NJSAMS UPDATE

Quarterly Provider Meeting

September 13, 2012

NJSAMS New Features

- Written in C#
- Based on Object Oriented Programming (OOP) specifications
- Developed in .NET framework
- Uses accordians
- Clean and efficient
- Faster
- User friendly interface

NJSAMS New Features

- Streamlined
- Scalable
- Using Microsoft best practice
- New items added to reflect current system issues, e.g., chronic disease, prescription drug abuse, etc.
- Items retired
- Use of dropdowns wherever feasible, e.g., diagnosis

Assessment and Evaluation Module

Sneak Preview of ASI

- Currently 75 separate screens
- New version uses 7 accordions
- Only one web page
- User friendly interface
- More logical organization
- Greater speed and efficiency

ASSESSMENT & EVALUATION MODULE

AGENCY: DASIE TEST AGENCY CLIENTID: 11VIVA111189 NAME: vlast, vfirst

- Medical Status
- Employment / Support Status
- Drug / Alcohol Use
- Legal Status
- Family / Social Relationships
- Psychiatric Status
- Severity Profile

Back To Admission Module

ASSESSMENT & EVALUATION MODULE

AGENCY: DASIE TEST AGENCY CLIENTID: 11VIVA111189 NAME: vlast, vfirst

Medical Status

How many times in your life have you been hospitalized for medical problems? 1 (Include o.d.'s, exclude detox)

How long ago was your last hospitalization for a physical problem? 1 Years 1 Months

Do you have any chronic medical problems which continue to interfere with your life?

(•) No ( ) Yes If Yes,Specify

Are you taking any prescribed medication on a regular basis for a physical problem?

(•) No ( ) Yes

Do you receive a pension for a physical disability? (Exclude psychiatric disability.)

( ) No (•) Yes If Yes,Specify

How many days have you experienced medical problems in the past 30 days? 1

How troubled or bothered have you been by these medical problems in the past 30 days? Extremely

How important to you now is treatment for these medical problems? Extremely

INTERVIEWER SEVERITY RATING

How would you rate the patient's need for medical treatment?

No treatment necessary (0) - Treatment needed to intervene in life-threatening situation (9) 8

CONFIDENCE RATINGS

Is the above information significantly distorted by: Patient's misrepresentation?

(•) No ( ) Yes

Patient's inability to understand?

(•) No ( ) Yes

COMMENTS

this is a test

Save | Next >>

Employment / Support Status

Employment / Support Status

Education completed (GED = 12 years)
11 Years 11 Months

Training or technical education completed
12 Months

Do you have a profession, trade or skill?
○ No ◉ Yes Test Trade

Do you have a valid driver's license?
○ No ◉ Yes

Do you have an automobile available for use?
○ No ◉ Yes

How long was your longest full-time job?
12 Years 11 Months

Usual (or last) occupation Test

Does someone contribute to your support in any way?
◉ No ○ Yes

Does this constitute the majority of your support?
◉ No ○ Yes

How much money did you receive from the following sources in the past 30 days?

Employment (net income)	500.00
Unemployment compensation	900.00
DPA	875.00
Pension, benefits or social security	123.00
Mate, family or friends (Money for personal expenses)	789.00
Illegal	7890.00

Usual employment pattern past 3 years.
full time (40 hrs/wk)

How many days were you paid for working in the past 30 days? (include "under the table" work.) 5

How many people depend on you for the majority of their food, shelter, etc.? 5

How many days have you experienced employment problems in the past 30 days? 5

How troubled or bothered have you been by these employment problems in the past 30 days? Not at all

How important to you now is counseling for these employment problems? Not at all

INTERVIEWER SEVERITY RATING

How would you rate the patient's need for employment counseling?
No counseling necessary (0) - counseling needed to intervene in life-threatening situation (9) 5

CONFIDENCE RATINGS

Is the above information significantly distorted by: Patient's misrepresentation?
◉ No ○ Yes

Patient's inability to understand?
◉ No ○ Yes

COMMENTS

this is atest employment

<< Previous | Save | Next >>

	Past 30 Days	Lifetime Use	Route of Administration
Alcohol - Any use at all	2	23	Nasal
Alcohol - To Intoxication	3	Years	- Select -
Heroin		Years	- Select -
Methadone		Years	- Select -
Other opiates/analgesics		Years	- Select -
Barbiturates		Years	- Select -
Other sed/hyp/tranq.		Years	- Select -
Cocaine	0	0	- Select -
Amphetamines	0	0	- Select -
Cannabis	0	0	- Select -
Hallucinogens	0	0	- Select -
Inhalants	0	0	- Select -
More than one substance per day (incl. alcohol)	0	0	

Which substance is the major problem?
(Please code, 00-No problem; 15-Alcohol & Drug (Dual addiction); 16-Polydrug; when not clear, ask patient) 0

How long was your last period of voluntary abstinence from this major substance? (0 - never abstinent) 0 Months

How many months ago did this abstinence end? (0 - still abstinent) 0 Months

How many times have you:

Had alcohol d.t.'s: 0

Overdosed on drugs: 0

How many times in your life have you been treated for:

Alcohol Abuse: 0

Drug Abuse: 0

How many of these were detox only?

Alcohol: 34

Drug: 44

How much money would you say you spent during the past 30 days on:

Alcohol: 345.00 **Drug:** 45.00

How many days have you been treated in an outpatiend setting for a alcohol or drugs in the past 30 days (Include NA,AA)? 0

In the past 30 days, How many days have you experienced:

Alcohol problems: 0 **Drug problems:** 0

How troubled or bothered have you been in the past 30 days by these?

