

Adult Comprehensive Assessment

The Adult Comprehensive Assessment provides a standard format to assess mental health, substance use and functional needs of persons served. This Assessment provides a summary of assessed needs that serve as the basis of Goals and Objectives in the Individualized Action Plan. Some of the sections of the Adult Comprehensive Assessment may be completed by the person served prior to the initial intake evaluation. It is at the discretion of each individual agency whether they choose to incorporate this process into the intake evaluation or not.

If needed, agencies should use their own Functional Assessment to assess any needs that are not addressed in the MSDP Adult Comprehensive Assessment.

Data Field	Identifying Information
Person's Name	Record the first name, last name, and middle initial of the person being served. Order of name is at agency discretion.
Record Number	Record your agency's established identification number for the person.
Date of Admission	Record the date of admission per agency policy (this should be the first service date for this service episode).
Organization Name	Record the organization for whom you are delivering the service.
DOB	Record the person's date of birth
Gender	Indicate person's gender by checking the appropriate box. If check "Transgender" box, also complete box of current gender designation for insurance purposes.
Data Field	Presenting Concerns
Referral Source and Reason for Referral	Document the referral source and reason the person was referred for services, from the person's and the referent's point of view.
What Occurred to Cause the Person to Seek Services Now (Note Symptoms, Behavioral and Functioning Needs)	Record (in person's own words) precipitating factors as reported by the person served or others that has led up to the event that caused the person to seek services. Record troublesome symptoms, behaviors and/or problems affecting day-to-day functioning, relationships and work, as reported by the person served. Examples: If the occurrence was loosing a job, factors would include: "Feeling like I have no energy at work, snapping at my boss and co-workers, and coming in late due to not being able to get up in the morning." If the occurrence was hospitalized due to feeling suicidal, factors would include: "Suicidal feelings have been that way for 5 days, broke up with my abusive boyfriend two weeks ago, have cut self in past, and I was drinking when I cut myself this time."
Data Field	Living Situation
What is the person's current living situation	Check the box (or boxes) to indicate what the person's current living situation is. You are not required to check off one box under each category (i.e., person's home, residential care/treatment facility, other). For example, if the person lives in supportive housing, check off that box and move to the next question. If applicable, you may check off more than one box (see example given below for Residential Care/Treatment Facility).
Person's Home	Check if person served currently rents or owns his/her home. If person does not currently reside in independent housing, leave blank and complete the next section.
Residential Care/Treatment Facility	Check if person served is in one of these living situations. If person owns or rents an independent living situation but currently resides in residential care or a treatment facility, complete this and the previous section.
Other	Check appropriate current living situation if not already noted above.
Contact name and phone number	If a situation in <i>other</i> is checked, note here the contact name and phone number of the person/facility with whom the person served is living.
At Risk of Losing Current Housing	Check <i>yes</i> or <i>no</i> . If yes, provide comments that illustrate the situation.
Satisfied with Current Living Situation	Check <i>yes</i> or <i>no</i> . If yes, provide comments that illustrate the situation.
Comments	Add comments about the person's current living situation as necessary.

