

## Adult ESP Comprehensive Assessment

The Adult ESP Comprehensive Assessment provides a standard format to assess mental health, substance use and functional needs of persons served that present for emergency behavioral health services by an Emergency Services Program

| Data Field   | Identifying Information   |
|--|---|
| <b>Person's Name</b>   | Record the first name, last name, and middle initial of the person being served. Order of name is at agency discretion.   |
| <b>Organization Name:</b>  | Record your agency's name.  |
| <b>Record Number</b>   | Record your agency's established identification number for the person.  |
| <b>DOB</b>   | Record the person's date of birth   |
| <b>Date of Admission</b>   | Record the date of admission per agency policy (this should be the first service date for this service episode).  |
| <b>Referral Source</b>   | Indicate the referral source, including name, role, organization and telephone number.  |
| Data Field   | Presenting Concerns   |
| <b>What Occurred to Cause the Person to Seek Services Now</b>  | Use the person's/family's own words to document the reason the person is asking for help. Also, include the reason the person was referred for services, from the referent's point of view. This should be a concise but complete description of why the person is seeking help now. Include troublesome symptoms, behaviors and/or problems affecting day-to-day functioning, relationships and work. Additional useful information may come from any readily available sources such as schools, hospitals, police departments, or your agency's records.  |
| <b>Precipitating Factors (Note Symptoms, Behavioral and Functioning Needs include what has the person has done in this instance and/or previously to cope and stabilize, coping skills resources and supports the person wants to use right now)</b> | Record symptoms, behavioral and functioning needs as reported by the person served and/or parent/guardian. Be sure to include what the person has done in this instance and/or in previous instances to cope with the situation and stabilize. Include what coping skills, resources and supports the person wants to use now to help. Examples: "I can't sleep"; "They (my probation officer) said I had to come here"; "I got fired"; "I keep getting into these bad relationships and I don't know what to do".<br><br>Discuss and note what the person can identify and would like to try now to address the precipitants, help them cope, and stabilize. What has been helpful to them when they have been in crisis in the past? What would be helpful to them now? Examples "I just want someone to listen and I think I can calm down," "I need help thinking this through then I think I'll be able to go home," "It helps to talk to my friend but she's out of town" "Last time I wouldn't go to the crisis stabilization program but this time I might." "I think its my meds but my doctor/clinic won't return my call." |
| <b>Risk Management/Safety Plan: Does the person have a risk management Safety Plan?</b>  | Indicate if the person has a Risk Management Safety Plan. If yes, indicate how it was used during this encounter by checking all that apply. If no, complete a Risk Management/Safety Plan .  |
| Data Field   | Collateral Contacts   |
| <b>Contact, Contact Name, Telephone, Date and Time, results</b>  | Complete each section indicating the person's collateral involvement and document contacts. Indicate date and time of your contact with the collateral contact and the results of your discussions. If a person has a guardian, indicate the type (Roger's, Full, Medical, etc.) Under "Other" be sure to include any state agency involvement.<br><br>Coordinating with other service providers in the person's life is a vital component of the Adult ESP Assessment. Indicate in "results" including which providers were reached and informed of the person's involvement with ESP services, information and treatment recommendations gathered, and coordination of services.  |
| Date Field   | Substance Use / Addictive Behavior History  |
| <b>Does person report a history of, or current, substance use/addictive behavior concerns?</b>   | 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. 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.<br>If yes, complete the Substance Use/Addictive Behavior History Addendum.  |
| Data Field   | Mental Health Service History   |
| <b>None Reported</b>   | If None Reported, skip to the Health Summary section  |

