# ASAM Implementation and EHR Enhancement

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**Southeast Missouri Behavioral Health**

**BRiGHTLI**

Building Healthy Communities

Comprehensive Dimensional
Assessment - Dimension 1

Comprehensive Dimensional
Assessment - Dimension 2

Comprehensive Dimensional
Assessment - Dimension 3

C-SSRS Self Report -
Screener/Recent

Comprehensive Dimensional
Assessment Dimension 4

Comprehensive Dimensional
Assessment - Dimension 5

Comprehensive Dimensional
Assessment - Dimension 6

# ASAM COMPREHENSIVE DIMENSIONAL ASSESSMENT (CDA)

# WE START WITH DEMOGRAPHIC INFORMATION

## Comprehensive Dimensional Assessment (CDA)

With which ethnic group does the client identify? : [Select With which ethnic group does the client identify? ▾]

Current marital status at entry into treatment: : [Select Current marital status at entry into treatment: ▾]

Highest degree earned: : [Select Highest degree earned: ▾]

Employment status upon program admission: : [Select Employment status upon program admission: ▾]

How do you identify? [Select How do you identify? ▾]

## Three Components of Imminent Danger:

If you, at any point during this assessment, determine there is imminent danger involving this client you must stop and take the proper actions (e.g., create a crisis prevention plan, contact the proper licensed staff, or contact the appropriate resource).

National Suicide Hotline - (800) 273-8255
Behavioral Health Response (BHR) - (800) 811-4760

A. Is there a strong possibility that certain behaviors (such as continued alcohol, other drug use, or addictive behavior) will occur?

B. Is there likelihood that such behaviors will present a significant risk of serious adverse consequences to the individual and/or others (as in reckless driving while intoxicated, or neglect of a child)?

C. Is there the likelihood that such adverse events will occur in the very near future, within hours and days, rather than weeks or months?

General Appearance: : Please describe the client's appearance including clothing, hair, hygiene, tattoo's/distinguishing marks, body type, health, weight, and any physical disabilities.

Max: 4000 characters.

Referral Source and Chief Complaint: Please identify the referral source as well as the client's chief complaint/reason for needing services. This should include the client's own words along with your clinical interpretation of what is the client's presenting problem.

# Next, are the Dimensions



**Dimension Summary**

**Severity Rating - Dimension 1 (Substance Use, Acute Intoxication, Withdrawal Potential)**

Please state and then briefly support the Dimension rating you chose and why. :

Select Please select one of the following levels of severity
0: None - Fully functioning, No signs of intoxication or withdrawal present.
1: Mild - Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self/others
2: Moderate - Intoxication may be severe but responds to support; not posing a danger to self or others. Moderate risk of severe withdrawal
3: Significant - Severe signs/symptoms of intoxication indicate at imminent danger to self/others. Risk of severe but manageable with withdrawal; or withdrawal is worsening.
4: Severe - Incapacitated with severe signs/symptoms. Severe withdrawal presents danger, such as seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleeding, or fetal death

Please select one of the following levels of severity:

Select Please select one of the following levels of severity

# Each Dimension Ends by selecting the Severity

# DIMENSION – 2 BIOMEDICAL CONDITIONS/COMPLICATIONS

**IF THE NURSE HAS COMPLETED THE HISTORY & PHYSICAL, THE CLINICIAN CAN BYPASS THIS DIMENSION**

**Columbia Suicide Severity Rating Scale Self Report - Screener/Recent**

Not assessed at this time

Additional Information

Please answer questions 1* and 2*

e you wished you were dead or wished you could go to sleep and not wake up *:       ○ No                                                                                    ○ Yes

ave you actually had any thoughts of killing yourself *:       ○ No                                                                                    ○ Yes

month, have you thought about how you might do this:                          This section is not required

AFTER DIMENSION 3, WE ADDED A BRIEF COLUMBIA SUICIDE SEVERITY SCALE – SELF REPORT

**Interpretative Summary with Level of Care Assessment**

Level of Care Recommended:    Select Level of Care Recommended ▾

Level of Care Placed:    Select Level of Care Placed ▾

Reason for Difference Between Level of Care Recommendation and Placement (if different):

Max: 4000 characters.

