

IN CONSUMER SERVICES REVIEW PROFILE - ADULT

1. GENERAL REVIEW INFORMATION

0. Record Number: _____
1. Person's Name: _____
2. County: _____
- Provider: _____
3. Counselor/Caseworker: _____
- Agency: _____
4. Review Date: ____/____/____
5. Reviewer: _____ Shadow: _____
6. Number of persons interviewed:

2. LIVING ARRANGEMENT

7. Living arrangement (*check only one*)
- Own/personal home
- Kinship/relative home
- Friend's home
- Adult boarding home
- Supported living
- Independent living program
- Group home
- Detention/Jail
- Hospital/MHI
- Residential treatment center
- Substance abuse treatment facility
- Adult correction facility
- Homeless/shelter
- Other: _____

3. CO-OCCURRING CONDITIONS

- Identify the co-occurring conditions (*check all that apply*):
8. Mood Disorder
9. Anxiety Disorder
10. PTSD/Complex Trauma Disorder
11. Thought Disorder/Psychosis
12. ADD
13. Substance Abuse/Dependence
14. Personality Disorder
15. Learning Disorder
16. Autism
17. Mental Retardation:
 mild moderate
 severe profound
18. Other Develop. Disability: _____
19. Medical Problem: _____
20. Other: _____
21. None

4. DEMOGRAPHIC AND SERVICE INFORMATION

22. Person's Age
- 18 - 29 yrs
- 30 - 49 yrs
- 50 - 69 yrs
- 70+ yrs
23. Person's Gender
- Male
- Female
24. Person's Ethnicity
- Euro-American
- African-American
- Latino-American
- American Indian
- Asian-American
- Pacific Is. America
- Other: _____
25. Case Open
- 0 - 3 mos.
- 4 - 6 mos.
- 7 - 9 mo.
- 10 - 12 mos
- 13 - 18 mos
- 19 - 36 mos
- 37+ mos.
26. Placement Changes (*past 12 months*)
- None
- 1-2 placements
- 3-5 placements
- 6-9 placements
- 10+ placement
27. Referral Source
- Court DOC
- DCS Self-referral
- Primary care physician
- Family/significant othe
- Other: _____
28. ACT Team Participation
- Yes No

29. ANSA: Date: ____/____/____
0. No Treatment Recommended
1. Prevention/Recovery
2. Outpatient
3. Supportive Community Based Services
4. Intensive Community Based Treatment & Support
5. Assertive Community Treatment (ACT)
- 29A. Do current services received match ANSA Level of Care? Yes No

5. DEMOGRAPHIC AND SERVICE INFORMATION

30. Primary Language Spoken at Home:
- English Other: _____
- Spanish
31. Primary Daytime Activities: (*check all that apply*)
- Adult Ed./GED Volunteer job Partial hosp. program
- Voc. training/VR Sheltered job Psycho-social rehab.
- Comm. college Support. employ. Day treatment/activity prog.
- Vista/Job Corps Compet. employ. Keeping house
- Club house Street life Jail activities
- Parenting children Other: _____
32. Months with Current Provider: (*check only one item*)
- 0 - 3 mos. 10 - 12 mos. 19 - 36 mos.
- 4 - 6 mos. 13 - 18 mos. 37+ mos.
- 7 - 9 mos.
33. Number of Psychotropic Medications Prescribed: (*check only one item*)
- No psych meds 2 psych meds 4 psych meds
- 1 psych med 3 psych meds 5+ psych meds
34. Emergency (1-hour) & Urgent (24-hour) Responses in Past 30 Days:
- | No. of Emergency Responses | No. of Urgent Responses |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> 1-2 | <input type="checkbox"/> 1-2 |
| <input type="checkbox"/> 3-5 | <input type="checkbox"/> 3-5 |
| <input type="checkbox"/> 6-9 | <input type="checkbox"/> 6-9 |
| <input type="checkbox"/> 10-19 | <input type="checkbox"/> 10-19 |
| <input type="checkbox"/> 20+ | <input type="checkbox"/> 20+ |