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| <b>Mental Health Treatment</b>  | Check all boxes that apply.   |
| <b>Type of Service</b>  | Record the type of service received; be as specific as possible.<br><b>Examples: Inpatient, PHP, Outpatient Group.</b>  |
| <b>Dates of Service</b>   | Record the approximate date range of service.   |
| <b>Reason</b>   | Record the reason that person received treatment. <b>Example: Depression</b>  |
| <b>Name of Provider / Agency</b>  | Record the name of the provider and/or agency.  |
| <b>Completed?</b>   | Check if person completed the originally planned service. <b>Example: Check <u>No</u> if person discharged himself against team recommendations.</b>  |
| <b>Past/Current Diagnoses</b>   | 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.<br><b>Examples: The person, hospital records, primary support person, case manager etc.</b>   |
| <b>Summary of Current Mental Health Functioning/Symptoms:</b>                                       | Describe, in summary, the person's current mental health functioning and/or symptoms.   |
| <b>Data Field</b>   | <b>Current Medication Information</b><br>(Include All Non-Psych Meds/Prescription/OTC, Herbal)  |
| <b>Medication</b>   | Record current psychiatric and non-psychiatric medications, by a licensed prescriber or self-prescribed, as well as over the counter and/or herbal medications and supplements. If the client does not know the name of the med the information should still be completed – under name of medication list unknown and then list all other information client remembers – this is especially important for current meds.   |
| <b>Rationale/Condition</b>  | Indicate the symptoms or diseases for which the medication was/is used.   |
| <b>Dosage / Route / Frequency</b>   | Record the dosage for each medication taken by the person. It is suggested that dosage be recorded as unit/time of day. <b>Example: 50 mg @ 9AM, 10 cc @ 5 PM and 20cc @ 8PM.</b>   |
| <b>Reported Side-effects</b>  | Record any reported side-effects. Document the degree of distress the person experienced or experiences due to each side-effect.  |
| <b>Adherence</b><br>(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.   |
| <b>Prescriber</b>   | Record the name of the physician or other licensed prescriber who prescribed the listed medication.   |
| <b>Comments on Medications</b>  | 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.   |
| <b>Data Field</b>   | <b>Medical/Physical</b>   |
| <b>Allergies</b>  | 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.  |
| <b>Significant History Regarding Physical Health Reported (include asthma, obesity, diabetes)</b>   | <b>The health history is based on the person's self report and not based on a physical examination from a qualified healthcare professional.</b><br><br>Summarize, based on person's self report, physical health history including chronic conditions, and dental issues.<br>If there are significant health issues and a exam has been conducted by a qualified healthcare professional, then check <i>Refer to Attached Physical Health Assessment</i> and complete or include that document to provide necessary details. |
| <b>Current Status of Medical/Physical Functioning Reported, include current physical complaints</b> | <b>The current status of medical/physical functioning is based on the person's self report and not based on a physical examination from a qualified healthcare professional.</b><br><br>Summarize, based on the person's self report, his/her current physical functioning, including complaints that may interfere with the person's functioning or ability to attend and benefit from treatment.  |
| <b>Does the person or guardian request immediate medical evaluation</b>                             | Indicate if the person or the guardian requests an immediate medical evaluation and indicate the reason they are requesting this evaluation.  |

| Data Field   | Trauma Service History   |
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| <b>No Self Reported History of Abuse/Violence</b>  | If the person reports no history of abuse/violence, check this box and continue to the next section.   |
| <b>Multiple Fields: Physical Abuse; Domestic Violence/ Abuse; Elder Abuse; Community Violence*; Physical Neglect; Verbal/Emotional Abuse; Sexual Abuse/Molestation; Military Trauma; Other Trauma; Witness to Violence; Witness to MH/SA issues of household members</b> | For each traumatic event, indicate if the person was the victim or perpetrator and describe specifics of trauma in the comments section to the right. Note if experience was single event or sustained over time.<br><br>*Example: Gang violence   |
| <b>Current Involvement by</b>  | Check the box(es) that apply. Add comments if necessary.   |
| <b>Additional Mandated Report Required?</b>  | If the person reports any activity that requires interviewer to report to an oversight agency, check the box(es) that apply. Add comments if necessary.  |
| Data Field   | Mental Status Exam   |
| <b>Mental Status Examination</b>   | Avoid judgmental perceptions. Take into account cultural differences. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> |
| <b>Appearance</b>  | Check appropriate boxes to describe physical appearance, taking into account culture and age of person.  |
| <b>Eye Contact</b>   | Check boxes that apply.  |
| <b>Build</b>   | Check boxes that apply.  |
| <b>Posture</b>   | Check boxes that apply.  |
| <b>Body Movement</b>   | Check boxes that apply.  |
| <b>Behavior</b>  | Check boxes that apply.  |
| <b>Speech</b>  | Check boxes that apply.  |
| <b>Emotional State-Mood</b>  | 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.   |
| <b>Emotional State-Affect</b>  | 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.                                     |
| ___ <b>Constricted</b>   | 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).  |
| ___ <b>Flat</b>  | No feeling states are demonstrated.  |
| ___ <b>Inappropriate</b>   | Demonstrated feelings do not match with subject discussed (e.g. laughing while discussing a trauma experience).  |
| ___ <b>Changeable</b>  | Demonstrated feelings shift rapidly from one state to another. Called changeable on the form.  |
| ___ <b>Full Range</b>  | Demonstrates a full range of feelings.   |
| ___ <b>Panic attacks or symptoms</b>   | Person describes recent anxiety/panic symptoms including: shortness of breath, rapid breathing/hyperventilating, extreme discomfort with crowds or open places, sweatiness or dizziness.   |
| ___ <b>Sleep disturbance</b>   | Person describes recent difficulties sleeping including generally reduced or increased   |

