Marion County Health & Human Services

Children’s Behavioral Health Services/Transition Age Youth Services

INITIAL MENTAL HEALTH ASSESSMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME :** | **ID # :** | | | **DATE :** |
| **DOB :** | **AGE :** | | | **CLINICIAN:** Choose an item. |
| **PRESENT AT TIME OF ASSESSMENT:** | | | | |
| **Conducted in Spanish?** **Yes** **No** | | **Conducted with interpreter?** **Yes** **No If yes, name:** | | |
| **OTHER SOURCES OF INFORMATION (**In person, by phone, review of written documentation, etc.): | | | | |
| **PRESENTING PROBLEM:** AGGRESSION ANGER ANXIETY ATTENTION/FOCUSDEPRESSION  DEVELOPMENTAL EATING GRIEF/LOSS  IMPULSIVITY  IRRITABILITY MOOD  OPPOSITION/DEFIANCE PSYCHOSIS  RELATIONAL SELF-HARM SEXUAL SLEEP ISSUES  SUBSTANCE USE SUICIDE IDEATION TRAUMA OTHER:  **History of the problem(s), onset, precipitating factors, duration, intensity/frequency:** | | | | |
| **AGENCIES / SERVICE PROVIDERS CURRENTLY INVOLVED WITH CHILD / FAMILY :** | | | | |
| DHS  JUVENILE DEPARTMENT  OREGON YOUTH AUTHORITY  MEDICAL PROVIDER | | | A&D PROVIDER  OTHER MENTAL HEALTH PROVIDER  OTHER : | |
| COMMENTS: | | | | |
| **CLIENT/FAMILY STRENGTHS**: | | | | |
| **FAMILY MENTAL HEALTH HISTORY:** | | | | |
| **FAMILY RELATIONSHIPS** (parent/child, marital, sibling relationships): | | | | |
| **DEVELOPMENTAL:**  DEVELOPMENTAL DELAYS  GROSS MOTOR PROBLEMS  FINE MOTOR PROBLEMS  SPEECH/LANGUAGE DELAYS AUTISM SPECTRUM  FETAL ALCOHOL/DRUG EFFECTS  LEARNING DISABILITIES PRENATAL/BIRTH PROBLEMS  PROBLEMS MEETING MILESTONES  MILESTONES MET ON TIME DD SERVICES – If yes, name of Case Manager  COMMENTS: | | | | |
| CURRENT MEDICAL/PHYSICAL:  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | ALLERGIES  ASTHMA  HEADACHES  HEAD INJURY/TRAUMA  SEIZURES  ACCIDENTS/MAJOR INJURIES  CHRONIC ILLNESS/DISEASE |  | SURGERIES  HOSPITALIZATIONS  PREGNANCIES  SLEEPING PROBLEMS  ENURESIS  ENCOPRESIS  OVERACTIVE |  | LACK OF ENERGY  VISION PROBLEMS  HEARING PROBLEMS  RECURRING INFECTIONS  SOMATIC COMPLAINTS  TAKES MEDICATIONS  OTHER : |  CURRENT MEDICATIONS: COMMENTS: | | | | |

