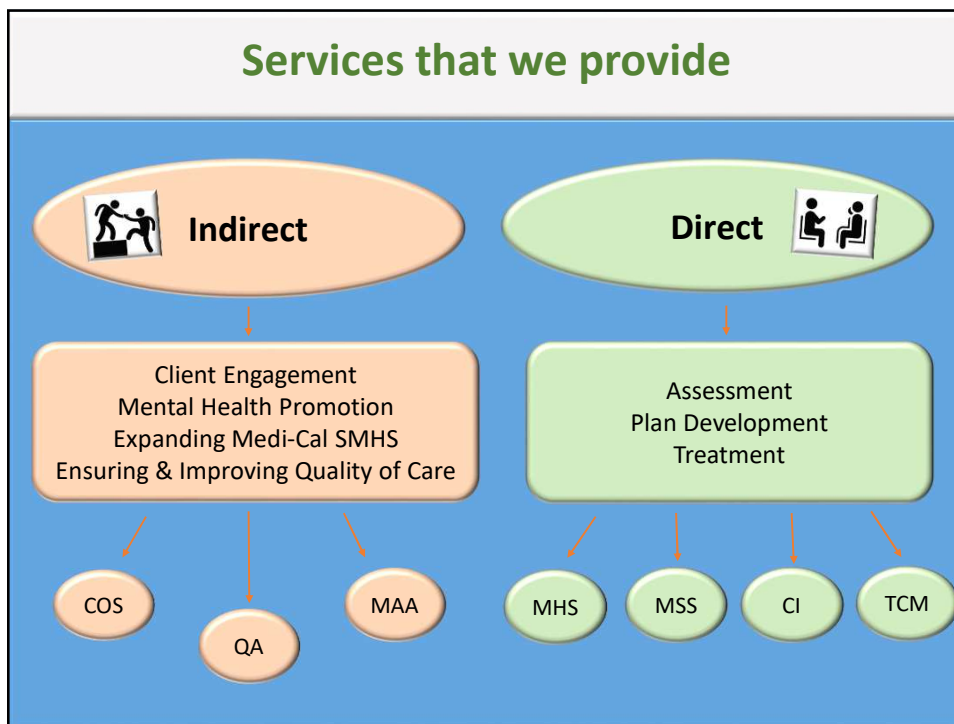
Clients who have fallen out of the community

- 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



## Direct Services

### Medi-Cal Specialty Mental Health Services

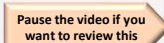
**Medi-Cal**  
Insurance for those with limited income & resources



**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)




<b>Mental Health Services (MHS)</b>	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	<ul style="list-style-type: none"> <li>✓ Assessment</li> <li>✓ Plan Development</li> <li>✓ Therapy</li> <li>✓ Rehabilitation</li> <li>✓ Collateral</li> </ul>
<b>Intensive Home Based Services (IHBS)</b>	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.	<ul style="list-style-type: none"> <li>✓ Rehabilitation</li> <li>✓ Collateral</li> </ul>
<b>Targeted Case Management (TCM)</b>	Services that assist a client in accessing needed ancillary resources (e.g. medical, alcohol/drug treatment, vocational)	<ul style="list-style-type: none"> <li>✓ Assessment</li> <li>✓ Plan Development</li> <li>✓ Referral and Related Activities</li> <li>✓ Monitoring &amp; Follow-Up</li> </ul>
<b>Intensive Care Coordination (ICC)</b>	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	<ul style="list-style-type: none"> <li>✓ Planning &amp; Assessment of Strengths &amp; Needs</li> <li>✓ Reassessment of Strengths &amp; Needs</li> <li>✓ Referral, Monitoring, and Follow-Up Activities</li> <li>✓ Transition</li> </ul>
<b>Medication Support Services (MSS)</b>	Prescribing/furnishing, administering and monitoring psychiatric medications to reduce a client’s mental health symptoms	<ul style="list-style-type: none"> <li>✓ Evaluation of the Need for Meds</li> <li>✓ Evaluation of Clinical Effectiveness &amp; Side Effects of Meds</li> <li>✓ Obtaining Information Consent</li> <li>✓ Medication Education</li> <li>✓ Collateral</li> <li>✓ Plan Development</li> </ul>
<b>Crisis Intervention (CI)</b>	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.	<ul style="list-style-type: none"> <li>✓ Assessment</li> <li>✓ Therapy</li> <li>✓ Collateral</li> <li>✓ Referral</li> </ul>