Data Field	Family and Social Support History
Family History and Relationships	Record details of what the person/guardian/parent and the interviewer identify as important facts regarding the person's family history and family relationships. Examples: Sarah is very close with her mother and father; Frank is not on speaking terms with his brothers and sisters; family moved 12 times in twelve years; family suffered three deaths in two years; family had a household fire in 1998; family never received child support from non-custodial parent; family never received visitation from non-custodial parent; family split up after parents' death in 1999; children placed in foster care.
Pertinent Family Medical, MH and SU History	Include any identified family history of medical, psychiatric or substance use disorders. Example: Mother treated for depression. Family history of heart disease and diabetes.
Parental/Familial Obligations	Record any parental or family obligations of the person served. Example: Jane has sole physical custody of her two children. She also takes care of her elderly parents, with whom she lives.
Developmental History and Status	Record specific and pertinent physical developmental history you think may have an impact upon the current functioning of the person and its effect on the treatments and supports likely to be employed. Include speech/language, sensory/motor and cognitive deficits. Be sure to include any head injuries. Refer to Piaget's developmental stages for background. Examples: Mother's use of alcohol while pregnant resulted Fetal Alcohol Syndrome; failure to thrive conditions of child after birth resulted in cognitive deficits; birth defects if relevant to treatment; mother's labor complications; diseases related to physical development; family genetic history that affects the person served; impact of mother's malnourishment during pregnancy on person served; injuries to the person served during childhood that lead to cognitive difficulties; person sustained multiple concussions during childhood as result of physical abuse and now suffers the effects of brain damage.
Friendship/Social/Peer Support Relationships	Describe the person's relationships with friends and other sources of social support. Describe social skills and limitations including difficulties the person may experience in his/her relationships with others.
Meaningful Activities (Community Involvement, Volunteer Activities, Leisure/Recreation, Other Interests)	Record the types of activities the person participates in on a regular basis. Meaningful means the person finds value and importance in the activity. Meaningful activity is determined by the person, but it is up to the interviewer to explore how the person is or has been involved in any volunteer, work, educational or other activities. In addition, record meaningful activities and recreational outlets used by the person. Examples: Joe works as a volunteer at the drop-in center; Brian does the grocery shopping for his mom; Shikera works part time at a local nursing home as a housekeeper; Darcy volunteers at the library returning books to shelves; Mohammed meets a group of friends every morning for coffee; Duc and best friend go out to movies every Friday; Agnes goes to church every Sunday and assists with Sunday school, Henry surfs the Internet several hours per day to connect with other car enthusiasts.
Community Supports/Self-Help Groups (AA, NA, SMART, NAMI, Peer Support, etc.)	Record the supports the person currently receives from his/her community or from self-help groups. Include a description of the support(s) being received. For example, if the person is receiving support from the Department of Social Services, explain what types of services DSS is providing. Example: Department of Social Services, Department of Youth Services, Visiting Nurses Association, Meals on Wheels; church social or support groups; drop in center involvement; self-help groups such as Peer Support, Overeaters Anonymous, AA, NA, Sex Addicts Anonymous.
Religion/Spirituality	Record religious and/or spiritual issues important to the person and that may impact his/her mental health and/or substance use treatment and support needs. Spirituality may encompass belief in a "higher power" or connection to some other entity that helps him/her feel a sense of significance, peace, or belonging without religious rituals. Include belief systems about an afterlife, reincarnation, or basic assumptions about mankind or creationism. Describe how person served uses religion in his/her day-to-day life. Example: Sam reports prayer helps him cope with stress and adversity. Example of types of Religion: Catholic, Protestant, Jewish, Muslim, Wiccan, Jehovah Witness, Buddhist. Example Spirituality: Juan's values and beliefs are not connected to an organized religion but he enjoys feeling connected to the natural environment.

Cultural/Ethnic Information	<p>Record cultural and ethnic issues considered important to the person and/or family and are pertinent to mental health and/or substance use treatment and support needs. Identify issues necessary to address to provide culturally competent treatment and support to the person. Also, note any relevant issues relating to immigrant status and/or assimilation into American culture.</p> <p>Examples: Family does not know that Jim is seeking help; he believes they would be non-supportive because in his ethnic community no one seeks help outside of the family. Ting states that her family is very close and that she expects they will be very supportive. Sarah strongly identifies as a Latino and is closely affiliated with the Latino community in her neighborhood.</p>
Sexual History/Concerns	<p>Record pertinent sexual history information identified by the person, parent/guardian or interviewer. Address topics such as concerns/questions about sexual orientation or gender identity; age of first sexual encounter; number and history of sexual partners; fetish behavior; other behavior interviewer may consider relevant based upon training or agency policies.</p>
Limitations of Activities of Daily Living	<p>Record limitations of activities of daily living that may be the result of the person's mental illness.</p> <p>Examples: Jolene needs daily reminders about ADL's and therefore resides in a group home; Shara has difficulty managing money and has a Representative Payee.</p>
Data Field	Legal Status and Legal Involvement and History
Does person served have a Legal Guardian, Rep Payee, or Conservatorship?	Check the appropriate box. If yes, complete the Legal Status Addendum.
Is there a need for a Legal Guardian, Rep Payee, or Conservatorship? Explain.	Note if assessment data indicates possible need for a Legal Guardian, Rep Payee, or Conservatorship by checking the appropriate box. Provide comments regarding the need, if appropriate.
Does the person have a history of, or current involvement with the legal system (i.e., legal charges)?	Check the appropriate box. If yes, complete the Legal Involvement and History Addendum
Data Field	Education
Education History	Check all boxes that apply which are pertinent to person's education. Indicate the highest grade completed.
Person's Preferred Learning Style(s)	Check all boxes that apply, or indicate "other" and comment on how the person best learns new information.
Further Education assessment needed?	Check the appropriate box. If yes, complete the Education Addendum.
Data Field	Employment
Employment Status/Interests	Check all boxes that apply. Comment on any specific issues/skills identified.
Educational/Vocational training needs	Document the person's training needs, if any.
Summary of past and present positions and skills	Summarize the person's past and present positions and skills. If the person has never worked, check the appropriate box. Example: Joe's last job was at the town library, where he helped sort books for re-shelving. Prior to that, Joe worked at the local grocery store. His responsibilities included bagging groceries and restocking the shelves when needed. He likes to organize things and establishing order, so both of these positions were well suited to his skills and interests.