6. DEMOGRAPHIC AND SERVICE INFORMATION

- Special Procedures Used in Past 30 Days: (*check all that apply*)
35. Voluntary Time Out
36. Loss of Privileges via a Point & Level System
37. Disciplinary Consequences for Rule Violation
38. Room Restriction
39. Exclusionary Time Out
40. Seclusion/Locked Room
41. Take-Down Procedure
42. Physical Restraint (hold, 4-point, cuffs)
43. Emergency Medications
44. Medical Restraints
45. 911 Emergency Call: EMS
46. 911 Emergency Call: Police
47. Other: _____
48. NONE
49. Residential Placement in past 30 days, if different from current placement: (*check only one*)
- Kinship/Relative Home
- Adult Boarding Home
- Supported Living Program
- Independent Living Program
- Group Home
- Residential Treatment Center
- Hospital/Institution
- Adult Correctional Facility/Jail
- Not Applicable
- Other: _____

7. LENGTH OF TIME IN CURRENT LIVING ARRANGEMENT

50. Months in Current Living Arrangement: (*check only one item*)
- 0 - 3 mos. 10 - 12 mos. 19 - 36 mos.
- 4 - 6 mos. 13 - 18 mos. 37+ mos.
- 7 - 9 mos.

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8. RECENT LIFE CHALLENGES

51. Life Challenges Experienced by the Person: (check all that apply)

- Person has **limited cognitive abilities** (mental retardation, traumatic brain injury)
- Person has a **serious mental illness** (depression, bi-polar, schizophrenia)
- Person has **substance abuse impairment** or **serious addiction w/ frequent relapses**
- Person experiences **domestic violence** (repeated pattern, serious injuries)
- Person has a **serious physical illness** or **disabling physical condition**
- Person has a pattern of **unlawful behavior** or **is incarcerated**
- Person experiences **adverse effects of poverty** (unemployment, homelessness, etc.)
- Person experiences **extraordinary care burdens** in the home/can't meet family needs
- Person experiences **cultural/language barriers** that limit access to essential services
- Person is **undocumented** and unable to meet family needs due to legal barriers
- Person is a **parent** (minor children) in need of skills and capacities for child rearing
- Person experienced a **recent life disruption**/homelessness due to a **natural disaster**
- Other: _____

10. CASE MANAGER/CARE COORDINATOR INFORMATION

This section is either completed by the person's case manager or care coordinator or completed by another person who is describing the person's case manager or care coordinator.

53. Person's Job Title or Functional Description: (check only one item)

- Case manager Care coordinator Therapist
- Nurse Mentor Tracker
- Other: _____

54. Length of Time the Case Manager or Care Coordinator has been Employed by

Current Agency: (check only one item)

- < 1 month 4-6 months 13-24 months 37-60 months
- 1-3 months 7-12 months 25-36 months > 60 months

55. Length of Time the Case Manager or Care Coordinator has been Assigned to this

Position: (check only one item)

- < 1 month 4-6 months 13-24 months 37-60 months
- 1-3 months 7-12 months 25-36 months > 60 months

56. Length of Time the Case Manager or Care Coordinator has been Assigned to This

Person: (check only one item)

- < 1 month 4-6 months 13-24 months 37-60 months
- 1-3 months 7-12 months 25-36 months > 60 months

57. Current Caseload Size of Current Case Manager or Care Coordinator: (check only one item)

- < 10 cases 16-20 cases 31-40 cases 51-60 cases
- 10-15 cases 21-30 cases 41-50 cases > 60 cases

58. Barriers Affecting Case Management or Services: (check all that apply)

- Caseload size Billing requirmts/limits Driving time to services
- Eligibility/access denial Case complexity Culture/language barriers
- Adeq. family support Treatment compliance Refusal of treatment
- Adeq. team participation Team member follow-thru Family instability/moves
- Life disruptions Acute care hospitalization Arrest/ detention of person
- Other: _____

9. GLOBAL ASSESSMENT OF FUNCTIONING

Level 52. Global Level of Functioning (GAF Score Intervals)

(check the one level that best describes the person's global level of functioning today).

