RELATING TOOLKIT CONTENTS TO THE CLINCAL ASSESSMENT GUIDELINES (CAG)
A "CROSSWALK"

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Each toolkit module relates to multiple CAG Guidelines, and most Guidelines are supported by information provided in one or more modules. The following table identifies the relationship between each Guideline and the most relevant module sections.

1. Stabilization and De-Escalation

GUIDELINES	RELEVANT TOOLKIT SECTIONS
1.01 Both first responders and behavioral health service staff should identify and document . . .	Module 2: Core Competencies • Competencies for Meeting Existing Policy Expectations and Regulations Module 3: Administrative Implementation • Interdepartmental Memorandum of Understanding with Law Enforcement and Other Community Organizations
1.01 (a) the specific factors that led the officer or other authorized person to declare a need for involuntary hold. (least restrictive environment)	Module 1: Philosophies and Practices • Legal and Regulatory Requirements Module 2: Core Competencies • Competencies for Meeting Existing Policy Expectations and Regulations • Assessment Tools for Prediction of Violence • Assessment Tools for Prediction of Suicide Risk Module 4: Addressing Substance Use Disorders… - Screening and Assessment Process - Assessment Tools for Co-Occurring Disorders - ASAM Patient Placement Criteria - Diagnosis of Substance Related Disorders
1.01 (b) input from family members, when possible. (person-centered)	Module 2: Core Competencies

1.01 (c) the individual's disposition, location, and history, if known. (person-centered)	• Advance Directives • WRAP Planning • Trauma Informed Care
1**.01 (d)** indicators of the person's various medical, psychiatric, and physical needs, if known. (person-centered)	

2. Engagement

GUIDELINES	RELEVANT TOOLKIT SECTIONS
2.01 Exercise clear and effective communication skills. (relationship-based)	Module 2: Core Competencies • Crisis Intervention • Verbal De-Escalation • Shared Decision Making • Motivational Interviewing Module 4: Addressing Substance Use Disorders - Screening and Assessment Process - Screening, Brief Intervention, Referral to Treatment (SBIRT)
2.02 Demonstrate an understanding of and appreciation for (validate, affirm) the individual's perspective of the situation. (person-centered)	Module 2: Core Competencies • Crisis Intervention • Shared Decision Making • Emotional CPR • Trauma Informed Care • Advance Directives • WRAP Planning Module 4: Addressing Substance Use Disorders… - Assessing Stage of Recovery - A Person-Centered Approach to Interviewing for Substance Use
2.03 Create nonjudgmental, supportive conditions. (respectful)	Module 2: Core Competencies • Emotional CPR • Shared Decision Making • Motivational Interviewing • WRAP Planning • Trauma Informed Care Module 4: Addressing Substance Use Disorders - A Person-Centered Approach to Interviewing for Substance Use
2.04 Create conditions that feel safe—e.g., use potentially intimidating resources such as handcuffs, police cars, or ambulances only when necessary. (respectful)	Module 2: Core Competencies • Verbal De-Escalation • Advance Directives • Trauma Informed Care
2.05 Inquire about the individual's comfort—e.g., dry, warm clothing; food;	Module 2: Core Competencies

GUIDELINES	RELEVANT TOOLKIT SECTIONS
water—prior to making other assessment inquiries. (respectful)	• Crisis Intervention
2.06 Address client concerns about personal effects—e.g., cars, bikes, pets, personal belongings, home. (respectful)	
2.07 Develop and implement an action plan to secure the individual's personal effects.	
2.08 Include family members and significant others as identified by the client. (self-direction)	Module 2: Core Competencies • Crisis Intervention • Shared Decision Making • WRAP Planning
2.09 Focus the engagement process on discharge. (goal-driven services)	
2.10 Practice a recovery orientation.	Module 1: Philosophies and Practices • The Recovery Model • Recovery-Relevant Endorsements • Recovery-Relevant Ethical Standards • Recovery-Relevant Principles in the Clinical Practice Literature • Recovery-Relevant Legal and Regulatory Requirements • Practical Indicators of an Inpatient Service's Recovery Orientation Module 4: Addressing Substance Use Disorders… - A Person Centered Approach to Interviewing for Substance Use - Assessing Stage of Recovery