Income/Financial Support	Check all boxes that apply to record the person's income/financial support situation. Provide comments where indicated/applicable.
Further employment assessment needed?	Check the appropriate box. If yes, complete the Employment Addendum.
Data Field	Military Service
None Reported	If person reports no military service history, check None Reported and skip to next section.
Military Experience	Check the appropriate box.
Date of Discharge	Document the date the person was discharged from service.
Type of Discharge	Check the box that applies and comment on reason(s) for Conditional or Dishonorable discharge.
Further Military Service assessment needed?	Check the appropriate box. If yes, complete the Military Service Addendum.
Data Field	Substance Use/Addictive Behavior History
Does person report a history of, or current, substance use/addictive behavior concerns?	At a minimum, a basic screening instrument (e.g. CAGE, MAST, DAST) should be employed in addition to person's self report and information available from other sources. It is up to the individual agencies as to which screening instrument to use. If there are no substantial indications for substance use or addiction problems past or present check <i>No</i> and skip to the next section. If yes, complete the Substance Use/Addictive Behavior History Addendum.
Data Field	Mental Health Service History
None Reported	If None Reported, skip to the Health Summary section
Mental Health Treatment	Check all boxes that apply.
Type of Service	Record the type of service received; be as specific as possible. Examples: Inpatient, PHP, Outpatient Group.
Dates of Service	Record the approximate date range of service.
Reason	Record the reason that person received treatment. Example: Depression
Name of Provider / Agency	Record the name of the provider and/or agency.
Completed?	Check if person completed the originally planned service. Example: Check <u>No</u> if person discharged himself against doctor's orders.
Was treatment helpful?	Indicate if treatment was helpful and explain why the person thinks it was or was not helpful.
Past/Current Diagnoses	Record all past/current psychiatric diagnoses known by the person, significant others, former clinician(s) or identified in former records. This is not an attempt to formulate a diagnosis, only information gathering. Identify the source(s) of the information.
Source(s) of Information:	Indicate the where information on the person's mental health service history came from by checking the appropriate box(es).
Data Field	Medication Information (Include All Non-Psych Meds/Prescription/OTC, Herbal)
Medication	Record past and current psychiatric and non-psychiatric medications, prescribed by a licensed prescriber or self-prescribed, as well as over the counter and/or herbal medications and supplements. The information should be captured even if the person does not know the name of the medication. If this is the case, in the Medication column list "unknown" and then list all other information the person remembers. This is especially important for current medications that the person is taking.
None Reported	If None Reported, skip to the next question.
Rationale/Condition	Indicate the symptoms or diseases for which the medication was/is used.
Dosage / Route / Frequency	Record the dosage, route, and frequency for each medication taken by the person. It is suggested that dosage be recorded as unit/time of day. Example: 50 mg by mouth @ 8 AM, 3 PM and 10 PM.
Reported Side-effects	Record any reported side-effects. Document the degree of distress the person experienced or experiences due to each side-effect.
Adherence (WA = With Assistance)	Check the box that best indicates if the person takes the medication as prescribed or suggested, or if the person needs assistance to adhere to the medication regimen.