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| **NUTRITION:** (Check all that apply): | | | | | | | | | | | | | | | |
| NUTRITIONAL DEFICIENCIES  EATING NON-FOODS  EXCESSIVE EXERCISE  EXCESSIVE DIETING/FASTING  COMPULSIVE EATING | | | | | | | | BINGING  PURGING  OVERWEIGHT  UNDERWEIGHT  OTHER : | | | | | | | |
| COMMENTS: | | | | | | | | | | | | | | | |
| **LEGAL:** | | | | | | | | | | | | | | | |
| CUSTODY OF PARENT/GUARDIAN  CUSTODY OF DHS  If yes, name/contact for Caseworker: | | | | | JUVENILE DEPARTMENT  OREGON YOUTH ATHORITY  If yes, name/contact for P.O. | | | | | | | | | | DD SHARED GUARDIANSHIP  If yes, name/contact for DD worker: |
| CURRENT LEGAL INVOLVEMENT/DIFFICULTIES?  YES  NO | | | | | | | | | | | | | | | |
| FATC Caseworker:       P.O.  WOODMANSEE Adult?  Child?Caseworker:       P.O. | | | | | | | | | | | | | | | |
| **EDUCATION/VOCATIONAL:** | | | | | | | | | | | | | | | |
| Current Grade:       Current School:       Name of School Contact Person: | | | | | | | | | | | | | | | |
|  | ATTENTION PROBLEMS LOW GRADES  FALLING GRADES  UNDERACHIEVEMENT  OVERACHIEVEMENT | | | | | | | | |  | | | SKIPPING / POOR ATTENDANCE SUSPENSIONS / EXPULSIONS  SOCIAL/BEHAVIORAL PROBLEMS  ON AN IEP  ON A 504 PLAN | | |
| COMMENTS: | | | | | | | | | | | | | | | |
| SOCIAL/COMMUNITY: | | | | | | | | | | | | | | | |
|  | | UNABLE TO KEEP FRIENDS  ISOLATES SELF/WITHDRAWN  ARGUMENTATIVE/DEFIANT  ACTS YOUNG FOR AGE  ACTS MATURE FOR AGE  LYING  RUNNING AWAY  STEALING  HURTS ANIMALS | | | |  | FIRE SETTING  BULLIES  GANG INTEREST/INVOLVEMENT  AGGRESSIVE/ASSAULTIVE BEHAVIOR  SEXUALLY REACTIVE BEHAVIORS  SEXUAL OFFENDING BEHAVIORS  EXPOSURE TO WEAPONS  VANDALISM  OTHER: | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **CULTURE:** (Consider ethnic background, language, sexual orientation, gender identity and expression, religion, socioeconomic status, family traditions and rituals)**:** | | | | | | | | | | | | | | | |
| **TRAUMA HISTORY:** | | | | | | | | | **TRAUMA SYMPTOMS:** | | | | | | |
|  | | | NEGLECT  EMOTIONAL ABUSE  SEXUAL ABUSE  PHYSICAL ABUSE  WITNESSED DOMESTIC VIOLENCE  FREQUENT MOVES  MULTIPLE CAREGIVERS  GRIEF AND LOSS  ACCIDENT  OTHER: | | | | | |  | | | NIGHTMARES  PROBLEMS SLEEPING  DIFFICULTY CONCENTRATING  STARTLES EASILY/HYPERVIGILANT  CHANGE IN BEHAVIOR  REGRESSION IN MILESTONES  ISOLATION/WITHDRAWL  INCREASE IN ANGER/AGGRESSION | | | |
| COMMENTS: | | | | | | | | | | | | | | | |
| **SUBSTANCE USE:**  **ALCOHOL** **CANNABIS** **PRESCRIPTION OPIATES** **HEROIN** **STIMULANTS Specify:**  **HALLUCINOGENS** **Other:**  Age of first use:Duration of use:Frequency of use**:**Amount**:**  History of treatment?Currently in treatment? Yes  NoIf yes, where?  COMMENTS: | | | | | | | | | | | | | | | |
| **TOBACCO USE:** Yes  NoIf yes, referral for Tobacco Cessation | | | | | | | | | | | | | | | |
| **GAMBLING:** Yes No If yes, have you ever received treatment? | | | | | | | | | | | | | | | |
| CURRENT MENTAL STATUS: **APPEARANCE:**  **COMMENTS:**  **PSYCHOMOTOR:** Posture:  Coordination:  Gait:  Manner:  Eye Contact:  **INTELLECT:** Attention/Concentration:  Fund of Knowledge: Judgment:  Insight:  Memory:  Abstraction:  **SPEECH:** Volume:  Rate:  Clarity:  Rhythm:  **THOUGHT:** Clarity:  Flow:  Content:  Orientation:  **AFFECT:** Expression:  Attitude:  Mood: Range:  **SLEEP:**  **APPETITE:**   **ACTIVITY: SOCIAL CONTACT:** | | | | | | | | | | | | | | | |
| **RISK OF HARM:**  **Suicidal/Self-injurious ideation or behavior:** *Describe ideation, plans, level of intent, history of past attempts and outcome.*  **Harm to Others:** *Describe ideation, plans, level of intent and history of violence.* Discussed Safety Plan with Client/Family: Yes No COMMENTS: Completed CAMS? Yes No | | | | | | | | | | | | | | | |
| **PSYCHIATRIC TREATMENT HISTORY:** | | | | | | | | | | | | | | | |
|  | | | PSYCHIATRIC EVALUATION  MEDICATION MANAGEMENT  INDIVIDUAL THERAPY  FAMILY THERAPY  GROUP TREATMENT  ALCOHOL & DRUG TREATMENT | | | | | | | |  | | | PSYCHOLOGICAL TESTING  DAY TREATMENT  RESIDENTIAL TREATMENT  SUBACUTE  ACUTE HOSPITALIZATION  OTHER : | |
| COMMENTS: | | | | | | | | | | | | | | | |
| **CURRENT DIAGNOSTIC IMPRESSIONS:** | | | | | | | | | | | | | | | |
| Primary Diagnosis (F Codes): | | | |  | | | | | | | | | | | |
| Other factors that may be a focus of Clinical Attention: (Z/T Codes) : | | | |  | | | | | | | | | | | |
| Medical Conditions: | | | |  | | | | | | | | | | | |
| **ACE Score:**  **Parent 1 ACE Score:**       **Parent 2 ACE Score:**  **CLINICAL FORMULATION:** (Include summary of client, family & environmental factors that support current diagnostic impressions and treatment plan) **:** | | | | | | | | | | | | | | | |
| **TREATMENT RECOMMENDATIONS:**  INDIVIDUAL THERAPY FAMILY THERAPY PSYCH EVAL/MED MANAGEMENT CASE MANAGEMENT  SKILLS TRAINING GROUP SKILLS TRAINING DBT YOGACALM SUPERFLEX AUTISM 101  PARENTING PCIT/PCAT STRENGTHENING FAMILIES CPS  MISSION:TRANSITION REFERRAL  EASA REFERRAL  A&D REFERRAL NEW SOLUTIONS REFERRAL DD SERVICES REFERRAL PCP REFERRAL  COMMENTS**:** | | | | | | | | | | | | | | | |