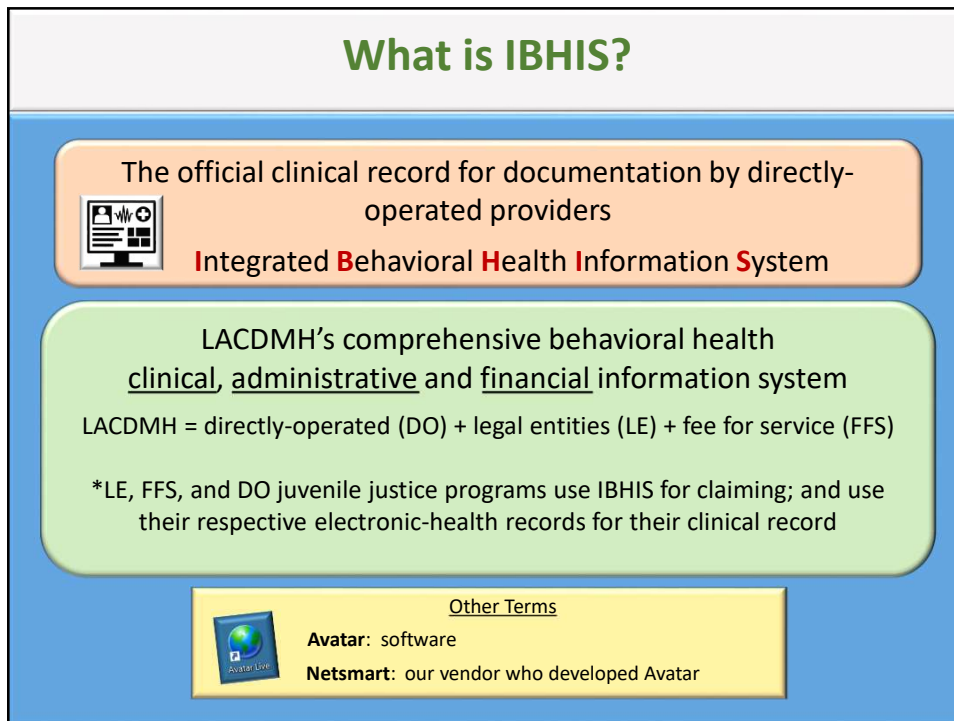
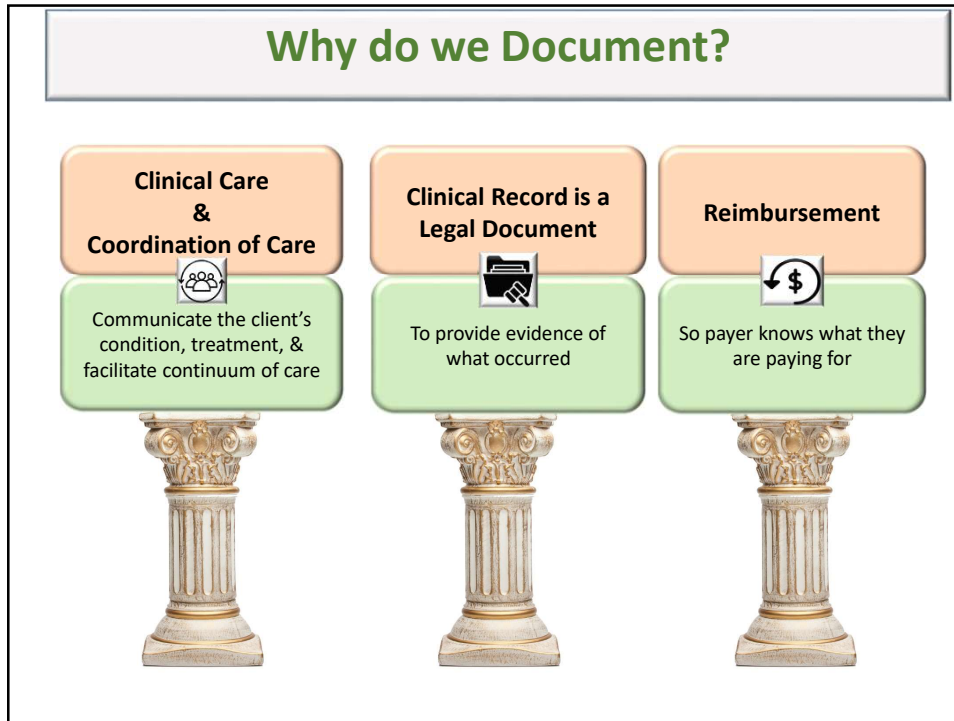
<b>What other SMHS are covered &amp; provided by LACDMH?</b> (reimbursable services)	
<b>Therapeutic Behavioral Services (TBS)</b>	An outpatient, intensive, one-to-one behavioral mental health service available to children/youth to teach new ways of managing challenging behaviors
<b>Day Rehabilitation (DR)</b>	A structured program intended to restore independence and functioning. The program lasts at least 3 hours a day.
<b>Day Treatment Intensive (DTI)</b>	A structured program intended as an alternative to hospitalization. The program lasts at least 3 hours a day.
<b>Crisis Stabilization (CS)</b>	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.
<b>Adult Residential Treatment</b>	Recovery focused rehabilitative services provided in a non-institutional, residential setting. The service is available 24 hours a day, seven days a week.
<b>Crisis Residential Treatment</b>	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.
<b>Psychiatric Inpatient Hospital</b>	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 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