**Level of Care Summary**

Medical Assets, Significant Medical History; Psychological Assets, MSE and MHS results:

Client history: family, cultural, work, marital

Max: 4000 characters.

Client Strengths based on the Dimensions:

Max: 4000 characters.

Client Needs based on the Dimensions:

Max: 4000 characters.

Client Needs Continued:

**After Dimension – 6 We enter a Mental Status Exam, and then an Interpretive Summary with Level of Care Assessment**

**Now we can add Recommendations.**

**This pulls into the Initial Treatment Plan.   We can add as many Recommendations as we want for each of the 6 dimensions.**

Recommendations

| Recommendation | Recommendation Narrative | Status |
|---|---|---|
| Dimension 3 - Emotional, Behavioral, or Cognitive Condition ⌄<br>Chronic behavioral health conditions that need stabilization ⌄ | Chronic behavioral health conditions that need stabilization<br><br>Max: 4000 characters. | Active ⌄ D     Add |

**The last step is the Scheduling Model with Preferences. We select our Level of Care, indicate our preferences, and then identify which services and the frequency of these services should be scheduled.**

**At this point, the scheduling staff pulls a separate report (for this page only) to begin scheduling the client for services.**



**Scheduling Model w Preferences**

Level of Care Assigned: Level 1 (Outpatient Services)

Date of Assignment: 03/05/2024

Preferences:
- ☑ Medication Assisted Treatment (MAT)
- ☐ Female Staff Member
- ☐ Male Staff Member
- ☐ Other
- ☑ Group Sessions
- ☑ Individual Sessions
- ☑ Weekday Appointments
- ☐ Weekend Appointments
- ☐ Morning Appointments
- ☑ Afternoon Appointments
- ☐ Evening Appointments

Comments:

Max: 4000 characters.

**Planned Services**

Individual Counseling: ● Yes ○ No

\# of hours recommended and frequency (IC): 1 hour Weekly

Co-Occurring Individual Counseling: ○ Yes ○ No

Diagnosis/Initial Treatment Plan
Test Client, Ima (001)
5/11/1994

- ▸ Eligibility Determination
- DSM-V Substance Use Disorder and Alcohol Use Disorder
- Treatment Diagnosis
- Recommendations
- Signatures

# THE DIAGNOSIS/INITIAL TREATMENT PLAN

WE START WITH ELIGIBILITY DETERMINATION

# THEN WE FOLLOW WITH DSM-V SUBSTANCE USE DISORDER (SUD) AND ALCOHOL USE DISORDER (AUD)

: ○ Yes ○ No

_____

11. Withdrawal, as manifested by either of the following:

a. The characteristic withdrawal syndrome for the substance/alcohol.

b. (And/or) the substance/alcohol is taken to relieve or avoid withdrawal symptoms.

: ○ Yes ○ No

_____

Total Number of 'Yes': [     ]

**Severity: Mild: 2-3 symptoms. Moderate: 4-5 symptoms. Severe: 6 or more symptoms**

Withdrawal Stage:
☐ In Early Remission (no symptoms, except for craving, for 3 to under 12 months)

☐ In a Controlled Environment (if an environment in which access to substances is limited)

☐ On Maintenance Therapy (if taking a prescribed agonist medication and none of the criteria have been met for the agonist medication except for those as listed below)

☐ In Sustained Remission (no symptoms, except for craving, for more than 12 months)

**Client DSM Diagnosis as of 3/5/2024 08:30 AM** Edit

| Client: | Test Client, Ima (001) 5/11/1994 |
|---|---|
| Effective Date/Time: | 3/5/2024 08:30 AM |
| External Diagnosis: | No |
| Diagnosed By: | Bennett, Belinda (411982) |
| Comments: | |

**Treatment Diagnosis**

**Diagnosis** Add No Diagnosis Given

| | Priority | DSM-5 Code - Description | Severity/Specifier | ICD-10 Code - Description | SNOMED Code | Comments |
|---|---|---|---|---|---|---|
| Please add a record. | | | | | | |