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|                                 | 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.  |
| <b>___ Appetite disturbance</b> | Person describes marked changes in appetite including but not limited to incessant hunger or lack of hunger for more than 1-2 days.  |
| <b>Facial Expression</b>        | Check boxes that apply.  |
| <b>Perception</b>               |  |
| <b>___ WNL</b>                  | If there are no perceptual disturbances, check here  |
| <b>___ Illusions</b>            | A misperception or misinterpretation of a real external stimulus, such as hearing the rustling of leaves as the sound of voices.   |
| <b>___ Depersonalization</b>    | 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. |
| <b>___ De-realization</b>       | 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).   |

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| <b>Hallucinations</b>           | 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. |
| <b>___ Auditory</b>             | 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.  |
| <b>___ Visual</b>               | 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.   |
| <b>___ Olfactory</b>            | 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.   |
| <b>___ Gustatory</b>            | A hallucination involving the perception of taste (usually unpleasant). This is usually a symptom of a neurological disorder or brain injury.   |
| <b>___ Tactile</b>              | 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.                                    |
| <b>___ Command**</b>            | Command hallucinations are voices telling someone to do something dangerous or harmful (e.g. “kill him”).   |
| <b>Thought Content</b>          |   |
| <b>Delusions</b>                | Beliefs in things that are not true (e.g. “Aliens have planted a sensor in my head”).   |
| <b>___ None reported</b>        | No observable evidence of delusions or delusions are denied.  |
| <b>___ Grandiose</b>            | Thoughts of exaggerated and somewhat improbable status or success: “Mattel is going to buy my game and I’ll make millions.”   |
| <b>___ Persecutory</b>          | “People are trying to kill me.”   |
| <b>___ Somatic</b>              | 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.  |
| <b>___ Illogical</b>            | “My neighbors are throwing away babies in the trash. I can hear them at night.”   |
| <b>___ Chaotic</b>              | “The world is going to end on New Year’s Day.”  |
| <b>___ Religious</b>            | “I am the second coming.”   |
| <b>Other Content</b>            |   |
| <b>___ Preoccupied</b>          | Person appears to be lost in thought, engrossed or absorbed to such a degree that communication with others is compromised.   |
| <b>___ Obsessive</b>            | Persistent and disturbing intrusive thoughts, ideas or feelings.  |
| <b>___ Guarded</b>              | Statements, ideas, responses are brief and person appears reluctant to provide details or information.  |
| <b>___ Phobic</b>               | Exaggerated fear inexplicable to the person (e.g. airplane flight, spiders, heights).   |
| <b>___ Guilty</b>               | Focused on unrealistic self-blame.  |
| <b>___ Ideas of reference</b>   | “Those people standing together over there are talking about me.”   |
| <b>___ Thought broadcasting</b> | “I can make those people think what I am thinking.”   |



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| ___ Thought insertion –     | “Those people are sending their ideas to me.”  |
| <b>Self Abuse Thoughts</b>  | 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.   |

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| <b>Suicidal Thoughts</b> |  |
| ___ None reported        | Person denies thoughts of taking his or her life.  |
| ___ 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). |

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| <b>Aggressive Thoughts</b> |   |
| ___ 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).      |
| <b>**</b>                  | <b>Checking any item with ** requires an immediate risk and/or lethality assessment.</b>                          |