Alcohol problems: - Select - **Drug problems:** - Select -

How important to you now is treatment for these:

Alcohol problems: - Select - **Drug problems:** - Select -

INTERVIEWER SEVERITY RATING

How would you rate the patient's need for treatment?
No treatment necessary (0) - treatment needed to intervene in life-threatening situation (9)

Alcohol Abuse **Drug Abuse**

CONFIDENCE RATINGS

Is the above information significantly distorted by:
Patient's misrepresentation?

○ No ◉ Yes

Was this admission prompted or suggested by the criminal justice system (judge,probation/parole officer, etc.)

○ No ○ Yes

Are you on probation or parole?

○ No ○ Yes

How many times in your life have you been arrested and charged with the following:

Shoplifiting/Vandalism		**Assault**	
Parole/Probation Violations		**Arson**	
Drug Charges		**Rape**	
Forgery		**Homicide, Manslaughter**	
Weapons Offense		**Prostitution**	
Burglary.Larceny, B and E		**Contempt of Court**	
Robbery		**Other**	

How many of these charges resulted in convictions?

How many times in your life have you been charged with the following:

Disorderly conduct, vagrancy public intoxication

Driving while intoxicated

Major driving voilations (reckless driving, speeding, no license, etc.)

How many months were you incarcerated in your life? Months

How long was your last incarceration? Months

What was it for?(if multiple charges use most severe).

- Select -

Are you presently awaiting charges, trial or sentence?

○ No ○ Yes

What for (if multiple charges use most severe).

- Select -

How many days in the past 30 were you detained or incarcerated?

How many days in the past 30 have you engaged in illegal activities for profit?

How serious do you feel your present legal problems are? (Exclude civil problems) - Select -

How important to you now is counseling or referral for these legal problems? - Select -

INTERVIEWER SEVERITY RATING

How would you rate the patient's need for legal services or counseling?

No counseling necessary (0) - counseling needed to intervene in life-threatening situation (9) -Select-

CONFIDENCE RATINGS

Is the above information significantly distorted by: Patient's misrepresentation?

○ No ○ Yes

Patient's inability to understand?

Family / Social Relationships

Martial Status
- Select -

How long have you been in this marital status?
Years Months

Are you satisfied with current marital status?
No Indifferent Yes

Usual living arrangements (past 3 years)
- Select -

How long have you lived in these arrangements?
Years Months

Are you satisfied with current living arrangements?
No Indifferent Yes

Do you live with anyone who has a current alcohol problem?
No Yes

Do you live with anyone who uses non-prescribed drugs?
No Yes

With whom do you spend most of your free time?
- Select -

Are you satisfied with spending your free time this way?
No Indifferent Yes

How many close friends do you have?

Would you say you have had close, long lasting, personal relationships with any of the following people in your life:
Mother Father Brothers/Sisters Children Friends

Have you had significant periods in which you have experienced serious problems getting along with:

	PAST 30 DAYS	IN YOUR LIFE
Mother	No Yes	No Yes
Father	No Yes	No Yes
Brothers/Sisters	No Yes	No Yes
Sexual partner/spouse	No Yes	No Yes
Children	No Yes	No Yes
Other significant family	No Yes	No Yes
Close friends	No Yes	No Yes
Neighbors	No Yes	No Yes
CO-Workers	No Yes	No Yes

Did any of these people abuse you:

	PAST 30 DAYS	IN YOUR LIFE
Emotionally	No Yes	No Yes
Physically	No Yes	No Yes
Sexually	No Yes	No Yes

How many days in the past 30 have you had serious conflicts:

How many times have you been treated for any psychological or emotional problems?

In a hospital 1

As on opt. or priv. patient 2

Do you receive a pension for a psychiatric disability?

○ No ◉ Yes

Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:

	PAST 30 DAYS	IN YOUR LIFE
Experienced serious depression	◉ No ○ Yes	○ No ○ Yes
Experienced serious anxiety or tension	◉ No ○ Yes	○ No ○ Yes
Experienced hallucinations	◉ No ○ Yes	○ No ○ Yes
Experienced trouble understanding, concentrating or remembering	◉ No ○ Yes	○ No ○ Yes
Experienced trouble controlling violent behaviour	◉ No ○ Yes	○ No ○ Yes
Experienced serious thoughts of suicide	○ No ◉ Yes	○ No ○ Yes
Attempted suicide	○ No ◉ Yes	○ No ○ Yes
Been prescribed medication for any psychological emotional problem	○ No ◉ Yes	○ No ○ Yes

How many days in the past 30 have you experienced these psychological or emotional problems?

How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? - Select -

How important to you now is treatment for these psychological problems? - Select -

THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

At the time of the interview, is patient:

Obviously depressed/withdrawn	○ No ○ Yes
Obviously hostile	○ No ○ Yes
Obviously anxious/nervous	○ No ○ Yes
Having trouble with reality testing thought disorders, paranoid thinking	○ No ○ Yes
Having trouble comprehending, concentrating, remembering	○ No ○ Yes
Having suicidal thoughts	○ No ○ Yes

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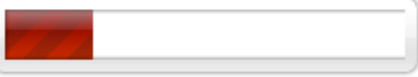
PROBLEMS	INTERVIEWER SEVERITY RATING	
MEDICAL		5
EMPLOYMENT/SUPPORT		7
ALCOHOL		8
DRUG		9
LEGAL		2
FAMILY/SOCIAL		1
PSYCHIATRIC		9

<< Previous

Back To Admission Module

Next Steps

- Looking for volunteer agencies to provide feedback on “new” NJSAMS
- Contact Suzanne Borys at suzanne.borys@dhs.state.nj.us

Questions?