

## BHP CLINICAL ACTIVITIES GUIDELINE

### Chemical Health Comprehensive Assessment Guideline

This guideline is intended to encourage chemical health treatment practitioners to use a comprehensive method when diagnosing substance use disorders. It is a general guideline for assessment only. While it should be used as a starting point, we expect all BHP chemical health practitioners to address and document all of the elements in this guideline when diagnosing substance use in adults age 18 and up within the diagnostic assessment. **In addition, it is expected that all chemical health treatment programs and providers will comply with all DHS statutes and requirements related to the assessment of substance use.** A comprehensive chemical health assessment should include the following:

- I. A completed assessment of all 6 dimensions, including dimension ratings and risk descriptions. (Acute intoxication/withdrawal potential; biomedical complications and conditions; emotional, behavioral, cognitive conditions and complications; readiness for change; relapse, continued use, and continued problem potential; recovery environment).
- II. Application of current DSM criteria and diagnosis.
- III. Documentation of a physical/medical examination, or a referral for one.
- IV. If mental health symptoms are detected a referral is made for a mental health assessment or mental health treatment.
- V. Documentation of a psychiatric assessment, a referral for one, or a clinical rationale for not having a medication component for this patient. If patient is currently taking psychotropic medications, include information related to medication compliance.
- VI. A mental status exam analyzing at a minimum: Appearance, speech and thought patterns, memory, mood, affect, psychosis, orientation and suicidality.
- VII. Within dimension three, there is a completion of a risk assessment to evaluate safety of the patient. Information should include information related to suicidal ideation and behaviors, plans or preparations, availability and lethality of means, and intent. Also assess for history of violence, homicidal ideation and plans.
- VIII. Based on the assessment of the six dimensions, an effective and appropriate level of care should be recommended to the patient based on the least restrictive treatment setting believed to promote improvement in the patient's symptoms.
- IX. Documentation of coordination with other medical or behavioral providers actively involved in the patient's treatment or documentation that the patient is refusing coordination of care.

If a practitioner determines that an element of the diagnostic assessment is not appropriate for the patient being treated, the practitioner must clearly document this in writing. Include reason(s) why the element is not being assessed and plans to collect this information in the future if possible.



**Regulatory/External Resources: NCQA: QI 10.0**

**References:** American Society of Addiction Medicine. (2001). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. Second edition.

**Source:**

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