Prescriber	Record the name of the physician or other licensed prescriber who prescribed the listed medication.
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Comments on Medications	Note which medications have been tried in the past indicating which ones have worked well or not. Record relevant comments, including reasons for discontinuation of the medication, why person doesn't take meds as prescribed, side-effects and any specific medications the person would like to avoid taking in the future.
Data Field	Health Summary (or Refer to Attached Physical Health Assessment)
Allergies	List all known food, medication and environmental allergies for the person. Note drug sensitivities. If no allergies/drug sensitivities are known, check <i>No known allergies</i> and skip to next section.
Physical Health Summary	Summarize physical health history including chronic conditions, current physical complaints or dental issues that may interfere with the person's functioning or ability to attend and benefit from treatment. If there are significant health issues, check <i>Refer to Attached Physical Health Assessment</i> and complete or include that document to provide necessary details.
Advanced Directive	Note here if the person served had any Advanced Directives in place and if yes, choose which type(s). If there are no Advanced Directives currently in place, note if the person desires to establish Advanced Directives and then refer to the agency's procedure for completion.
Primary Care Provider (PCP) and Dentist Name and Credentials	Record the person's PCP and dentist's names and credentials. The PCP may be a RNP, Pediatrician or PCP but must be the medical professional primarily in charge of the person's overall physical health care.
Address	Record the person's PCP's and Dentist's address.
Tel Number	Record the person's PCP's and Dentist's telephone number(s).
Fax	Record the person's PCP's and Dentist's fax number(s).
Date of Last Exam	Record the date the person last received a physical and dental exam (approximate if necessary).
Specialist(s) Name and Credentials	Record the person's specialist providers, if applicable.
Not Applicable	Check NA if the person does not see a specialist.
Address	Record the person's specialist's address.
Tel Number	Record the person's specialist's telephone number(s).
Fax	Record the person's specialist's fax number(s).
Date of Last Exam	Record the date the person last received an exam by his/her specialist's (approximate if necessary).
Data Field	Trauma History
Does person report a history of trauma?	Check the appropriate box. If yes, complete the Trauma History Addendum.
Does person report history/current family/significant other, household, and/or environmental violence, abuse or neglect or exploitation?	Check the appropriate box. If yes, complete the Trauma History Addendum.
Data Field	Mental Status Exam
Mental Status Examination	Avoid judgmental perceptions. Take into account cultural differences. Think of creating a picture of the person served so that anyone reading the results of the exam would be able to clearly perceive the person just as you do. Assessment items are "in the moment", in other words as the person presents to you at the present time. There are other sections of the assessment form that address

	historical information.
Appearance	Check appropriate boxes to describe physical appearance, taking into account culture and age of person.
Eye Contact	Check boxes that apply.
Build	Check boxes that apply.
Posture	Check boxes that apply.
Body Movement	Check boxes that apply.
Behavior	Check boxes that apply.
Speech	Check boxes that apply.
Emotional State-Mood	Sustained internal emotional state of a person. This describes the typical, more consistent emotional state of the person. Examples: Typical Mood is balanced and WNL; Mood is typically subdued; Mood is typically anxious and irritable. Check boxes that apply.
Emotional State-Affect	External expression of present emotional content. This describes the emotional state presently observed or described. Examples: Person describes inability to sleep through the night (sleep disturbance), loss of appetite (appetite disturbance), irritability over the past three weeks; Person appears somewhat elated (inappropriate), describes lack of fatigue although has not slept for three nights (sleep disturbance). Check boxes that apply.
<input type="checkbox"/> Constricted	Feelings demonstrated are subdued and do not appear to present the full range usually seen in people of this culture (cultural expectations are vital considerations in this area).
<input type="checkbox"/> Flat	No feeling states are demonstrated.
<input type="checkbox"/> Inappropriate	Demonstrated feelings do not match with subject discussed (e.g. laughing while discussing a trauma experience).
<input type="checkbox"/> Changeable	Demonstrated feelings shift rapidly from one state to another. Called changeable on the form.
<input type="checkbox"/> Full Range	Demonstrates a full range of feelings.
<input type="checkbox"/> Panic attacks or symptoms	Person describes recent anxiety/panic symptoms including: shortness of breath, rapid breathing/hyperventilating, extreme discomfort with crowds or open places, sweatiness or dizziness.
<input type="checkbox"/> Sleep disturbance	Person describes recent difficulties sleeping including generally reduced or increased sleep, difficulties falling asleep (longer than 1 hour), and difficulties remaining asleep, early morning awakening or no perceived need for sleep for longer than a day.
<input type="checkbox"/> Appetite disturbance	Person describes marked changes in appetite including but not limited to incessant hunger or lack of hunger for more than 1-2 days.
Facial Expression	Check boxes that apply.
Perception	
<input type="checkbox"/> WNL	If there are no perceptual disturbances, check here
<input type="checkbox"/> Illusions	A misperception or misinterpretation of a real external stimulus, such as hearing the rustling of leaves as the sound of voices.
<input type="checkbox"/> Depersonalization	An alteration in the perception or experience of the self. The person will describe feeling as though he/she is "not really there", detached from or feeling as though he/she is an outside observer to his/herself or as if in a dream.
<input type="checkbox"/> De-realization	An alteration in the perception or experience of the external world so that it seems strange or unreal (e.g., people may seem unfamiliar or mechanical).
<input type="checkbox"/> Re-experiencing	Re-experiencing is the recurrence or reliving of a past experience.
Hallucinations	Hallucinations are perceptions with a compelling sense of reality but occurs in the absence of stimuli. Hallucinations should be distinguished from illusions, in which an actual external stimulus is misperceived or misinterpreted. The person may or may not have insight into the fact that he or she is having a hallucination.
<input type="checkbox"/> Auditory	Usually described as voices. To assess, ask the individual, "Do you ever hear anyone talking but cannot tell where the voice is coming from?" If they answer yes, ask if he/she can tell what the voice is saying and he/she can identify the voice.
<input type="checkbox"/> Visual	Visual hallucinations are usually only experienced by individuals who have ingested an illicit drug or drug overdose, or someone who has experienced a head injury. It is important to ask the person served to describe the visual hallucination and under what circumstances it occurs.
<input type="checkbox"/> Olfactory	A hallucination involving the perception of odor, such as of burning rubber or decaying fish. This is usually a symptom of a neurological disorder or brain injury.
<input type="checkbox"/> Gustatory	A hallucination involving the perception of taste (usually unpleasant). This is usually a symptom of a neurological disorder or brain injury.
<input type="checkbox"/> Tactile	A hallucination involving the perception of being touched or of something being under one's skin. This is more typical in substance dependent individuals (especially