3. Initial Clinical Assessment

GUIDELINES	RELEVANT TOOLKIT SECTIONS
Initial Clinical Assessment Process	
3.01 Use a team or collaborative process whereby the mental health clinician references the information from the first responder, including information about prior law enforcement contact. (not limited to professional interventions, natural support networks)	Module 5: Lanterman- Petris- Short Act and Recovery • Interdepartmental Memoranda of Understanding with Law Enforcement and Other Community Organizations Module 4: Addressing Substance Use Disorders… Interactions with the Drug Medi-Cal Organized Delivery System
3.02 Access the individual's existing behavioral health records to the fullest	Module 2: Core Competencies • Advance Directives

extent possible. (person-centered, respectful)	- WRAP Planning
	Module 4: Addressing Substance Use Disorders…
	    - Interactions with the Drug Medi-Cal Organized Delivery System
	    - SAMHSA Standards for a "Dual Diagnosis Capable" Mental Health Program

3.03 Draw out the individual's own experience of the situation through inquiry, not accusation. (person-centered)
 	
3.04 Conduct a systematic review of interventions that have previously been helpful to the detained individual.
	Module 2: Core Competencies
	    - Crisis Intervention
	    - Motivational Interviewing Trauma Informed Care
	Module 4: Addressing Substance Use Disorders…
	    - A Person-Centered Approach to Interviewing for Substance Use
	    - Assessing Stage of Recovery

3.05 Inform the first responder who initiated the involuntary hold with regard to the disposition of the involuntary hold and status of the individual following the initial assessment. (community-based)	Module 5: Lanterman- Petris- Short Act and Recovery - Interdepartmental Memoranda of Understanding with Law Enforcement and Other Community Organizations
Initial Clinical Assessment Content	

3.06 Assess for medical necessity of the involuntary hold. (least restrictive environment)	Module 5: Lanterman- Petris- Short Act and Recovery
	    - The Lanterman–Petris–Short Law
	    - Recovery-Relevant Mandates Subject to Interpretation
	(both found under "Recovery-Relevant Legal and Regulatory Requirements")
	Module 2: Core Competencies
	    - Competencies for Meeting Existing Policy Expectations and Regulations
	Module 4: Addressing Substance Use Disorders
	    - Assessment Tools for Co-Occurring Disorders
	    - Diagnosis of Substance Related Disorders

3.07 Include information about history of care. (person-centered, respectful)	Module 3: Administrative Implementation - Organizational Domains (found under "The Role of Supervision and Middle Management in Policy Implementation")

3.08 Identify alternatives to the hold, such as community and family supports, and reasons for using or not using these alternatives. (least restrictive environment; natural support networks)
 	
3.09 Identify the individual's needs regarding securing personal property,
	Module 2: Core Competencies
	    - Advance Directives
	    - Motivational Interviewing
	    - WRAP Planning
	    - Trauma Informed Care
	Module 4: Addressing Substance Use Disorders…
	    - Self-Help Resources

pets, cars, other family members/children, safety, medical/physical needs. (respectful, focus on meaningful life roles)	- ASAM Patient Placement Criteria
3.10 Identify the individual's strengths—e.g., problem-solving abilities, capacity to engage others, interests and motivations, awareness of strengths and limitations, symptom management abilities. (strengths-based)	3.10 Module 4: Addressing Substance Use Disorders… Assessing Stage of Recovery
3.11 Include information about the individual's involvement with support systems—e.g., family, friends, agencies. (strengths-based, community-based, natural support networks, meaningful roles; recovery can occur independent of professional interventions)	3.11 Module 4: Addressing Substance Use Disorders... - Self-Help Resources
3.12 Address issues relevant to the individual's ethnicity, social class, religion, gender, sexual orientation, generation, or other cultural considerations; communicate in a linguistically appropriate manner. (culturally relevant, respectful)	3.12 Module 2: Core Competencies - Shared Decision Making Module 4: Addressing Substance Use Disorders... - Street Names of Commonly Used Drugs
3.13 Address any Ongoing Assessment content (see section 5 below) that is logistically feasible given time constraints and the client's ability to communicate such information.	

4. Admissions

There were no guidelines established for this segment. It was agreed upon by the expert panel and regional stakeholders that the admission process is generally standard across the counties.

