The following Clinical Forms have been created, updated or discontinued and the Clinical Forms Inventory has been updated accordingly.

NEW FORM(S):

MH 717 – Crisis Evaluation Progress Note

IBHIS Form (DO ONLY):	Crisis Evaluation Progress Note
Revision Date:	9/28/15
Type of Form (LE ONLY):	NA
Implementation:	For DO: 9/2815

PURPOSE:
- To document the evaluation of a client in crisis, typically a newly active client, and the interventions provided

REFERENCES/INSTRUCTIONS:
- Meets the requirements for an assessment for Newly Active Clients
- Takes the place of the Full Assessment and Progress Note currently used by Field Response Operations (FRO)
- A mental status exam should also be completed; for DO, this may be done using the Risk Evaluation Tool or, if the tool is not used, on the Crisis Evaluation Progress Note
- If an appropriate diagnosis has not already been established for the client, the Diagnosis form must also be completed
- The Risk Evaluation Tool and Columbia Suicide Risk Assessment may be used in conjunction with the Crisis Evaluation Progress Note (FRO programs are required to use)

MH 719 – Risk Evaluation Tool

IBHIS Form (DO ONLY):	NA
Revision Date:	9/28/15
Type of Form (LE ONLY):	NA
Implementation:	For DO: 9/28/15

PURPOSE:
- To evaluate suicide protective factors, violence risk factors, grave disability risk indicators, school violence risk and protective factors, and mental status.

REFERENCES/INSTRUCTIONS:
- Developed based on review of literature and in conjunction with FRO
- Required for FRO
- For DO, must be completed on paper then scanned into IBHIS
- Utilizes event logic (i.e. if yes to A, then complete B)

Columbia Suicide Severity Rating Scale (C-SSRS)

IBHIS Form (DO ONLY):	Columbia Suicide Risk Assessment
Revision Date:	9/28/15
Type of Form (LE ONLY):	NA
Implementation:	For DO: 9/28/15

PURPOSE:
- A tool to assist in screening for suicidality by assessing the full range of evidence-based ideation and behavior items and identifying recommended interventions
- May be used as part of the suicide assessment process

REFERENCES/INSTRUCTIONS:
- Used by clinicians and any other program designated staff
- Completed:
  - ✓ As part of an assessment (Full Assessment or Re-Assessment) using the Lifetime Full questions
  - ✓ Any time during treatment when a patient is perceived to be at risk for suicidal behaviors using the Since Last Visit Screening questions
  - ✓ Following any episode of suicidal behavior or psychiatric hospitalization using the Since Last Visit Screening questions
  - ✓ Annually (Since Last Visit Full questions)
- A recommended instructional video on the C-SSRS is available at https://secure.trainingcampus.net/uas/modules/trees/windex.aspx?rx=c-ssrs.trainingcampus.net
- A formal Policy and Procedure is being developed regarding the suicide assessment process

UPDATED FORMS(S):

MH 556 – Outpatient Medication Review

IBHIS Form (DO ONLY):	Outpatient Medication Review
Revision Date:	9/28/15
Type of Form (LE ONLY):	Required Data Elements
Implementation:	For DO: 9/28/15
	For LE: As soon as possible

KEY REVISIONS:

- Moved the "Type(s) of medications" field to each individual medication
- Added "Dosage", "Frequency", "Method" and "Duration" fields to each individual medication

  Note: Frequency and duration may be entered as a range of proposed/expected values.

- Based on information provided by the State Department of Mental Health Services, the form has been changed from an "Ownership" type of form for Legal Entity Providers to a "Required Data Elements". The Organizational Provider's Manual will be updated to include the following required data elements:
  - The reason for taking such medications
  - Reasonable alternative treatments available, if any
  - Type of medication
  - Range of frequency (of administration)
  - Dosage
  - Method of administration
  - Duration of taking the medication
  - Probable side effects
  - Possible side effects if taken longer than 3 months
  - Consent once given may be withdrawn at any time
  - Date of medication consent
  - Signature of the person providing the service, type of professional degree and licensure/job title

  Note: The above form modifications will also be made to the forms in other languages.

OBSOLETE FORM(S): None at this time

If you have any questions regarding this Bulletin, please contact your SA Liaison.

c: Executive Management Team   Judith Weigand, Compliance Program Office   Nancy Butram, Central Business Office
   District Chiefs   Program Heads   Department QA staff
   Pansy Washington, Managed Care QA Service Area Liaisons

The Clinical Forms Bulletin is utilized to announce changes to clinical forms and data elements that are needed to capture clinical documentation within the Los Angeles County Department of Mental Health (LACDMH). The Bulletin will identify any new, updated or obsolete clinical forms. The term "clinical forms" is used to describe either a paper clinical document within a paper Clinical Record OR a set of data elements within an electronic Clinical Record. All "clinical forms" must be available upon chart review/audit.

NOTE: *This Bulletin does not address requirements for electronic billing and/or reporting. Contractors should refer to the 837 Companion Guide or WebServices Guide for a complete listing of electronic data transfer requirements.*

1. All Directly-Operated Providers must utilize clinical forms approved by the QA Division. The Integrated Behavioral Health Information System (IBHIS) has incorporated clinical forms, when appropriate, and has been updated to reflect the changes noted on this Bulletin.
2. All Contract Providers must utilize clinical forms in a manner defined by the designation of the clinical form within the Clinical Forms Inventory.
   a. Required Data Element: Must maintain all required data elements of the form and have a method for producing a paper form or electronic report with all the required data elements *("Required" form type has been eliminated. All "Required" forms are now "Required Data Element" forms.)*
   b. Required Concept *(Formerly "Optional")*: Must have a method of capturing the specific category of information indicated by the title and data elements of the form
   c. Ownership: Must have a method for complying with all laws/regulations encompassed by the form
   DMH Policy 401.02: Clinical Records Maintenance, Organization, and Content (Note: Policy 401.02 is being revised to reflect the above information)