	alcoholics) who are detoxifying. The most common tactile hallucination is the feeling that bugs are crawling under the skin.
___ Command**	Command hallucinations are voices telling someone to do something dangerous or harmful (e.g. "kill him").
Thought Content	
Delusions	Beliefs in things that are not true (e.g. "Aliens have planted a sensor in my head").
___ None reported	No observable evidence of delusions or delusions are denied.
___ Grandiose	Thoughts of exaggerated and somewhat improbable status or success: "Mattel is going to buy my game and I'll make millions."
___ Persecutory	"People are trying to kill me."
___ Somatic	Physical complaints in the absence of any real cause. Fear that stomach pains are cancer even after a doctor has examined him/her and found no health problem.
___ Illogical	"My neighbors are throwing away babies in the trash. I can hear them at night."
___ Chaotic	"The world is going to end on New Year's Day."
___ Religious	"I am the second coming."
Other Content	
___ Preoccupied	Person appears to be lost in thought, engrossed or absorbed to such a degree that communication with others is compromised.
___ Obsessional	Persistent and disturbing intrusive thoughts, ideas or feelings.
___ Guarded	Statements, ideas, responses are brief and person appears reluctant to provide details or information.
___ Phobic	Exaggerated fear inexplicable to the person (e.g. airplane flight, spiders, heights).
___ Suspicious	Inclined to suspect, especially inclined to suspect evil; distrustful
___ Guilty	Focused on unrealistic self-blame.
___ Thought broadcasting	"I can make those people think what I am thinking."
___ Thought insertion	"Those people are sending their ideas to me."
___ Ideas of reference	"Those people standing together over there are talking about me."
Self Abuse Thoughts	Take care to differentiate between thoughts of self abuse/self harm behaviors and suicidal actions.
___ None reported	No acknowledgment or evidence of thoughts of self harm behaviors.
___ Cutting**	Thoughts of any type of scratching or cutting that draws blood or damages the skin or a body part
___ Burning**	Thoughts of putting hot objects, including open flames in contact with any part of the body so as to damage the skin or a body part.
___ Other self mutilation**	Thoughts of pulling out hair, damaging eyes , etc.
Suicidal Thoughts	
___ None reported	Person denies thoughts of taking his or her life.
___ Passive Suicidal Ideation**	Person admits to passively thinking about taking his or her life but does not intend to take action on those thoughts.
___ Intent**	Person admits to seriously considering taking his or her life. This goes beyond feelings of hopelessness or frustration.
___ Plan**	Person describes a viable, actual plan to take his or her life.
___ Means**	Person has in his/her possession the object or objects necessary to complete his/her plan (e.g. stock-pile of pills, gun).
Aggressive Thoughts	
___ None reported	Person denies thoughts of harming another person.
___ Intent**	Person admits to seriously considering harming another person. This goes beyond feelings of anger or frustration.
___ Plan**	Person describes a viable, actual plan to harm another person.