5. Ongoing Assessment

This component refers to **daily assessments** to inform diagnoses, medications, discharge plans, and aftercare resources, maintaining a focus on discharge and recovery/wellness planning. Whereas the Initial Clinical Assessment may need to focus on the immediate crisis, the Ongoing Assessment offers a greater opportunity to gather a fuller range of recovery-oriented information about the client, especially if the quality of the therapeutic relationship between the client and staff has progressed.

GUIDELINES	RELEVANT TOOLKIT SECTIONS
Ongoing Assessment Process	
5.01 Use a team or collaborative process. **5.01 (a)** Use an "assessment team" including friends, family members, etc. **as requested by the client**; whenever possible, include **family members** who can provide significant information about individual history, daily routines, etc. that could influence the assessment and intervention plan. (not limited to professional interventions, natural support networks) **5.01 (b)** Make the client aware of his/her option to include family members and significant others in the assessment process, and of the potential benefits of doing so. (empowerment, natural support networks)	Module 2: Core Competencies • Shared Decision Making • Advance Directives • WRAP Planning Module 4: Addressing Substance Use Disorders… - Interactions with the Drug Medi-Cal Organized Delivery System - SAMHSA Standards for a "Dual Diagnosis Capable" Mental Health Program - No or Low Cost Enhancements to Increase Co-Occurring Capability Program Structure
5.01 (c) Respect the client's decisions about engaging or not engaging others. (self-direction, self-responsibility, person-centered, respectful)	Module 1: Philosophies and Practices • Recovery-Relevant Ethical Standards • Recovery-Relevant Principles in the Clinical Practice Literature Module 2: Core Competencies • Shared Decision Making • Advance Directives • WRAP Planning • Motivational Interviewing
5.01 (d) Access behavioral health records, including a review of the client's own crisis-related perspectives and preferences as expressed in assessments documented prior to the time of the involuntary hold. (person-centered, respectful)	Module 2: Core Competencies • Advance Directives • WRAP Planning Module 3: Administrative Implementation • Organizational Domains (found under "The Role of Supervision and Middle Management in Policy Implementation")

	Module 4: Addressing Substance Use Disorders… - Interactions with the Drug Medi-Cal Organized Delivery System - SAMHSA Standards for a "Dual Diagnosis Capable" Mental Health Program - No or Low Cost Enhancements to Increase Co-Occurring Capability Program Structure
5.01 (e) Draw out the individual's own experience of the situation through inquiry, not accusation. (person-centered)	Module 1: Philosophies and Practices • Recovery-Relevant Ethical Standards • Recovery-Relevant Principles in the Clinical Practice Literature Module 2: Core Competencies • Crisis Intervention • Motivational Interviewing Module 4: Addressing Substance Use Disorders… A Person Centered Approach to Interviewing for Substance Use
5.01 (f) Use motivational interviewing principles, as relevant. (person-centered)	Module 2: Core Competencies • Motivational Interviewing
5.01 (g) Facilitate the client's own communication with individuals and resources of his or her choice, with whom the client chooses to communicate to obtain information about his/her history, status, and post-discharge options. (self-responsibility)	Module 2: Core Competencies • Shared Decision Making • Advance Directives • WRAP Planning Module 4: Addressing Substance Use Disorders Self-Help Resources
5.01 (h) Facilitate the client's own communication with those individuals and resources who he/she chooses to invite as participants in the Discharge Planning process. (self-responsibility)	
Ongoing Assessment Content	
5.02 The Ongoing Assessment should inform **Discharge Planning** decisions and occurs concurrently with the Discharge Planning process (an ongoing process throughout the involuntary detainment).	Module 1: Philosophies and Practices • The Recovery Model • Recovery-Relevant Ethical Standards of the Behavioral Health Professions • Recovery-Relevant Principles in the Clinical Practice Literature Module 2: Core Competencies • Shared Decision Making
5.03 To inform Discharge Planning, the Ongoing Assessment should include **content** which informs . . .	
5.03 (a) decisions regarding the restoration of role functioning and/or the	