**Psychosocial and Contextual Factors** Add

| ICD-10 Code - Description | Comments |
|---|---|
| Please add a record. | |

**Disability** Add

| Disability Score |
|---|
| No records found. |

NOW THE DIAGNOSIS IS ADDED

# WE ADDED THE OPTION TO ADD MORE RECOMMENDATIONS TO THE TREATMENT PLAN FROM THE DIAGNOSIS MODULE

# NEXT IS THE INITIAL TREATMENT PLAN

# IF TREATMENT PLAN RECOMMENDATIONS WERE USED, THEY CAN BE PULLED INTO THE TREATMENT PLAN

**Recommended Problem**

The following are recommended for this client. Please select a Problem to add to the client's plan.

| | Problem Type | Problem |
|---|---|---|
| ☐ | Dimension 3 - Emotional, Behavioral, or Cognitive Condition | Current psychological, behavioral, emotional, or cognitive issues that need to be addressed: Current psychological, behavioral, emotional, or cognitive issues that need to be addressed |
| ☐ | Dimension 5 - Relapse, Continued Use, or Continued Problem | Patient engagement in treatment : Patient engagement in treatment |
| ☐ | Dimension 6 - Recovery/Living Environment | Legal, work, or criminal justice mandates that motivate engagement in treatment : Legal, work, or criminal justice mandates that motivate engagement in treatment |