# EVALUATOR SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EVALUATOR PRINTED NAME/CREDENTIALS:

# LMP SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# LMP DESIGNEE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child and Adolescent Needs and Strengths**

**CANS 2.0 (Ages 0-5)**

Individual’s Name:       Birth Date:

CANS Screener:       Screening Date:       CANS Update Type:

Initial

90 Day

Placement change

Change in Clinical Circumstance

Closing

Other:

|  |  |  |  |
| --- | --- | --- | --- |
| **SAFETY SECTION** | | | |
| **0**: No concerns | **1**: Watchful waiting | **2**: Action | **3**: Immediate action/safety planning |

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| --- | --- | --- | --- | --- | --- |
| **Child Risk Factors/Behaviors** | | | | | |
| **Element** | **0** | **1** | **2** | **3** |
| 1. Birth Weight |  |  |  |  |
| 2. Prenatal Care |  |  |  |  |
| 3. Substance Exposure |  |  |  |  |
| 4. Parent or Sibling Challenges |  |  |  |  |
| 5. Self-Harm |  |  |  |  |
| 6. Aggressive Behavior |  |  |  |  |
| 7. Sexual Behavior |  |  |  |  |

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| **Updates:** |

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| **STRENGTHS SECTION** | | | |
| **0**: Centerpiece strength | **1**: Strength exists | **2**: Identified potential strength | **3**: No strengths currently |

**Child Strengths**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Element** | **0** | **1** | **2** | **3** |
| 8. Family Strengths |  |  |  |  |
| 9. Interpersonal Skills |  |  |  |  |
| 10. Adaptability |  |  |  |  |
| 11. Persistence |  |  |  |  |
| 12. Curiosity |  |  |  |  |
| 13. Playfulness |  |  |  |  |
| 14. Relationship Permanence |  |  |  |  |

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| **Updates:** |

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| **WELL-BEING** | | | |
| **0**: No concerns | **1**: Watchful waiting | **2**: Action | **3**: Immediate action/safety planning |

**Exposure to Potentially Traumatic/Adverse Childhood Experiences**

|  |  |  |
| --- | --- | --- |
| **Element** | **No** | **Yes** |
| 15. Sexual Abuse |  |  |
| 16. Physical Abuse |  |  |
| 17. Emotional/Verbal Abuse |  |  |
| 18. Neglect |  |  |
| 19. Medical Trauma |  |  |
| 20. Witness to Family Violence |  |  |
| 21. Witness to Community/School Violence |  |  |
| 22. War Affected |  |  |
| 23.Terrorism Affected |  |  |
| 24. Witness/Victim of Criminal Activity |  |  |
| 25. Parental Criminal Behavior |  |  |
| 26. Disruptions in Caregiving/Attachment Losses |  |  |