___Means**	Person has in his/her possession the object or objects necessary to complete his/her plan (e.g. knife, gun).
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Thought Process	
___WNL	Within Normal Limits) - Thoughts are clear, logical and easily understood.
___Incoherent	Thoughts, words or phrases are joined together without a logical or meaningful connection or relevance, and are not understandable despite repeated attempts to explain.
___Circumstantial	Pattern of speech in which the person is not able to respond directly to a question but will provide a lot of related information.
___Decreased thought flow	Responses and statements are slow and have a paucity of details.
___Blocked	The person has consistent difficulty responding to questions. Answers or statements are either very brief and appear difficult to produce or there are no responses at all.
___Flight of ideas	A nearly continuous flow of accelerated speech with abrupt changes from topic to topic that are usually based on understandable associations, distracting stimuli, or plays on words. When severe, speech may be disorganized and incoherent.
___Loose	A disturbance of thinking shown by speech in which ideas shift from one subject to another that is unrelated or minimally related to the first. The speaker gives no indication of being aware of the disconnectedness, contradictions, or illogicality of speech. To assess for loose thinking, ask the person to explain a proverb. For example, "People who live in glass houses shouldn't throw stones". An example of loose thinking would be: "If you don't punch holes in the top, everyone dies."
___Racing	Demonstrates rapid thinking that is not necessarily bizarre or unusual but thought production is faster than most people typically demonstrate.
___Increased thought flow	Responses and statements are rapid and rich with detail.
___Concrete	To assess for concrete thinking, ask the person to explain a proverb. For example, "People who live in glass houses shouldn't throw stones". An example of concrete thinking would be: "Rocks break glass."
___Tangential	A question or statement will prompt a response that begins with one subject and ends with an entirely different subject only vaguely related to the first subject, if at all.
Intellectual Functioning	
___WNL	No apparent deficits in intellectual functioning.
___Lessened fund of common knowledge	Ask: "Who is the President of the United States?" "Who was President before him or her?"
___Short attention span	Person demonstrates difficulty staying on topic or attending to a task.
___Impaired concentration	Person is distracted from basic tasks
___Impaired calculation ability	Ask the person to count backwards from 100 by 7's.
Intelligence Estimate	This can be an estimate only in the absence of any accepted intelligence tests or information from other sources. Keep in mind that some psychiatric disorders (depression) can negatively impact IQ scores. Intelligence is generally accepted to be a person's capacity to absorb information and solve problems.
___MR	IQ under 70 on the Wechsler scale.
___Borderline	IQ from 70-79 on the Wechsler scale.
___Average	IQ from 90-109 on the Wechsler scale. (80-89 is considered "low average").
___Above average	IQ above 110 on the Wechsler scale.
___No formal testing	Note if there is no record of formal testing of intellectual functioning (e.g. MMPI)
Orientation	
___WNL	Check here if the person can correctly respond to the following questions about person, time and place.
Disoriented to:	
___Person	Does the person know his/her correct name, age and some facts about his/her life.
___Time	Does the person know what time and day it is (within a few hours and days).

___Place	Does the person know where he or she is?
Memory	
___WNL	Check here if the following three areas are responded to sufficiently.
Impaired:	
___Immediate recall	At the beginning of the assessment interview, tell the person you are going to state three objects that you will ask him or her to recall later in the interview. Use three basic objects such as tree, car and floor. After 10-15 minutes, ask the person to tell you what the three items were that you asked him/her to remember from the beginning of the interview.
___Recent memory	Can the person tell you what they had for breakfast or what he/she did first thing this morning?
___Remote memory	Can the person describe events from his/her childhood or in the past?
Insight	Check the most appropriate description of the person's current functioning.
Judgment	
___WNL	Decision making abilities appear intact and sufficient for day-to-day functioning.
Impaired ability to make reasonable decisions	Utilize scenarios to assess: If you were in a crowded movie theatre and noticed there was a fire off to the side in a hallway, what would you do? If you found a fully addressed and stamped envelope on the sidewalk, what would you do?
___Some	
___Severe**	
Past attempts to Harm to Self or Others	Check the all boxes that apply and comment on all past attempts.
Comments	Add any necessary comments about findings from the MSE.
**	Checking any item with ** requires an immediate risk and/or lethality assessment.
Data Field	Assessed Needs Checklist Including Functional Domains
Check all Current Need Areas	Current Need Areas will be based on the assessment. Check all current need areas for the person. Each <i>Assessed Needs Area</i> addressed will tie directly to the Individualized Action Plan and constitutes the beginning of the order for treatment. <i>Need Areas</i> should be determined based on assessment areas above with emphasis on those areas that interfere with or prevent assumption or continuation of the person's self-determined valued life roles in the areas of Activities of Daily Living, Addictive Behaviors, Behavior Management, Family and Social Support, Mental Health/ Illness Management, Physical Health, Risk/Safety and Other.
As Evidenced by	Indicate the behavioral and other evidence, based on the assessments completed above, that support listing the area as an assessed need area.
Person Served Desires Change Now?	Check the box that applies. This section will be used to generate the Prioritized Assessed Needs.
Data Field	Person's Served Strengths/Abilities/Resiliency (Skills, Talents, Interests, Aspirations, Protective Factors)
Personal Qualities	Describe the personal qualities (strengths/capabilities), as identified by the client and the clinician, that can be put into service toward achievement of the person's goals. Examples: Intelligence, sense of humor, determination, self-knowledge, collaborative, emotional intelligence, etc.
Daily Living Situation	Describe the person's strengths and capabilities regarding his/her daily living situation. Record the community resources available to the person. Example: Peter is able to do his grocery shopping by himself. He utilizes the bus schedule to get him to the store and back each week.
Financial	Describe the person's strengths and capabilities regarding his/her financial situation. Example: Barbara balances her checkbook on a monthly basis. She is able to hold her own money and deposit checks sent by her mother at the bank.
Employment/Education	Describe the person's strengths and capabilities regarding his/her employment/education situation. Example: Chris has a job at the local Whole