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| <b>Thought Process</b>     |   |
| ___ 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.   |

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| <b>Intellectual Functioning</b> |  |
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| ___ 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.                                       |

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| 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)   |
| <b>Orientation</b>                             |  |
| ___ 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?   |
| <b>Memory</b>                                  |  |
| ___ 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?  |
| <b>Insight</b>                                 | Check the most appropriate description of the person's current functioning.  |
| <b>Judgment</b>                                |  |
| ___ WNL  | Decision making abilities appear intact and sufficient for day-to-day functioning.   |
| Impaired ability to make reasonable decisions  | Utilize scenarios to assess:<br><ol style="list-style-type: none"> <li>1. 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?</li> <li>2. If you found a fully addressed and stamped envelope on the sidewalk, what would you do?</li> </ol>  |
| ___ Some                                       |  |
| ___ Severe                                     |  |
| <b>Past attempts to Harm to Self or Others</b> | Check the all boxes that apply and comment on all past attempts.   |
| <b>Comments</b>                                | Indicate comments on the mental status exam.   |

## Risk Assessment

The following assessment tool is to be used if the person served has made contact with a behavioral health professional and is willing to work with us, to some degree to assess risk. If a person is fully determined to take their own life or that of another, there may be nothing a behavioral health professional can do to prevent this from occurring. The assessment of risk is complicated and is based on many interacting factors. The items in this tool are based on research and many years of practical experience. The tool is a means to gather data. This data must then be considered in its entirety before making a determination of risk.

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| <b><i>Plan to Harm Self</i></b>   | <b><i>Does the person describe any plan to harm themselves?</i></b>   |
| <b>Means/Accessibility</b>        | If the person is stating that they have thoughts about hurting or killing themselves, do they possess the means to carry out the plan. For example, if they describe thoughts about “taking pills” to end their life, do they have in their possession the type and sufficient quantity of pills to do so? If they do not have the pills in their direct possession, can they access them without too much difficulty? (example: pick up prescriptions waiting for them at pharmacy; take roommate’s meds.) |
| <b>Lethality Of Means</b>         | Assess the person’s lethality of the means on a range of “least likely to be lethal”(low) to “most likely to be lethal” (high). “Taking some pills” has much less chance of lethality than “shooting myself in the head with a shot-gun”.   |
| <b>Suicidal History</b>           | At any time in the past, has the person experienced any suicidal thoughts or engaged in any self-harm behavior? Have these experiences been Ideation/threats; gestures; or an actual attempt to kill themselves. Ask: “What did you intend to have happened as a result of (the action)”  |
| <b>Lethality Of Attempts</b>      | If the person has at any time attempted to take his or her life, To what degree was the attempt potentially lethal (see Lethality of Means” above)  |
| <b>Last Attempt</b>               | If the person has made a suicide attempt, when was the last attempt? If the exact date is unknown, estimate to the best of your ability with the information available.   |
| <b>Family History</b>             | Note any family history of suicidal behavior including threats, attempts and actual suicides.   |
| <b><i>Plan To Harm Others</i></b> | <b><i>Does the person describe any plan to harm another person?</i></b>   |
| <b>Means Accessibility</b>        | If the person is stating that they have thoughts about hurting or killing themselves, do they possess the means to carry out the plan. For example, if they describe thoughts about “taking pills” to end their life, do they have in their possession the type and sufficient quantity of pills to do so? If they do not have the pills in their direct possession, can they access them without too much difficulty? (example: pick up prescriptions waiting for them at pharmacy; take roommate’s meds.) |
| <b>Lethality Of Means</b>         | Assess the person’s plan on a range of “least likely to be lethal” to “most likely to be lethal”. “Punching someone” has much less chance of lethality than “shooting them with a shot-gun”.  |
| <b>Assault History</b>            | At any time in the past, has the person experienced any assaultive thoughts or engaged in any assaultive behavior? Differentiate between a frustrated and angry person “blowing off steam” and actual assaultive planning or behavior. Ask: “If you had the chance, would you really have done this?”   |
| <b>Lethality Of Assaults</b>      | If the person has assaulted another person at any time, how severe were the victim’s injuries? (Example: did the victim receive some cuts and bruises or end up in a hospital intensive care unit?)   |
| <b>Last Assault</b>               | If the person has assaulted another, when was the last incident? If the exact date is unknown, estimate to the best of your ability with the information available.   |
| <b>Family History</b>             | Note any family history of assaultive behavior and how often it occurred.   |
| <b>Arrest Record</b>              | Note if the person has ever been arrested, for any reason and if it was a single arrest or multiple arrests.  |
| <b>Physical Abuse Hx</b>          | Note if the person has ever been physically abused and if so, how often were the occurrences  |
| <b>Sexual Abuse Hx</b>            | Note if the person has ever been sexually abused and if so, how often were the occurrences  |
| <b>Substance Abuse</b>            | Note the person’s use of potentially addictive substances and estimate of they appear to be a “social” user, abuser or dependent.   |