Cancel    Submit

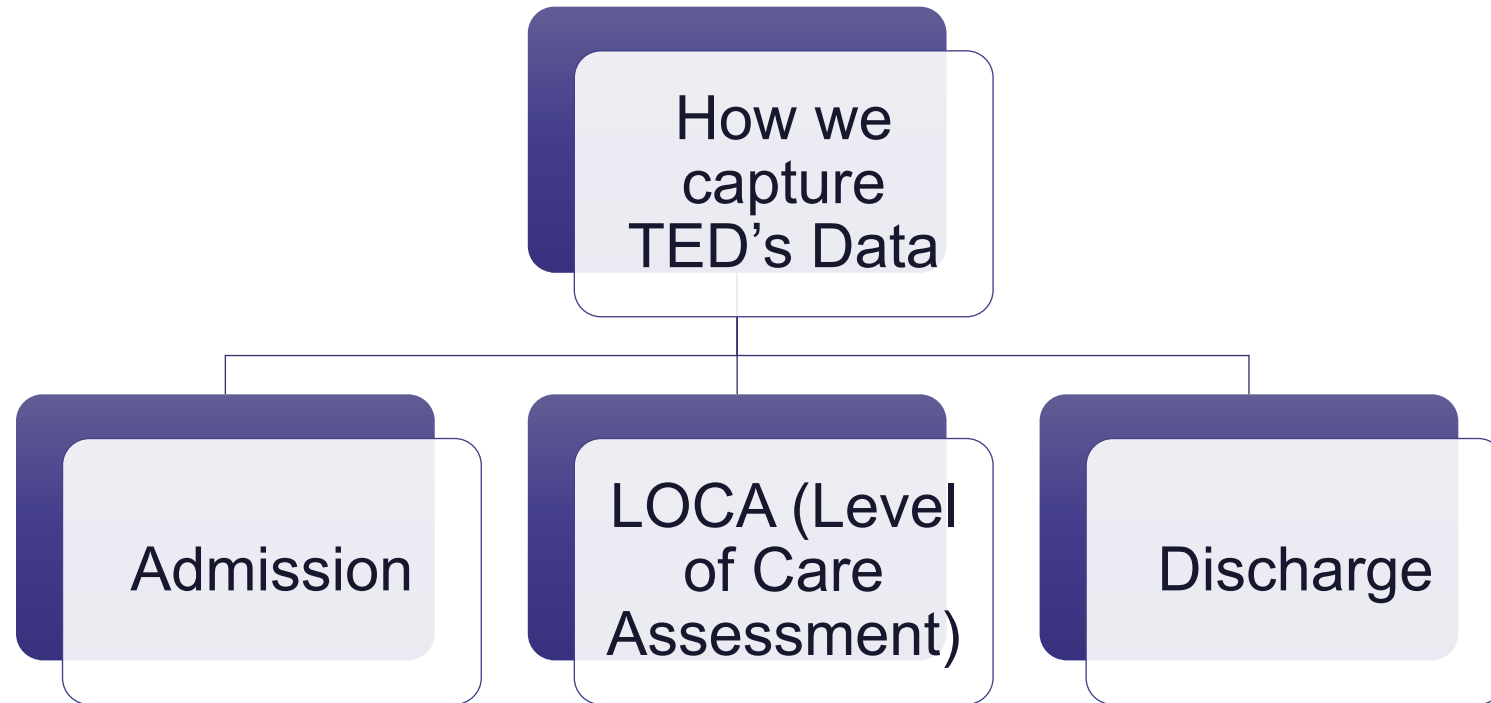# OUR TREATMENT PLAN IS ALSO SETUP BY DIMENSIONS

# TED's

Treatment Episode dataset

# THE LOCA IS REQUIRED AT EACH LEVEL CHANGE.

## THIS CONTAINS THE 6 DIMENSIONS

LOCA - Level of Care Assessment
Test Client, Ima (001)
5/11/1994

- Substance Use, Acute Intoxication, Withdrawal Potential
- Biomedical Conditions/Complications
- Emotional, Behavioral, or Cognitive Condition and Complications
- C-SSRS Self Report - Screener/Recent
- Readiness to Change
- Relapse, Continued Use, or Continued Problem Potential
- Recovery/Living Environment
- Level of Care Assessment (LOCA)
- CIMOR Transfer
- TEDS DATA
- Signatures

# PLUS, THE LEVEL OF CARE ASSESSMENT

## Level of Care Assessment (LOCA)

Level of Care Recommended: [Select Level of Care Recommended ▼]

Level of Care Placed: [Select Level of Care Placed ▼]

Reason for Difference Between Level of Care Recommendation and Placement:

Max: 4000 characters.

## Level of Care Summary

Client history: family, cultural, work, marital

...edical Assets, Significant Medical History; Psychological Assets, MSE and MHS results:

Max: 4000 characters.

## Transition Criteria

How will you know when you're ready to continue recovery in your own community?

Max: 4000 characters.

# NEXT THE CLIENT IS TRANSFERRED TO THE APPROPRIATE LEVEL

# ALL OF OUR TED'S FIELDS ARE DROP DOWN SELECTIONS

DMH ID: 001

Record Admission, Transfer or Discharge: Select Record Admission, Transfer or Discharge

Effective Date - For the Admission (or the above Change):

Transaction Type: Add

**Please complete all of the below fields**

Veteran Status: Select Veteran Status

Living Arrangement: Select Living Arrangement

Marital Status: Select Marital Status

# of Children in client's care: Select # of Children in client's care

Pregnancy Status: Select Pregnancy Status

# of Arrests in the previous 30 days: Select # of Arrests in the previous 30 days

Highest Level of Education: Select Highest Level of Education

Employment Status: Select Employment Status

Primary Source of Income: Select Primary Source of Income

# WE USE THE SAME TED'S FORM

## At Admission

## At Level of Care Change (loca)

## At Discharge

# FINALLY, WE PULL A REPORT TO SUBMIT THE ENTRIES TO CIMOR ON THE TED'S HOMEPAGE

| Consumer | ReportDate | RecordTyp | Transactio | VeteranSta | LivingArrar | MaritalStat | ChildrenIn | Pregnancy | Arrests | EducationL | Employme | IncomeSou | Substance | Substance | Substance | UseFreque | UseFreque | UseFreque | Route |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 170798 | 02-24-2024 | M | A | 0 | 4 | 4 | 0 | 6 | 0 | 14 | 2 | 10 | 1001 | 9996 | 9996 | 0 | 96 | 96 | |
| 264100 | 03-06-2024 | I | A | 0 | 1 | 1 | 0 | 6 | 0 | 14 | 15 | 12 | 1001 | 401 | 9996 | 0 | 0 | 96 | |
| 4107027 | 01-22-2024 | C | A | 0 | 4 | 1 | 0 | 6 | 0 | 14 | 8 | 2 | 1001 | 502 | 504 | 0 | 0 | 0 | |
| 412019 | 03-04-2024 | M | A | 0 | 4 | 1 | 0 | 6 | 0 | 14 | 17 | 10 | 1001 | 401 | 9996 | 0 | 0 | 96 | |
| 4126846 | 02-24-2024 | M | A | 0 | 1 | 4 | 0 | 6 | 0 | 13 | 2 | 10 | 201 | 9996 | 9996 | 0 | 96 | 96 | |

# QUESTIONS

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