	Foods. He has been working there for 3 years. He works three mornings a week and has very good attendance and receives positive feedback from his supervisor and co-workers.
Health	Describe the person's strengths and capabilities regarding his/her health. Example: Jason has Type I diabetes. He has learned how to measure his own blood sugar and administer insulin shots when needed. He is also very conscious of his diet, eating lots of fruits and vegetables and minimizing his sugar intake.
Leisure/Recreational	Describe the person's strengths and capabilities regarding his/her leisure/recreational skills. Example: Josh enjoys playing the guitar. He spends many hours in his apartment learning new songs and participates in the open Music Jam at the local church once a month.
Spirituality/Culture/Religion	Describe the person's strengths and capabilities regarding his/her spirituality, culture and/or religion. Example: Marc's religion is a very important part of his life. He attends weekly services without fail. He states that spirituality is an important part of his recovery.
Data Field	Service Preferences
Service Preferences	It is important that the clinician engage in a meaningful recovery focused dialogue with the person (and/or primary support person) which allows the person (and/or primary support person) to express his/her desired treatment, support preferences and priorities. Record the prioritized service preferences for the full range of behavioral health and community-based rehabilitative services, and environmental support services available, as identified by the person (and others involved with the person) based on the areas covered in the Assessed Needs. Include the person's preferences to develop or have available additional natural and community supports, as a part of his/her Recovery Process. If applicable to the person, discuss peer support, family education, other support, housing, transportation, social opportunities, and community involvement. Identify available resources. Discuss the person's preferences for activities focused on reducing prejudice and discrimination against him/her and/or increasing his/her power and control over his/her life and future.
Data Field	Clinical Formulation - Interpretive Summary
This Clinical Summary is Based Upon Information Provided By	Check the box(es) that apply.
Interpretive Summary	Do not duplicate the information provided earlier in this document. Instead, provide a brief narrative summary and analysis that blends the findings and opinions of the interviewer(s) and the preferences of the person/family into a concise synthesis. Describe the origin of the presenting problem(s), severity and factors contributing to its continuation, where the problem occurs (home, work, in community) and whether it is short or long term. Describe the significance of the problem(s) in the person's cultural and developmental context. Summarize the person's motivation for treatment and support, readiness for change, potential barriers to change and preferred learning style(s). Finally, assess person's strengths and assets in the areas of personal qualities, daily living situation, financial assets and insurance coverage, work and education, social support, recreation/leisure skills, and spirituality/religion that can be leveraged to make progress toward the person's goals. Follow agency policies and procedures to determine who should complete the Interpretive Summary.
Data Field	Diagnosis
General Instructions: Diagnosis	This section is used to record all current diagnoses that will provide the documented support for the medical necessity of services that will be provided for the person. Diagnoses can be recorded in either ICD CM codes and narrative, or DSM codes and narrative. Check the applicable box at the top of the <i>Diagnosis</i> section to indicate if you are using ICD or DSM codes. ICD CM Codes: List codes in appropriate order using ICD coding conventions. Next to each code, complete a narrative description of the code from the ICD CM code book. Place a check next to the diagnosis that is the primary diagnosis for this treatment