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| <b>Mental Status</b>                   | <b>If necessary, administer the more complete mental status exam available in the Comprehensive Assessment</b>   |
| <b>Hallucinations</b>                  | Note if the person reports or appears to be experiencing hallucinations. Ask: "Do you ever hear sounds or someone talking to you and you cannot tell where it is coming from?" Seek as much detail as possible. Clarify if any voices perceived are commanding the person to do something potentially harmful or if the voices are disturbing to the person. |
| <b>Judgment and Reality Testing</b>    | From the information available, estimate the person's current ability to make safe decisions. Ask: "If you were in your apartment and noticed smoke coming from a crack in the ceiling, what would you do?"  |
| <b>Orientation</b>                     | Clarify the degree to which the person is oriented toward the future. Ask: "What are you plans for next weekend?" or "Have you thought about what you would like to do when you are feeling better?" A person without a future orientation is much more at risk than someone who has plans for a later time.   |
| <b>Interpersonal interactions</b>      | Determine the degree with which the person has meaningful contact with others. Ask: "Do you have friends? Tell me about them. How often do you see them?" An isolated person is much more at risk than someone who has meaningful contact with others in their life.   |
| <b>Impulsivity</b>                     | From the information provided, can you determine if the person can take the time to make decisions or are they more likely to react impulsively?   |
| <b>Stress</b>                          | Does the person describe subjective feelings of stress? What feels stressful to them? How long have they experienced this stress? Ask: "On a scale of 1-10, how would you rate this stress?"   |
| <b>Loss</b>                            | Has the person experienced a significant loss and if so, when? Examples: spouse, parent, home, job, pet.   |
| <b>Physical Condition</b>              | Is the person physically healthy? Are they able to exercise regularly or have they become increasing less functional due to medical or physical problems?  |
| <b>Financial Stress</b>                | Does the person feel as though they have sufficient income to meet basic needs? Do they feel stressed by their financial situation? Ask: "On a scale of 1-10, how would you rate this stress?"   |
| <b>Living Arrangements</b>             | In their current living situation, does the person have access to other people or is the person isolated?  |
| <b>Support From Significant Others</b> | Does the person have supportive others in their life? This may include spouse/partner; relative; friend; clergy. This does not include professional helpers.   |
| <b>Male Age Suicide</b>                | If this is an assessment of a male for suicidal behavior, note which age category the person is currently in.  |
| <b>Homicide</b>                        | If this is an assessment of a male for homicidal or assaultive behavior, note which age category the person is currently in.   |
| <b>Female Age Suicide</b>              | If this is an assessment of a female for suicidal behavior, note which age category the person is currently in.  |
| <b>Homicide</b>                        | If this is an assessment of a female for homicidal or assaultive behavior, note which age category the person is currently in.   |
| <b>Overall Risk Level</b>              | There is no formula to assessing Overall Risk Level. You must take into account the multiple factors and the amount of High, Medium, Low and No Risk data available. Check the box you determine fits best with the data obtained.   |
| <b>Comments</b>                        | Provide a rationale for your determination of Risk Level.  |

| <b>Data Field</b>                   | <b>Assessed Needs Checklist Including Functional Domains</b>   |
|-------------------------------------|--|
| <b>Check all Current Need Areas</b> | 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. |