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| **Updates:** |

**Traumatic Stress Symptoms**

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| **Element** | **0** | **1** | **2** | **3** |
| 27. Reaction to Traumatic Life Experiences |  |  |  |  |
| 28. Traumatic Grief & Separation |  |  |  |  |
| 29. Intrusions/Re-Experiencing |  |  |  |  |
| 30. Hyperarousal |  |  |  |  |
| 31. Attempts to Avoid Stimuli |  |  |  |  |
| 32. Numbing |  |  |  |  |
| 33. Dissociation |  |  |  |  |
| 34. Emotional and/or Physical Regulation |  |  |  |  |

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| **Updates:** |

**Life Functioning**

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| --- | --- | --- | --- | --- |
| **Element** | **0** | **1** | **2** | **3** |
| 35. Family Functioning |  |  |  |  |
| 36. Living Situation |  |  |  |  |
| 37. Preschool/Daycare Behavior |  |  |  |  |
| 38. Preschool/Daycare Achievement |  |  |  |  |
| 39. Social Functioning |  |  |  |  |
| 40. Recreation/Play |  |  |  |  |
| 41. Developmental/Intellectual |  |  |  |  |
| 42. Sensory |  |  |  |  |
| 43. Self-Care/Daily Living Skills |  |  |  |  |
| 44. Motor |  |  |  |  |
| 45. Communication (Receptive/Expressive) |  |  |  |  |
| 46. Sleep |  |  |  |  |
| 47. Medical |  |  |  |  |
| 48. Physical |  |  |  |  |

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| **Updates:** |

**Cultural Considerations**

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| **Element** | **0** | **1** | **2** | **3** |
| 49. Language |  |  |  |  |
| 50. Cultural Identity |  |  |  |  |
| 51. Cultural Events and Activities |  |  |  |  |
| 52. Cultural Stress |  |  |  |  |

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| **Updates:** |

**Behavioral/Emotional Needs**

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| **Element** | **0** | **1** | **2** | **3** |
| 53. Attachment Difficulties |  |  |  |  |
| 54. Impulsive/Hyperactive |  |  |  |  |
| 55. Temperament |  |  |  |  |
| 56. Failure to Thrive |  |  |  |  |
| 57. Eating/Elimination |  |  |  |  |
| 58. Depression |  |  |  |  |
| 59. Anxiety |  |  |  |  |
| 60. Atypical Behaviors |  |  |  |  |
| 61. Service Permanence |  |  |  |  |

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| **Updates:** |

**Child and Adolescent Needs and Strengths**

**CANS 2.0 (Ages 6-20)**

Individual’s Name:       Birth Date:

CANS Screener:       Screening Date:       CANS Update Type:

Initial

90 Day

Placement change

Change in Clinical Circumstance

Closing

Other:

|  |  |  |  |
| --- | --- | --- | --- |
| **SAFETY SECTION** | | | |
| **0**: No concerns | **1**: Watchful waiting | **2**: Action | **3**: Immediate action/safety planning |

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| --- | --- | --- | --- | --- | --- |
| **Youth Risk Behaviors** | | | | | |
| **Element** | **0** | **1** | **2** | **3** |
| 1. Suicide Risk |  |  |  |  |
| 2. Non-Suicidal Self-Injurious Behavior |  |  |  |  |
| 3. Other Self-Harm/Recklessness |  |  |  |  |
| 4. Danger to Others |  |  |  |  |
| 5. Runaway |  |  |  |  |
| 6. Delinquent Behavior |  |  |  |  |
| 7. Decision Making |  |  |  |  |
| 8. Fire-Setting |  |  |  |  |
| 9. Sexually Aggressive Behavior |  |  |  |  |

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| **Updates:** |

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| **STRENGTHS SECTION** | | | |
| **0**: Centerpiece strength | **1**: Strength exists | **2**: Identified potential strength | **3**: No strengths currently |

**Youth Strengths**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Element** | **0** | **1** | **2** | **3** |
| 10. Family Strengths |  |  |  |  |
| 11. Interpersonal Skills |  |  |  |  |
| 12. Educational Setting |  |  |  |  |
| 13. Vocational |  |  |  |  |
| 14. Coping and Savoring Skills |  |  |  |  |
| 15. Optimism |  |  |  |  |
| 16. Talent/Interests |  |  |  |  |
| 17. Community Connections |  |  |  |  |
| 18. Natural Supports |  |  |  |  |
| 19. Relationship Permanence |  |  |  |  |
| 20. Resilience |  |  |  |  |