introduction to new roles. (focus on life roles)	
5.03 (b) the individual's stage of change so that Discharge Plan goals and objectives are appropriately aligned Prochaska, Norcross, and DiClementi 1992, or Osher and Kofoed 1989)	Module 1: Philosophies and Practices • Ragins' Stage Model of Recovery (found under "The Recovery Model") Module 2: Core Competencies • Shared Decision Making • Motivational Interviewing • WRAP Planning
5.03 (c) a determination of the kinds of goals and objectives that would be realistic, achievable, meaningful to the individual, and either initiated by or acceptable to the individual. (person-centered, self-determination)	
5.04 Include information about the individual's history of care that may be available from other sources. (person-centered)	
5.05 Reassess the individual's needs regarding securing personal property, pets, cars, other family members/children, safety, medical/physical needs. (respectful)	
5.06 Identify strengths—e.g., problem-solving abilities, capacity to engage others, interests and motivations, awareness of strengths and limitations, symptom management abilities. (strengths-based)	Module 1: Philosophies and Practices • The Recovery Model • Recovery-Relevant Principles in the Clinical Practice Literature Module 2: Core Competencies • Motivational Interviewing
5.07 Include information about the individual's involvement with support systems—e.g., family, friends, agencies. (focus on meaningful life roles; not limited to professional interventions)	Module 2: Core Competencies • Shared Decision Making • Advance Directives • WRAP Planning Module 4: Addressing Substance Use Disorders… - Self-Help Resources
5.08 Address issues relevant to the client's ethnicity, social class, religion, gender, sexual orientation, generation, or other cultural considerations; communicate in a linguistically appropriate manner. (culturally relevant, person-centered, respectful)	
5.09 Evaluate the individual's role functioning—e.g., employment, raising children, participation in training or education, neighborhood participation. (focus on meaningful life roles)	5.09 Module 4: Addressing Substance Use Disorders… - Assessing Stage of Recovery 5.10 and 5.11

5.10 Identify those persons and resources with whom the individual chooses to communicate during the detainment. (self-direction)	Module 4: Addressing Substance Use Disorders… - Self-Help Resources
5.11 Identify those persons and resources who the individual chooses to participate in the Discharge Planning process. (self-direction; not limited to professional interventions)	

6. Formulation/Narrative

GUIDELINES	RELEVANT TOOLKIT SECTIONS
6.01 The Formulation should clearly convey . . . **6.01** (a) that the documented diagnosis/es is/are supported by evidence (valid). **6.01** (b) which problems are primarily due to the symptoms of the diagnosed mental disorder. **6.01 (c)** which problems are primarily due to factors other than symptoms of the diagnosed mental disorder.	Module 2: Core Competencies • Trauma Informed Care • Assessment Tools for Prediction of Violence • Assessment Tools for Prediction of Suicide Risk (Also see DSM for diagnostic criteria, associated features, and functional consequences of the relevant mental disorder) Module 4: Addressing Substance Use Disorders… - Diagnosis of Substance Related Disorders - ASAM Patient Placement Criteria
6.01 (d) which strengths are relevant to solving each major problem. **6.01** (e) which resources are available for solving each major problem.	Module 2: Core Competencies • Shared Decision Making • Motivational Interviewing • WRAP Planning Module 4: Addressing Substance Use Disorders… - Assessing Stage of Recovery - ASAM Patient Placement Criteria - Self-Help Resources

7. Treatment (Decision Making and Intervention)

GUIDELINES	RELEVANT TOOLKIT SECTIONS
7.01 The Assessment of Treatment includes . . .	
7.01 (a) identifying recommendations made to the individual during the involuntary hold. **7.01 (b)** the individual's response to recommendations. (person-centered)	Module 1: Philosophies and Practices - Recovery Relevant Principles in the Clinical Practice Literature Module 2: Core Competencies • Shared Decision Making • WRAP Planning • Assessment Tools for Prediction of Violence • Assessment Tools for Prediction of Suicide Risk (especially see Collaborative Assessment and Management of Suicidality)

	Module 4: Addressing Substance Use Disorders… - Assessing Stage of Recovery
7.01 (d) identifying therapeutic interventions provided to the individual during the involuntary hold.	(See Medi-Cal and State/County Contract documentation requirements)
7.01 (d) the individual's response to therapeutic interventions provided. (person-centered)	
7.01 (e) identifying contacts with significant others during the involuntary hold. (not limited to professional interventions)	
7.01 (f) the individual's response to contacts with significant others. (person-centered)	