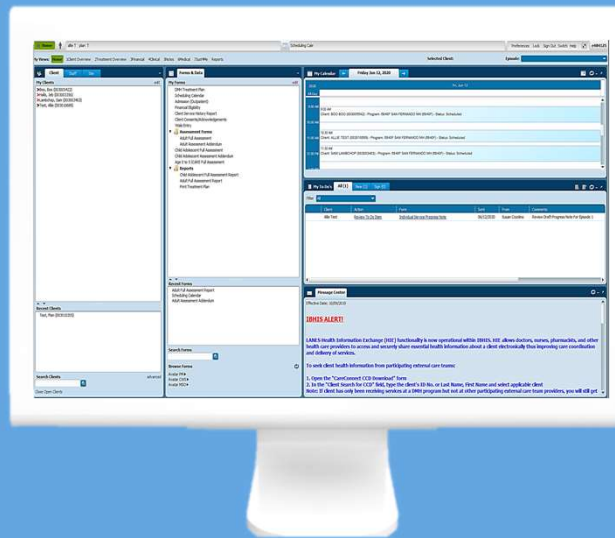


- reviewed by the end of the next scheduled work day (following the date the practitioner finalizes it) and
- co-signed within five (5) business days (from the date the practitioner finalizes it)

\*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:



Click **Start myAvatar**

Enter **Username** (letter + employee #) & **Password**

Click **Sign In**

**myAvatar™**

Start myAvatar™

myAvatar Sign-in

Server  
LA myAvatar Live

System Code  
LIC

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

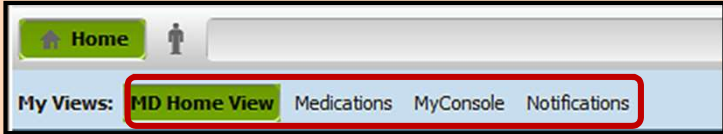
There are currently 3 different layouts:

- **Clinical** – non-prescribing practitioners and their supervisors
  - Refer to the Intro to IBHIS (Clinical View) & Documentation module
  - This module will be covering the Clinical layout
- **Prescriber** – practitioners who are prescribing medication
  - This module will be covering the Prescriber layout
- **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

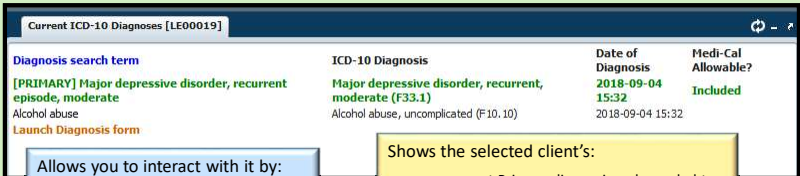


## Consoles / Widgets

**Consoles** – views displayed in a row next to My Views



**Widgets** – small rectangles on your consoles that allow you to quickly view key information and in many cases interact with it.



Diagnosis search term	ICD-10 Diagnosis	Date of Diagnosis	Medi-Cal Allowable?
[PRIMARY] Major depressive disorder, recurrent episode, moderate	Major depressive disorder, recurrent, moderate (F33.1)	2018-09-04 15:32	Included
Alcohol abuse	Alcohol abuse, uncomplicated (F10.10)	2018-09-04 15:32	

Allows you to interact with it by:

- launching the Dx Form for this client to update it

Shows the selected client's:

- current Primary diagnosis, color-coded to indicate whether or not it's a covered dx;
- and any current secondary or tertiary dx

## Consoles

Home

**My Views:** MD Home View Medications MyConsole Notifications

**MD Home View**

Your schedule for the day and salient info about the selected client  
\*customize – add/remove widgets

**Medications**

Client medications, labs, vitals

**MyConsole**

Your console to add any widgets that would be useful for your workflow  
\*customize – add/remove widgets

**Notifications**

Your My To Do's, the IBHIS Message Center, & your Just4me Portal Inbox

## Widgets – Key Functions

Blue font – click to open that specific form
Refresh
Minimize
Undock

NAME	Relationship	Title	Street Addr. 1	City/State	Home Phone	Work Phone 1	Cell Phone	Email
Sally Care	Whole Person Care	LCSW				213-555-5555		
Jane Smith	DCFS	CSW-II				213-555-5555		
Bob Test Social Worker	DCFS					310-333-3333		
Dr. Primary Doctor	Primary Care Provider					323-111-1111		

LAUNCH Client Contacts
LAUNCH Outside Providers

Orange Launch links – click to launch a new form for the selected client

Green = current
Red = expired
Refresh
Minimize
Dock

Plan Name	Plan Type	Plan Date	End Date	MSS	MHS	TCM	Status
6840, S. Cozolino	Update	06-14-2020	10-15-2020		MHS	TCM	Draft
6864, S. Cozolino	Annual	10-16-2019	10-15-2020		MHS		Final
6864, S. Cozolino	Update	03-20-2019	09-04-2019		MHS	TCM	Final
6840, S. Cozolino	Annual	09-04-2018	09-04-2019		MHS		

LAUNCH DMH Treatment Plan

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

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

Submit

Saved at 9:25 AM

[Client Contacts](#)  
[Client Condition - Pregnancy](#)  
[Client Service History Report](#)  
[Notice of Action Letters](#)

Some forms include links to other forms that are commonly used when completing that specific document

## 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

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

Forms may include radio buttons to launch other forms while working within a form

Date of First Assessment Contact

T
  Y

Interactional Style

<input type="checkbox"/> Culturally Congruent	<input type="checkbox"/> Cooperative
<input type="checkbox"/> Sensitive	<input type="checkbox"/> Guarded/Suspicious
<input type="checkbox"/> Overly Dramatic	<input type="checkbox"/> Negative
<input type="checkbox"/> Silly	

Orientation

Oriented       Disoriented

Disoriented To

Time     Place     Person     Situation

Launch PHQ-9?