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| **Updates:** |

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| **WELL-BEING** | | | |
| **0**: No concerns | **1**: Watchful waiting | **2**: Action | **3**: Immediate action/safety planning |

**Exposure to Traumatic/Adverse Childhood Experiences**

|  |  |  |
| --- | --- | --- |
| **Element** | **No** | **Yes** |
| 21. Sexual Abuse |  |  |
| 22. Physical Abuse |  |  |
| 23. Emotional/Verbal Abuse |  |  |
| 24. Neglect |  |  |
| 25. Medical Trauma |  |  |
| 26. Witness to Family Violence |  |  |
| 27. Witness to Community/School Violence |  |  |
| 28. War Affected |  |  |
| 29.Terrorism Affected |  |  |
| 30. Witness/Victim of Criminal Activity |  |  |
| 31. Parental Criminal Behavior |  |  |
| 32. Disruptions in Caregiving/Attachment Losses |  |  |

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| **Updates:** |

**Traumatic Stress Symptoms**

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| --- | --- | --- | --- | --- |
| **Element** | **0** | **1** | **2** | **3** |
| 33. Reaction to Traumatic Life Experiences |  |  |  |  |
| 34. Traumatic Grief & Separation |  |  |  |  |
| 35. Intrusions/Re-Experience |  |  |  |  |
| 36. Hyperarousal |  |  |  |  |
| 37. Attempts to Avoid Stimuli |  |  |  |  |
| 38. Numbing |  |  |  |  |
| 39. Dissociation |  |  |  |  |
| 40. Emotional and/or Physical Regulation |  |  |  |  |

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| **Updates:** |

**Life Functioning**

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| --- | --- | --- | --- | --- |
| **Element** | **0** | **1** | **2** | **3** |
| 41. Family Functioning |  |  |  |  |
| 42. Living Situation |  |  |  |  |
| 43. Social Functioning |  |  |  |  |
| 44. Developmental/Intellectual |  |  |  |  |
| 45. Sensory |  |  |  |  |
| 46. Self-care/Daily Living Skills |  |  |  |  |
| 47. Recreational |  |  |  |  |
| 48. Legal |  |  |  |  |
| 49. Medical/Physical |  |  |  |  |
| 50. Sleep |  |  |  |  |
| 51. Sexual Development |  |  |  |  |
| 52. School Behavior |  |  |  |  |
| 53. School Attendance |  |  |  |  |
| 54. School Achievement |  |  |  |  |

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| **Updates:** |

**Cultural Considerations**

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| --- | --- | --- | --- | --- |
| **Element** | **0** | **1** | **2** | **3** |
| 55. Language |  |  |  |  |
| 56. Cultural Identity |  |  |  |  |
| 57. Cultural Events and Activities |  |  |  |  |
| 58. Cultural Stress |  |  |  |  |

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| **Updates:** |

**Behavioral/Emotional Needs**

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| --- | --- | --- | --- | --- |
| **Element Elements** | **0** | **1** | **2** | **3** |
| 59. Impulsivity/Hyperactivity |  |  |  |  |
| 60. Depression and Anxiety |  |  |  |  |
| 61. Psychosis (Thought Disorder) |  |  |  |  |
| 62. Oppositional (Non-Compliance with Authority) |  |  |  |  |
| 63. Substance Use |  |  |  |  |
| 64. Attachment Difficulties |  |  |  |  |
| 65. Eating Disturbances |  |  |  |  |
| 66. Anger Control |  |  |  |  |
| 67. Situational Consistency of Challenges |  |  |  |  |
| 68. Duration of Mental Health Challenges |  |  |  |  |
| 69. Service Permanence |  |  |  |  |

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| **Updates:** |

Combined MHA/CANS

Intensive Services & Supports

**MENTAL HEALTH ASSESSMENT**

**with CANS 0-5**

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| --- | --- | --- | --- | --- | --- | --- |
| **Individual’s legal name:** | | **Raintree ID:** | | | **Date of Assessment**: | |
| **Name in Use:** | **DOB:** | | **Age:** | | | **Clinician:** |
| **Pronouns:** |  | |  | | |  |
| **Who was present at session:** | | | | | | |
| **Other sources of information:** | | | | | | |
| **Conducted in individual’s preferred language:**  Yes  No  **Preferred Language:** | | | | | | |
| **Conducted with interpreter?**  Yes  No | | | | **Language interpreted:** | | |