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| <b>As Evidenced by</b>                   | Indicate the behavioral and other evidence, based on the assessments completed above, that support listing the area as an assessed need area. |
| <b>Person Served Desires Change Now?</b> | Check the box that applies. This section will be used to generate the Prioritized Assessed Needs.   |

| <b>Data Field</b>                    | <b>Person’s Served Strengths/Capabilities/Resiliency (Skills, Talents, Interests, Aspirations, Protective Factors)</b>   |
|--------------------------------------|--|
| <b>Personal Qualities</b>            | Describe the personal qualities (strengths/capabilities) that can be put in service toward the person’s goals. <b>Examples: Intelligence, sense of humor, determination, self-knowledge, collaborative, emotional intelligence, etc.</b>   |
| <b>Daily Living Situation</b>        | Describe the person’s strengths and capabilities regarding his/her daily living situation. Record the community resources available to the person. <b>Examples:</b> Lives close to needed services such as pharmacy, public transportation etc.  |
| <b>Financial</b>                     | Describe the person’s strengths and capabilities regarding his/her financial situation. <b>Example:</b> Person has had a steady source of independent income for 12 months   |
| <b>Employment/Education</b>          | Describe the person’s strengths and capabilities regarding his/her financial situation. <b>Example:</b> Person’s parents have had a steady source of independent income for 12 months.   |
| <b>Social Supports</b>               | Describe the person’s school, family and social supports and how these can assist in working toward the person’s goals.  |
| <b>Health</b>                        | Describe the person’s strengths and capabilities regarding his/her health.   |
| <b>Leisure/Recreational</b>          | Describe the person’s strengths and capabilities regarding his/her leisure/recreational skills.<br><b>Example:</b> Person has hobbies which enable him to self-calm  |
| <b>Spirituality/Culture/Religion</b> | Describe the person’s strengths and capabilities regarding his/her spirituality, culture and/or religion.<br><b>Example:</b> Person is active in his spiritual community, St Michael’s Church  |
| <b>Service Preferences</b>           | 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.<br><br>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 increasing his/her power and control over his/her life and future. |

| <b>Data Field</b>  | <b>Intervention and Stabilization</b>  |
|--|--|
| <b>Therapeutic Interventions Delivered, including solution-focused crisis counseling</b> | Describe the specific therapeutic interventions and crisis counseling provided during the crisis evaluation and stabilization service to assist the person.<br><br><b>Examples:</b><br><br>Assisted Kim in identifying coping techniques that she has successfully used in the past when she feels overwhelmed with thoughts of being a failure. Kim thought it would be useful and readily created a list of “top 5 successes” as a reminder that most of the time she is very successful. She attached the list to her risk management / safety plan.<br><br>Tuan is quite distraught and concerned about the eviction notice that he received. This clinician described a supportive housing program that offers assistance in landlord disputes and in helping individuals maintain residency in the community. X agreed to a referral and with support made the call (action) from his home. An appointment was arranged with a supportive housing counselor on (date) Tuan expressed relief that there is a possibility that he can resolve his conflict with the landlord |