7.01 (g) an evaluation of the individual's potential and willingness to engage in follow-up outpatient care and supportive services and relationships. (self-direction)	Module 2: Core Competencies
	   • Shared Decision Making
	Module 4: Addressing Substance Use Disorders…
	    - Assessing Stage of Recovery

7.01 (h) staff communication and collaboration with potential outpatient follow-up service providers and those who might provide supportive services and relationships. (community-based services)	Module 3: Administrative Implementation
	   • The Role of Supervision and Middle Management in Policy Implementation
	   • Interdepartmental Memoranda of Understanding
	Module 4: Addressing Substance Use Disorders…

7.01 (i) client communication with potential outpatient follow-up service providers and those who might provide supportive services and relationships. (self-responsibility)	- Interactions with the Drug Medi-Cal Organized Delivery System - ASAM Patient Placement Criteria

7.01 (j) the service program's access to centralized information within a system of care, fully implementing the portability purpose of HIPAA while remaining within the confidentiality and security provisions of the Act. (community-based services)	Module 3: Administrative Implementation
	   • The Role of Supervision and Middle Management in Policy Implementation
	Module 4: Addressing Substance Use Disorders
	    - Administrative Issues Related to Co-Occurring Disorders
	
	Module5 : Performance Measurement

8. Discharge Planning

GUIDELINES	RELEVANT TOOLKIT SECTIONS
8.01 Discharge decisions should be informed by a validated instrument whenever possible.	Module 2: Core Competencies • Assessment Tools for Prediction of Violence • Assessment Tools for Prediction of Suicide Risk Module 4: Addressing Substance Use Disorders - ASAM Patient Placement Criteria
8.02 Discharge decisions should be based on a documented, systematic review of interventions that have previously proved helpful to the detained individual. **8.03** Exercise clear and effective communication skills. (relationship-based) **8.04** Demonstrate an understanding of and appreciation for—i.e., validate—the individual's perspective of the situation. (person-centered) **8.05** Include family members and significant others, as identified by the client, in Discharge Planning. (self-direction)	Module 2: Core Competencies • Motivational Interviewing • Shared Decision Making • WRAP Planning • Trauma Informed Care Module 4: Addressing Substance Use Disorders… - Interactions with the Drug Medi-Cal Organized Delivery System
8.06 Focus the discharge process on post-discharge follow-through. (goal-driven services)	Module 3: Administrative Implementation • The Role of Supervision and Middle Management in Policy Implementation
8.07 The discharge plan should express a recovery orientation; therefore, discharge plans must . . . **8.07 (a)** be person-centered. **8.07 (b)** reflect client's own decisions (self-direction) and build self-responsibility whereby the client is expected and empowered to engage in actions on his/her own behalf. **8.07 (c)** be respectful.	Module 1: Philosophies and Practices • The Recovery Model • Recovery-Relevant Ethical Standards of the Behavioral Health Professions • Recovery-Relevant Principles in the Clinical Practice Literature Module 3: Core Competencies - Motivational Interviewing Module 4: Addressing Substance Related Disorders…

8.07 (d) be culturally relevant regarding ethnic, religion, social class, gender, sexual orientation, and other cultures that are meaningful to the client.	- A Person Centered Approach to Interviewing for Substance Use - Self-Help Resources
8.07 (e) be hopeful; stimulate hope.	
8.07 (f) be strengths based, referring to the client's personal qualities that are relevant to the successful achievement of post-discharge goals and objectives.	
8.07 (g) empower the client with information and assistance in contacting supportive resources—i.e., linkage.	
8.07 (h) identify relevant community-based services and natural support networks.	
8.07 (i) not be limited to professional interventions.	
8.07 (j) focus on quality-of-life goals and meaningful life roles (goal-driven services).	
8.07 (k) express goals/objectives that are sufficiently clear and specific to allow for valid and reliable outcome evaluation.	Module 1: Philosophies and Practices • Practical Indicators of an Inpatient Service's Recovery Orientation Module 6: Performance Measurement