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| **Strengths of Individual and Family** | | | | | | | |
| CANS Strengths | | | | | | | |
| 0: Centerpiece strength | | | 1: Strength exists | 2: Identified potential strengths | | | 3: No strengths currently |
| CANS Score | |  | | CANS Score | |  | |
|  | Family Strengths (8) | | |  | Interpersonal Skills (9) | | |
|  | Adaptability (10) | | |  | Persistence (11) | | |
|  | Curiosity (12) | | |  | Playfulness (13) | | |
|  | Relationship Permanence (14) | | |  |  | | |
| Comments: (*document resilience strategies*) | | | | | | | |

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| **Presenting Problems**  (For suicide and homicide, include recommendations/safety plan in the Risk of Harm Section) | | | | | |
| CANS Needs | | | | | |
| 0: No Concerns | | 1: Watchful Waiting | 2: Action | | 3: Immediate Action/Safety Planning |
| CANS Score |  | | | CANS Score |  |
|  | Self-harm (5) | | |  | Aggressive Behavior (6) |
|  | Sexual Behavior (7) | | |  | Sleep (46) |
|  | Impulsivity/Hyperactivity (54) | | |  | Eating/Elimination (57) |
|  | Depression (58) | | |  | Anxiety (59) |
|  | Atypical Behaviors (60) | | |  |  |
| Comments: *(onset, precipitating factors, duration, intensity & frequency)* | | | | | |

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| **Risk of Harm** |
| None Reported |
| Harm to Self: *(Describe ideation, plans, level of intent, history of past attempts and outcome.)* |
| Harm to Others: *(Describe ideation, plans, level of intent and history of violence.)*  Level of Risk Identified: (*what evidence based tool was used*) |
| Created Safety Plan with Client/Family: Yes No  Provided counseling on access to lethal means:  Yes  No |
| Comments: |

|  |  |
| --- | --- |
| **Psychiatric Treatment History** | |
| Acute Hospitalization | Psychiatric Evaluation |
| Subacute Treatment | Medication Management |
| Psychiatric Residential Treatment | Group Therapy |
| Psychiatric Day Treatment | Psychological Evaluation/Testing |
| Outpatient Individual Therapy | Alcohol and Drug Treatment |
| Outpatient Family Therapy | Other (See Comments) |
| Comments: (*list specific interventions used, including school contact*) | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Family** | | | | | | |
| CANS Needs | | | | | | |
| 0: No Concerns | | 1: Watchful Waiting | 2: Action | | 3: Immediate Action/Safety Planning | |
| CANS Score |  | | | CANS Score | |  |
|  | Parent or Sibling Challenges (4) | | |  | | Family Functioning (35) |
|  | Living Situation (36) | | |  | | Attachment Difficulties (53) |
| Comments: *(Family mental health history, family relationships, family/natural supports, financial stressors)* | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Developmental** | | | | |
| No Concerns Identified | | Speech/Language Delays | | |
| Autism Spectrum | | Problem Meeting Milestones | | |
| Fetal Alcohol/Drug Effects | | Gender Dysphoria | | |
| Fine Motor Problems | | Other (see comments) | | |
| Gross Motor Problems | | IDD Services (Case Manager:      ) | | |
| Learning Disability | |  | | |
| CANS Needs | | | | |
| 0: No Concerns | 1: Watchful Waiting | 2: Action | | 3: Immediate Action/Safety Planning |
| CANS Score |  | CANS Score | |  |
|  | Birth Weight (1) |  | Prenatal Care (2) | |
|  | Substance Exposure (3) |  | Developmental/Intellectual (41) | |
|  | Sensory (42) |  | Self-Care/Daily Living (43) | |
|  | Motor (44) |  | Communication (45) | |
| Comments: | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Medical/Physical** | |  | | |  |
| No Concerns Identified  Accidents/Major Injuries  Allergies  Asthma  Chronic Illness/Disease  Encopresis  Enuresis  Vision Problems | | Headaches  Head Injury/Trauma Brain Injury  Hearing Problems  Hospitalizations  Lack of Energy  Nutrition/Food Issues  Overactive  Other (see comments) | | | Pregnancies  Recurring Infections  Seizures  Sleep Problems  Somatic Complaints  Surgeries  Takes Medications |
| **CANS Needs** | | | | | |
| 0: No Concerns | 1: Watchful Waiting | | 2: Action | 3: Immediate Action/Safety Planning | |
| CANS Score |  | | CANS Score |  | |
|  | Medical (47) | |  | Medical (48) | |
| Current Medications: | | | | | |
| Comments: (*note any past negative medication reactions*) | | | | | |