Launch PHQ-9

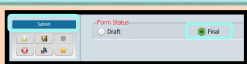
Launch GAD-7?

Launch GAD-7

11

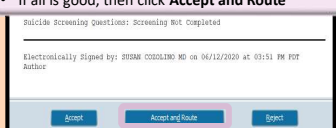
## Forms – Document Routing (obtaining co-signature)

**1** Put to FINAL status and Submit

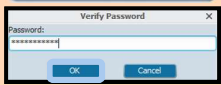


**2** Review the .tif image

- If it's not good, then click Reject to put to DRAFT
- If all is good, then click **Accept and Route**

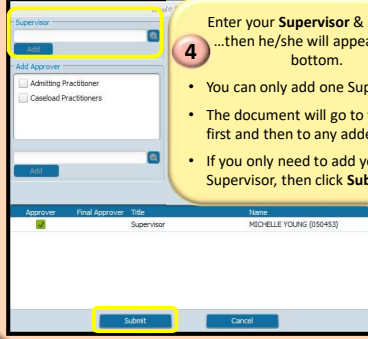


**3** Enter your Password (electronic signature)



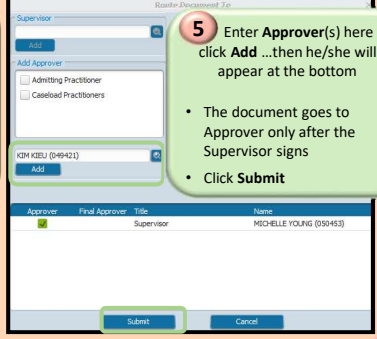
**4** Enter your Supervisor & click Add ...then he/she will appear at the bottom.

- 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

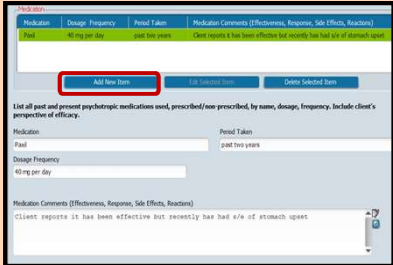
- The document goes to Approver only after the Supervisor signs
- Click **Submit**

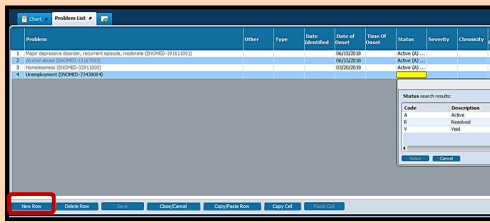


## Forms – Multi-Iteration Table

**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






Problem	Offer	Type	Date Identified	Date of Onset	Status	Severity	Complexity
1. High cholesterol (Etiology: hypercholesterolemia) (G0400, S101.010)			02/25/2018		Active (A)		
2. Fibrillation (Etiology: Sinus Node) (S100.01)			05/20/2018		Active (A)		
3. Hypertension (Etiology: Unknown) (I10)			02/25/2018		Active (A)		
4. Unemployment (Etiology: Unknown) (Z59.0)							

## 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

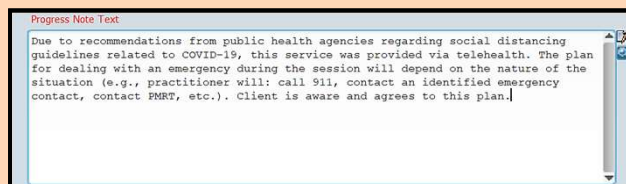
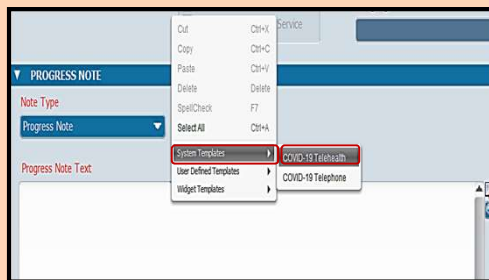
- **Who set it up:** clinical informatics
- **What forms:** within specific fields on specific forms (e.g., med field on med consent/tx plan)
- **What info:** pulls current info entered in IBHIS specific to the selected client (e.g., names of active meds in Order Connect)