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|  | <p>Jan states that he “uses too much alcohol” but says that does not feel ready to seek treatment and would not do so voluntarily. Clinician described the concept of “harm reduction” and the associated goal of using alcohol in a smarter way that at least reduces the risk of harm to herself or others while he continues to think about treatment. Jan said she understood the concept and readily identified three guidelines she would use: 1. No driving if under the influence of alcohol, 2. Limiting the quantity or eliminating use on work-nights and 3. Will disclose to her treating psychiatrist that she uses alcohol so that the psychiatrist can identify psychopharmacological recommendations accordingly.</p>   |
| <p><b>Person’s Response to Interventions</b></p> | <p>This section should address <b>BOTH</b>:</p> <ul style="list-style-type: none"> <li>• <i>The person’s response to the intervention</i> - Include evidence the person participated in the evaluation and how, and information about how the person was able to benefit from the intervention e.g. through active participation, better understanding of issues, understanding or demonstration of new skills.</li> <li>• <i>Progress towards goals and objectives</i> - Include an assessment of how the session has moved the person closer, further away, or had no discernable impact on meeting the identified goal(s) and objective(s) of this crisis intervention.</li> </ul> <p>Examples:</p> <p>Bob readily participated in a re-evaluation of his mental state and an improvement in mood was noted by the clinician and reported by Bob. Bob said that he was feeling less anxious and more hopeful and was more confident that he would not harm himself. He said that if he started to feel suicidal he would call the warm line or go to his brother’s home where he feels safe and supported. He has an appointment scheduled with his therapist on (date) and says that he feels comfortable waiting until that date to see him. Bob states that he thinks he has made good progress on using the safety plan he developed when he begins to feel anxious or have thoughts about self harm. He rates his confidence in using the plan as a “4” out of “5” with “5” being “completely confident.”</p> <p>Gwen appeared to have difficulty focusing on the problem-solving exercise. She said that although she understood the idea of identifying techniques to reduce her suicidal ideation that she did not believe that she would be able to follow the techniques right now. She indicated that her confidence in her ability to stay safe was only 1 out of 5 and that she felt she needed to be somewhere or with someone who could watch her. Discussed whether the thought of staying with (natural support) for a couple of days brought relief and Gwen indicated that it still made her feel uneasy. Asked if she thought an admission to the Community Crisis Stabilization program (CCS)—that has unlocked doors, but 24/7 awake staff—sounded like a good option. Gwen indicated that she thought it would be useful and that she felt she would be safe in an unlocked, staffed setting. The use of problem-solving techniques designed to help Gwen remain safely in the community were not effective. Gwen and clinician concur that a brief stay in the CCS is necessary to assure safety and to assist Gwen in crisis stabilization and safety planning.</p> |
| <p><b>Stabilization Activities</b></p>           | <p>Describe the specific stabilization activities delivered to the person during this intervention.</p> <p>Examples:</p> <p>Clinician reassessed how Bob is feeling after the initial crisis intervention. Bob indicated that it was helpful to get suggestions for talking to his psychiatrist about the medication side effects he is experiencing. Bob has decided to take WRAP training and the ESP’s Certified Peer Specialist has given him information about registering. Clinician and Bob reviewed the risk management / safety plan and Bob made a suggestion to add the use of the warm line as a resource when he is feeling overwhelmed because he thinks it will be useful to talk to people have had the</p>   |

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|  | <p>experience of feeling in crisis.</p> <p>Gwen agreed to an exercise with the clinician to identify the coping skills that Gwen has most successfully used in the past to incorporate into a risk management / safety plan. Gwen indicated her surprise that she was able to put so many “proven techniques” on the list. After the exercise Gwen indicated that her confidence in carrying out the safety plan had improved from a 2 out of 5 to a 4 out of 5. Asked what it would take to move to a 5 out of 5, Gwen indicated, “a couple of successful uses of the crisis plan.”</p> |
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| Data Field   | Clinical Formulation - Interpretive Summary   |
|--|---|
| <b>This Clinical Summary is Based Upon Information Provided By</b> | Check the box(es) that apply.   |
| <b>Interpretive Summary</b>  | <p>This section should reflect the person’s status, and your plan, after the ESP has provided crisis intervention and stabilization activities as reflected in the previous section. 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.</p> <p>Follow agency policies and procedures to determine who should complete the Interpretive Summary.</p> |
| Data Field   | Diagnosis   |
| <b>General Instructions: Diagnosis</b>                             | <p>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 Diagnosis section to indicate if you are using ICD or DSM codes.</p> <p>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 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>  |
| <b>Check Primary</b>   | Check the primary diagnosis.  |
| <b>Axis I, II, III, IV, V</b>                                      |   |
| <b>Code</b>  | Indicate the ICD or DSM numerical or alphanumeric code.   |
| <b>Narrative Description</b>                                       | List the narrative description of the code in either DSM or ICD terminology.  |
| Data Field   | Further Evaluations Needed  |
| <b>Further Evaluations Needed</b>                                  | Check the box(es) that best identify additional assessment(s) needed for the person (if any).   |
| Data Field   | Was Outcomes Tool Administered?   |