9. Care Coordination

GUIDELINES	RELEVANT TOOLKIT SECTIONS
9.01 Prior to discharge, confirm that the planned follow-up resources are in place and ready to engage with the individual. (respectful)	Module 3: Administrative Implementation • The Role of Supervision and Middle Management in Policy Implementation • Interdepartmental Memoranda of Understanding Module 4: Addressing Substance Use Disorders… - Interactions with the Drug Medi-Cal Organized Delivery System
9.02 Prior to discharge, confirm that the individual remains committed to his/her decisions about use of chosen follow-up resources and remains willing to follow through. (self-direction, self-responsibility)	Module 2: Core Competencies • Shared Decision Making • WRAP Planning
9.03 Prior to discharge, confirm that the individual's basic needs—e.g., housing, meals, adequate clothing, access to	

medications—can and will be met if the individual and designated resources follow through on their commitments. (respectful, meaningful life roles)	

10. Discharge

GUIDELINES	RELEVANT TOOLKIT SECTIONS
10.01 Provide the individual with an opportunity to say goodbye to staff and peers to the fullest extent possible. (respectful)	Module 1: Philosophies and Practices • Recovery-Relevant Principles in the Clinical Practice Literature
10.02 Assess, with the individual, progress made during the involuntary hold. (strengths-based) **10.03** Assess, with the individual, how the present experience of stabilizing and resolving the crisis state may be helpful in	Module 1: Philosophies and Practices • Shared Decision Making • Motivational Interviewing Module 4: Addressing Substance Use Disorders - Assessing Stage of Recovery

coping with future crises. (strengths-based, self-responsibility)	

11. Supports for Wellness and Recovery

GUIDELINES	RELEVANT TOOLKIT SECTIONS
11.01 A **post-crisis management team** should be provided for this phase of support.	Module 1: Philosophies and Practices • The Recovery Model • Recovery-Relevant Ethical Standards of the Behavioral Health Professions • Recovery-Relevant Principles in the Clinical Practice Literature
11.01 (a) The post-crisis management team should function as a wraparound type of "warm handoff" to community services and linkage for family supports whenever possible. (In a "warm handoff," the inpatient or emergency service provider arranges for a face-to-face introduction of a client to those who are expected to provide post-discharge services and supports.)	Module 2: Core Competencies • Crisis Intervention • Shared Decision Making • WRAP Planning
11.01 (b) The post-crisis management team should follow up with individuals after discharge to ensure that they connect with outpatient services.	Module 4: Addressing Substance Use Disorders… - Self-Help Resources - Interactions with the Drug Medi-Cal Organized Delivery System
11.01 (c) It is a recommended best practice to engage peer support organizations to participate on the team as aftercare and resource educators, liaisons, and aftercare case managers.	- SAMHSA Standards for a "Dual Diagnosis Capable" Mental Health Program
11.02 Whether it is possible to construct a post-crisis management team as a stand-alone resource, increased care coordination among disparate agencies ultimately serving the same individuals should serve this function in a de facto manner.	Module 3 Administrative Implementation • The Role of Supervision and Middle Management in Policy Implementation • Interdepartmental Memoranda of Understanding
11.03 Engage the supportive efforts of Peer Navigators.	

Advanced Assessment

GUIDELINES	RELEVANT TOOLKIT SECTIONS

Advanced Assessment Process	
8.01 Use a Shared Decision-Making process. A systematic approach to decision making is a skill. Most people need training and rehearsal on systematic approaches to decision making, just as we need to training and practice to develop any new skill. **8.02** The client who has had repeated opportunities to do so during a course of outpatient services will be best empowered to do so when presented with a Shared Decision-Making approach during an involuntary hold. To support the development of decision-making skills, staff should implement the following Guidelines during Advance Assessments:	Module 2: Core Competencies • Crisis Intervention • Shared Decision Making • Motivational Interviewing • WRAP Planning
12.01 (a) If the client brings up a cluster of issues, see if it helps to **partialize and prioritize** these. (empowerment)	
12.01 (b) Identify and clarify the client's **subjective experience** of and response to each issue. (respectful, empowerment)	
12.01 (c) Weigh alternative options by trying them out hypothetically in discussion—e.g., "What do you like best about . . . ? What do you like least about . . . ?" (empowerment)	
12.01 (d) Ask the client to choose preferences, but don't limit choices to only one primary preference unless the client chooses to do so. (self-direction, self-responsibility)	
12.01 (e) Help the client identify the steps taken in identifying preferences. (empowerment)	
(Note: The above five Guidelines employ a person-centered, strengths-based approach to supporting client empowerment)	
12.02 Clients who have considered and made decisions about whether to include	Module 1: Philosophies and Practices • The Recovery Model