## Forms – Templates

(REFERENCE SLIDE)

Pause the video if you want to review this

### Sample System Template



## Forms – Templates

(REFERENCE SLIDE)

Pause the video if you want to review this

### Sample User-Defined Template

**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

**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**
- Complete a few forms**
- Go into a client's chart**

## My Console

The screenshot shows the 'My Console' interface. At the top, there are navigation tabs for 'My Views', 'MD Home View', 'Medications', 'IBHIS Reports', and 'Notifications'. The main content area is titled 'Cognos Reports for IBHIS Users' and features the Los Angeles County Department of Mental Health logo and 'Table of Contents' section. Below this is a table listing various reports:

Report Name	Report Description	Update Frequency
<a href="#">My Staff Activity Report</a>	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
<a href="#">STATS Reports</a> (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
<a href="#">IBHIS Reports</a> (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

Below the reports table is a section titled 'ACCESS/FRO/Hospital Events from My Caseload (Last 30 Days)'. It contains a table with columns for Event Date, Client, Event, and Discharged?.

Event Date	Client	Event	Discharged?
Nov 24, 2018	AVATAR,BOB (3000024)	Inpatient Admission: 36171 LA METROPOLITAN HOSPITAL CENTER	No
Nov 23, 2018	AVATAR,BOB (3000024)	ACCESS & PMRT/LET Field Response	n/a
Nov 21, 2018	DYNAMITE,NAPOLEON (3000231)	Inpatient Admission: 36171 LA METROPOLITAN HOSPITAL CENTER	Yes: Nov 23, 2018
Nov 9, 2018	AVATAR,BOB (3000024)	Inpatient Admission: 30061 ANTELOPE VALLEY HOSPITAL	Yes: Nov 15, 2018

## IBHIS Reports widget

The screenshot shows the 'IBHIS Reports' widget. It includes the same 'Table of Contents' as the previous screenshot. A callout box titled 'My Staff Activity Report' provides detailed instructions and a list of activities:

**My Staff Activity Report**

- Practitioner's activity
  - scheduled appointments & services delivered including COS/MAA
- Progress Note Status

**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"



### Progress Note Status on Staff Activity Report

Pause the video if you want to review this

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)

## ACCESS/FRO/Hospital Events from my Caseload (Last 30 days)

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

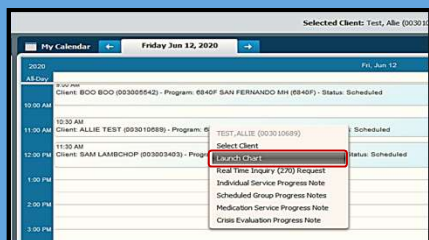
Event Date	Client	Event	Discharged?
Nov 24, 2018	AVATAR,BOB (3000024)	Inpatient Admission: 50171 LA METROPOLITAN MEDICAL CENTER	No
Nov 23, 2018	AVATAR,BOB (3000024)	ACCESS & PMRT/LET Field Response	n/a
Nov 21, 2018	DYNAMITE,NAPOLEON (3000231)	Inpatient Admission: 50171 LA METROPOLITAN MEDICAL CENTER	Yes: Nov 23, 2018
Nov 9, 2018	AVATAR,BOB (3000024)	Inpatient Admission: 50001 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

## Chart View (opening a client's chart)

**Open a client's Chart by:**

1. Right clicking a client in your My Calendar widget and choose *Launch Chart*, OR
2. Right clicking a client in your My Clients widget and choose *Display Chart*, OR
3. Double clicking a client in your My Clients widget