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| <b>Was outcomes tool administered?</b> | Note if a standardized outcomes tool was administered for this person. This may include the TOP, Basis-24, or other instruments.                          |
| <b>BPRS Completed and attached?</b>    | For adults <b>who</b> are deemed to need inpatient level of care, MBHP requires that the Brief Psychiatric Rating Scale (BPRS) be completed and attached. |

| Data Field   | Prioritized Assessed Needs as Evidenced by  |
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| <b>Prioritized Assessed Needs to be addressed at the next level of care, as Evidenced by</b> | <p>The information for this section comes from the Assessed Needs Checklist, regardless of whether or not the person desires change at the current time. Identify and record <i>Assessed Needs</i> of the person/family, the clinician, person served and others involved with the person, including family as indicated, will collaborate to identify and prioritize needs. 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: Address a specific precipitant (specify) to this crisis; address a specific medication issue (specify); 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; obtain a specific evaluation (specify); arrange a specific aftercare service (specify), etc.</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> |
| <b>Person Declined/Deferred/Referred Rationale(s)</b>  | Describe reasoning behind worker's decisions to defer work on any high priority assessed needs. Also provide reasoning behind decisions by person served to decline or defer a recommendation at this time.   |
| Data Field   | Disposition Details   |
| <b>Collateral Details</b>  | Indicate where information was gathered from; check all that apply. Indicate the person(s) responsible for Personal Safety Check, Medical Clearance if needed, Psychiatric consult and/or Section 12 Authorization, if applicable.  |
| <b>Current Safety Assessment</b>   | Check all that apply.   |
| <b>Level of Care/Indicated Service Recommendations</b>                                       | Check all that apply.   |
| <b>Diversion alternatives discussed</b>  | Report all alternatives to recommended LOC identified and discussed with the consumer and family if appropriate. Document why those diversionary services were not accessed.  |
| <b>Informed person of availability of ESP services if needed in the future.</b>              | It is important to educate utilizers of emergency services of the availability of mobile crisis intervention services and the ESP's community based location, especially if the current ESP intervention was provided in the hospital emergency department setting. If you did not do so, explain.  |

| Data Field                            | Joint Commission Programs Only   |
|---------------------------------------|--|
| <b>Joint Commission Programs Only</b> | The following information is required for Hospital based ESP programs in order to comply with Joint Commission standards.  |
| <b>Time Frames</b>                    | Complete the Date, Start and Stop time of the triage, evaluation and discharge for the person served.  |
| <b>Appropriate Releases</b>           | Indicate if the appropriate release where obtained. If not, indicate the reason(s).  |
| <b>Fall Assessment</b>                | Complete the section and indicate your evaluation of the person's risk of falling.   |
| <b>Pain Assessment</b>                | Indicate whether the person has any pain today. If yes, rate the person's pain score (on a scale of 1-10). If equal to or higher than 4, an RN must complete the assessment, treat the pain, and a reassessment must be completed according to each provider's Pain Management Plan. |
| <b>Interpreter Used</b>               | Indicate if an interpreter was used and if Yes, indicate the primary language.   |

| Data Field  | Staff Signatures  |
|---|---|
| <b>Provider – Print Name/Credential and title/Pager</b>   | <b>Legibly print</b> name, credential(s) and/or title, and pager number of person completing the Comprehensive Assessment.  |
| <b>Date</b>   | Next to each signature record the date of the signature.  |
| <b>Supervisor – Print Name/Credential/ (if needed)</b>  | 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.  |
| <b>Date</b>   | Next to each signature record the date of the signature.  |
| <b>Provider Signature</b>   | <b>Legible signature</b> of person completing the Comprehensive Assessment.   |
| <b>Date</b>   | Next to each signature record the date of the signature.  |
| <b>Supervisor Signature (if needed) see also MDT requirements for day treatment and signatures.</b> | 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.<br>Supervisor in a hospital based ESP should include her/his pager number. |
| <b>Person's Signature (Recommended, if appropriate)</b>   | Signature of the person to be served by the agency indicating his/her understanding and acceptance of the treatment recommendation/assessed needs.  |
| <b>Date</b>   | Next to each signature record the date of the signature.  |
| <b>Next Appointment / Date /</b>  | Record the next appointment for the person including date   |
| <b>MD Signature/Pager</b>   | This is a requirement for Opiate Treatment Programs. If signed, include pager number.   |
| <b>Parent/guardian Signature</b>  | Signature of the parent/guardian is recommended to indicate his/her understanding and acceptance of the treatment recommendation/assessed needs.  |