family and significant others during the outpatient service assessment process will be best able to formulate such decisions during their detainment-based assessments; make clients aware of their option to include family members and significant others in the assessment process and of the potential benefits of doing so.	• Recovery-Relevant Ethical Standards of the Behavioral Health Professions • Recovery-Relevant Principles in the Clinical Practice Literature
12.03 Conduct the Advance Assessment in a way that strengthens the client's decision-making capacity.	Module 2: Core Competencies • Shared Decision Making • Motivational Interviewing • WRAP Planning
12.04 Make the findings of Advanced Assessments accessible during detainment. Whenever you can gather information collected from service contacts within a service system that occur prior to the current involuntary hold, you should . . .	Module 3: Administrative Implementation • The Role of Supervision and Middle Management in Policy Implementation • Interdepartmental Memoranda of Understanding Module 4: Addressing Substance Use Disorders - Interactions with the Drug Medi-Cal Organized Delivery System
12.04 (a) document the information in a record that is accessible to psychiatric emergency and inpatient services within the same service system. (community-based)	
12.04 (b) make the information accessible to psychiatric emergency and inpatient services within the same service system. (community-based)	
12.04 (c) forward the information to psychiatric emergency and inpatient services within the same service system. (community-based)	
12.04 (d) make the information available to collateral service providers in accordance with the portability provisions of HIPAA and the coordination of care provisions of the Welfare and Institutions Code Section 5328.	

12.04 (e) make the information accessible to the client by using language the client can understand and is likely to recognize. (culturally relevant, self-responsibility)	
Advanced Assessment Content	

12.05 Identify the individual's preferences regarding . . .	Module 1: Philosophies and Practices
	• The Recovery Model
	• Recovery-Relevant Ethical Standards of the Behavioral Health Professions
	• Recovery-Relevant Principles in the Clinical Practice Literature
	
	Module 2: Core Competencies
	• Shared Decision Making
	• WRAP Planning
	• Motivational Interviewing
	
	Module 4: Addressing Substance Use Disorders…
	   - Screening and Assessment Process
	   - Assessment Tools for Co-Occurring Disorders
	   - Assessing Stage of Recovery
	   - Drug Interactions
	   - Diagnosis of Substance Use Disorders
	   - Self-Help Resources

12.05 (a) language (terminology) for communicating about strengths, symptoms, problems, and service preferences. (culturally relevant)	
12.05 (b) which family members the client does and does not want to call on for support. (self-direction, not limited to professional interventions)	
12.05 (c) which friends, peers, staff, agencies, and others the client does and does not want to call on for support. (self-direction, not limited to professional interventions)	
12.05 (d) clinical intervention strategies, intervention techniques, medications, and style of relationship with behavioral health service providers. (self-direction)	
12.06. Identify the individual's way of thinking about . . .	
12.06 (a) his/her problems.	
12.06 (b) possible solutions to problems.	
12.06 (c) barriers to achieving solutions.	
12.06 (d) his/her strengths.	
12.06 (e) the causes of his/her problems.	
12.06 (f) how significant others view his/her problems.	
12.06 (g) the types of resources that he/she sees as supportive.	
12.06 (h) the types of entities that he/she sees as stressful.	
12.06 (i) the communities with which he/she identifies.	
12.06 (j) the communities in which he/she prefers to participate.	
12.06 (k) aspects of life that support solutions to his/her problems.	

12.06 (l) aspects of life that exacerbate his/her problems.	
12.06 (m) treatments, advice, help, or healing efforts that he/she has sought out in the past.	
12.06 (n) the value of treatments, advice, help, or healing efforts that he/she has sought out in the past.	
12.06 (o) effective strategies he/she has used in the past to deal with the problem.	
12.06 (p) past strategies for dealing with the problem that proved ineffective or exacerbating.	