1



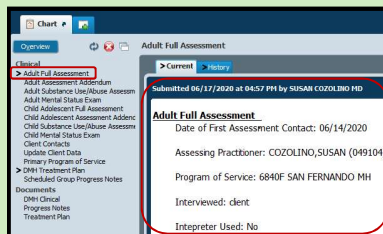
2



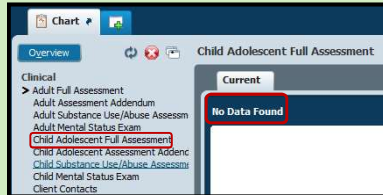
## Chart View (client's clinical record)

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 View (client's clinical record)

Viewing Progress Notes:  
Progress Notes widget vs Chart View

**Progress Notes widget**

**Chart View**

All note forms are displayed starting with most recent date of service

You click on the specific note form to view notes on each respective form

## Summary Suicide Risk Screening History

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)

Days since suicidal ideation / behavior endorsement	Most recent endorsement - Suicidal ideation	Most recent endorsement - Suicide behavior	Most recent screening date
* 6 days	Jun 8, 2020-6 days ago (Progress Note)	Jun 1, 2020-13 days ago (Child Adolescent Full Assessment)	Jun 8, 2020-6 days ago (Progress Note)

**\*ORANGE\*** = endorsed ideation and/or behavior within 90 days  
-- **\*required** to complete suicide screening

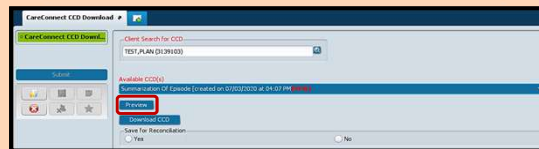
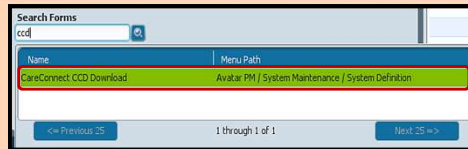
**BLACK** = endorsed ideation and/or behavior more than 90 days ago  
-- not required to complete suicide screening;  
but based on your clinical judgement, you can always do it

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

## LANES – Health Information Exchange (HIE)

### Los Angeles Network for Enhanced Services (LANES)

Our HIE that allows us to securely gather & aggregate client clinical information received via Continuity of Care Documents (CCDs) from network participants.



Demographic Information  
Allergies  
Medications  
Lab Results  
Radiology & Imaging Reports  
Diagnoses / Problems List  
Vitals  
Immunizations  
Services / Encounters



## 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

The screenshot displays the Los Angeles County Department of Mental Health website. At the top, the navigation menu includes 'OUR SERVICES', 'FOR PROVIDERS', 'ABOUT DMH', 'CONTACT INFORMATION', 'EVENT CALENDAR', and 'GET HELP NOW!'. A red circle with the number '1' highlights the 'FOR PROVIDERS' dropdown menu. Below this, the 'PROVIDER CENTRAL' section is visible, with a red circle '2' highlighting the 'ADMINISTRATIVE TOOLS' dropdown. A second-level dropdown menu is shown, with a red circle '3' highlighting the 'POLICIES, PARAMETERS & GUIDELINES' option. To the right, there are sections for 'QUICK LINKS' (including 'DMH Provider Directory' and 'Geospatial Initiative') and 'FROM THE DIRECTOR' (featuring a portrait of a man). Below the main navigation, a 'Resources' button is present on a banner titled 'COPING WITH STRESS DURING COVID-19'. At the bottom, a detailed view of the 'For Providers Administrative Tools' menu is shown, with a red box highlighting the 'POLICIES, PARAMETERS & GUIDELINES' section. This section lists 'Administrative Info', 'Provider Manuals & Directories', and 'Policies, Parameters & Guidelines'. Under 'Policies, Parameters & Guidelines', there are two items: 'LAC-DMH Policies and Procedures' (highlighted with a red box) and 'DMH Practice Parameters'.