	<p>episode.</p> <p>DSM Diagnostic Codes: List codes next to appropriate Axis designation using DSM coding conventions. Up to two Axis I and Axis II diagnoses can be recorded. All five axes can be recorded in this section. Next to each code, complete a narrative description from the DSM code book. Place a check next to the diagnosis that is the primary diagnosis for this treatment episode.</p>
Check Primary	Check the primary diagnosis.
Axis I, II, III, IV, V	
Code	Indicate the ICD or DSM numerical or alphanumeric code.
Narrative Description	List the narrative description of the code in either DSM or ICD terminology.
Data Field	Further Evaluations Needed
Further Evaluations Needed	Check the box(es) that identify additional assessment(s) needed for the person (if any).
Data Field	Was Outcomes Tool Administered?
Was outcomes tool administered?	Note if a standardized outcomes tool was administered for this person. This may include the TOPS instrument for MBHP and BC/BS or other tools such as the Basis-32.
Data Field	Prioritized Assessed Needs as Evidenced by
Prioritized Assessed Needs	<p>The information for this section comes from the Assessed Needs Checklist. Identify and record <i>Assessed Needs</i> of the person/person's guardian, if applicable. In some cases there may be high need areas that cannot be deferred without risk to the person and must stay on the list as a treatment need. These should be the exceptions to the person-centeredness of this negotiation. These identified needs will be considered the basis for subsequent treatment goals and/or objectives and all recommendations and needs will be geared toward improving the functioning of the person in life roles or reducing the symptoms of his/her illness.</p> <p>Examples: Decrease symptoms of depression; learn anger management strategies; improve personal hygiene; develop Wellness and Recovery Action Plan (WRAP) to decrease likelihood of psychiatric relapse; learn pain management skills; improve medication management skills; reduce suicidal ideation; improve social skills; reduce dissociation; learn stress management skills; improve sleep hygiene skills; increase personal safety skills.</p> <p>Assess all Recommendations/Needs as ACTIVE, PERSON DECLINED, DEFERRED, or REFERRED OUT. Include rationale for all Declined, Deferred and Referred Recommendations/Needs.</p>
Person Declined/Deferred/Referred Out Rationale(s) (Explain why Person Declined to work on Need Area; List rationale(s) for why Need Area(s) is/are Deferred or Referred Out)	Describe reasoning behind worker's decisions to defer or refer out work on any assessed needs. Also provide reasoning behind decisions by person served to decline a recommendation at this time.
Level of Care / Indicated Service Recommendation	Recommend and record the least restrictive level of care that is safe for the person based upon needs assessed and supported by the symptoms, behaviors, abilities and skill deficits documented in earlier in the Comprehensive Assessment. Level of care should be directly linked to medical necessity which should be evidenced by the documentation

	<p>throughout the assessment. Also, indicate the services that can be utilized within each level of care to meet the identified clinical needs and the service preferences provided by the persons served/family.</p> <p>Examples: Outpatient level of care with emphasis on Community Support; individual therapy and medical somatic services.</p> <p>*Note: For organizations without formal levels of care, list the services that are being recommended.</p>
Person Served/Guardian/ Family Response to Recommendations	Record reactions and opinions in this section. You may record a summary or specific verbal responses provided by the person served/family/guardian. Should record the client and family's willingness to participate in treatment. Example: Joe agreed that attending weekly anger management classes is a good idea. He stated his hope that the classes will "help to control [his] temper and make [him] a better husband]."
Data Field	Staff Signatures
Provider – Print Name/Credential and title	Legibly print name and credential(s)of person completing the Comprehensive Assessment.
Date	Next to each signature record the date of the signature.
Supervisor – Print Name/Credential (if needed)	If the diagnosis is rendered by a clinician other than the clinician printed above, then the clinician rendering the diagnosis must print his/her educational level and highest license level.
Date	Next to each signature record the date of the signature.
Provider Signature	Legible signature of person completing the Comprehensive Assessment.
Date	Next to each signature record the date of the signature.
Supervisor Signature (if needed) see also MDT requirements for day treatment and signatures.	If the diagnosis is rendered by a clinician other than the clinician signed above, then the clinician rendering the diagnosis must provide his/her signature and record his/her educational level and highest license level.
Person's Signature (Optional, if appropriate)	Signature of the person to be served by the agency indicating his/her understanding and acceptance of the treatment recommendation/assessed needs.
Date	Next to each signature record the date of the signature.
Next Appointment / Date / Time	Record the next appointment for the person including date and time.
MD Signature	This is a requirement for Opiate Treatment Programs.