- 100 Superior functioning** in all areas (at home, at school/work, with peers, in the community); involved in a wide range of activities and has many interests (e.g., has hobbies, participates in extracurricular activities, belongs to an organized group); likable, confident; "everyday" worries never get out of hand; doing well in daily activities; getting along with others; behaving appropriately; no symptoms.
- 90 Good functioning** in all areas: secure in family, in school/work, and with peers; there may be transient difficulties but "everyday" worries never get out of hand (e.g., mild anxiety about an important life event; occasional "blow-ups" with friends, family, or peers).
- 80 No more than slight impairment in functioning** at home, at school/work, with peers, and in the community; some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separation, death, birth of a child, loss of job), but these are brief and interference with functioning is transient; such persons are only minimally disturbing to others and are not considered deviant by those who know them.
- 70 Some difficulty in a single area, but generally functioning pretty well** (e.g., sporadic or isolated antisocial acts, such as occasionally smoking pot or minor difficulties with rule/law breaking; mood changes of brief duration; fears and anxieties that do not lead to gross avoidance behavior; self-doubts); has some meaningful interpersonal relationships; most people who do not know the person well would not consider him/her deviant but those who know him/her well might express concern.
- 60 Variable functioning with sporadic difficulties or symptoms in several but not all social areas**; disturbance would be apparent to those who encounter the person in a dysfunctional setting or time but not to those who see the person in other settings.
- 50 Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area**, such as might result from, for example, suicidal pre-occupations and ruminations, school/work refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, isolation, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
- 40 Major impairment in functioning in several areas and unable to function in one of these areas**; i.e., disturbed at home, at school/work, with peers, or in society at large; e.g., persistent aggression without clear instigation, markedly withdrawn and isolated behavior due to either thought or mood disturbance, suicidal attempts with clear lethal intent; such persons are likely to require intensive supports and/or hospitalization (but this alone is not a sufficient criterion for inclusion in this category).
- 30 Unable to function in almost all areas**, e.g., stays at home, in a ward, or in a bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (e.g., sometimes incoherent or inappropriate).
- 20 Needs considerable supervision to prevent hurting self or others** (e.g., frequently violent, repeated suicide attempts, self-injurious behavior), failure to maintain self-care routines, refusal to eat or maintain one's health, or gross impairment in all forms of communication (e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, isolation).
- 10 Needs constant supervision (24-hour care)** due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or self-care.
- 0 Inadequate information.**

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11. PERSON'S STATUS INDICATORS

INDICATOR ZONES	IMPROVE		REFINE		MAINTAIN		NA
	1	2	3	4	5	6	
<u>Community Living</u>							
1a. Safety of the person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1b. Safety of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2a. Income: adequacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2b. Income: control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Living arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4a. Social network: composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4b. Social network: recovery support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5a. Satisfaction: person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Satisfaction: caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Physical/emotional Status</u>							
6. Health/Physical well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Mental health status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Meaningful Life Activities</u>							
9. Voice & role in decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Education/career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Recovery activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL STATUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12. PERSON'S PROGRESS PATTERN

Progress Indicator	Improve		Refine		Maint.		NA
	1	2	3	4	5	6	
CHANGE OVER TIME							
1. Psychiatric symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Substance use pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Education/work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Recovery goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Risk reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Successful life adjustments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Improved social integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Meaningful personal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL PROGRESS PATTERN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13. SYSTEM/PRACTICE PERFORMANCE [90-DAY PATTERN]

INDICATOR ZONES	IMPROVE		REFINE		MAINTAIN		NA
	1	2	3	4	5	6	
<u>Planning Treatment & Support</u>							
1. Engagement of the person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2a. Teamwork: formation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2b. Teamwork: functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Assessment & understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Personal recovery goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Recovery planning							
a. symptom/SA reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. recovery relapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. income/benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. sustainable living supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. social integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. transitions/adjustments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Providing Treatment & Support</u>							
6a. Resources: CMHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6b. Resources: Non-CMHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Intervention adequacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Urgent response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Seclusion/restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Supports for community integra.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Managing Treatment & Support</u>							
12. Service coordination & continuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Recovery plan adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Culturally appropriate practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL PRACTICE PERFORM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. SIX-MONTH PROGNOSIS

Based on the person's current status on key indicators, recent progress, the current level of service system performance, and events expected to occur over the next six months, is this person's status expected to improve, remain about the same, or decline or deteriorate in the next six months? (*check only one*)

- Improve status [or maintain at a high status level]**
- Continue at the current status level [remain status quo]**
- Decline/deteriorate to a lower status level**