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| **Educational** | | | | | | | |
| **Current Grade**:       **Current School**:       IEP/504 Plan:  YES  NO | | | | | | | |
| No Concerns Identified | | | | Skipping/Poor Attendance | | | |
| Attention Problems | | | | Social/Behavioral Problems | | | |
| Falling/Low Grades | | | | Suspensions/Expulsions | | | |
| Overachievement | | | | Underachievement | | | |
| Other (see comments) | | | |  | | | |
| CANS Needs | | | | | | | |
| 0: No Concerns | | | 1: Watching Waiting | 2: Action | | | 3: Immediate Action/Safety Planning |
| CANS Score | |  | | | CANS Score | | |
|  | Preschool/Daycare Behavior (37) | | | |  | Preschool/Daycare Achievement (38) | |
| Comments: (*school contact person*) | | | | | | | |

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| **Social** | | | | | | | |
| No Concerns Identified | | | Hurts Animals | | | | Unable to keep friends |
| Acts young for age | | | Isolates Self/Withdrawn | | | | Vandalism |
| Acts mature for age | | | Lying | | | | Other (see comments) |
| Exposure to weapons | | | Argumentative/Defiant | | | |  |
| Stealing | | | Gang Interest/Involvement | | | |  |
| CANS Needs | | | | | | | |
| 0: No Concerns | | 1: Watching Waiting | | 2: Action | 3: Immediate Action/Safety Planning | | |
| CANS Score |  | | | CANS Score | |  | |
|  | Social Functioning (39) | | |  | | Recreation/Play (40) | |
| Comments: *(Peer relational difficulties, adult relational difficulties, early social deficits)* | | | | | | | |

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| **Cultural Considerations** | | | | | |
| CANS Needs | | | | | |
| 0: No Concerns | | 1: Watching Waiting | 2: Action | | 3: Immediate Action/Safety Planning |
| CANS Score |  | | CANS Score |  | |
|  | Language (49) | |  | Cultural Identity (50) | |
|  | Cultural Events and Activities (51) | |  | Cultural Stress (52) | |
| Comments: *(Language/Ethnic/Cultural/Religion/Spirituality/family traditions/sexual identity/gender identity)* | | | | | |

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| --- | --- |
| **Legal** | |
| No Concerns Identified |  |
| Custody of DHS |  |
| Juvenile Department |  |
| Custody of OYA |  |
| Comments: | |

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| --- | --- | --- | --- |
| **Exposure to Traumatic/Adverse Childhood Experiences** | | | |
| Yes |  | Yes |  |
| Sexual Abuse (15) | Physical Abuse (16) |
| Emotional/Verbal Abuse (17) | Neglect (18) |
| Medical Trauma (19) | Witness to Family Violence (20) |
| Witness to Community/School Violence (21) | War Affected (22) |
| Terrorism Affected (23) | Witness/Victim of Criminal Activity (24) |
| Parental Criminal Behavior (25) | Disruption in Caregiving/Attachment Losses (26) |
| Comments: *(additional trauma not captured on the CANS would be listed here)* | | | |

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| --- | --- | --- | --- | --- |
| **Traumatic Stress Symptoms** | | | | |
| CANS Needs | |  |  |  |
| 0: No Concerns | | 1: Watching Waiting | 2: Action | 3: Immediate Action/Safety Planning |
| CANS Score | |  | CANS Score |  |
|  | Reaction to Traumatic Life Experiences (27) | |  | Traumatic Grief and Separation (28) |
|  | Intrusion/Re-Experience (29) | |  | Hyperarousal (30) |
|  | Attempts to Avoid Stimuli (31) | |  | Numbing (32) |
|  | Dissociation (33) | |  | Emotional and/or Physical Regulation (34) |
| Comments: (*onset, precipitating factors, duration, intensity & frequency*) | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Agencies and Service Providers Currently Involved with Individual and Family** | | | | | |
| No Concerns Identified | | | Oregon Youth Authority | | |
| A&D Provider | | | Juvenile Department | | |
| Medical Provider | | | Other Mental Health Provider | | |
| Wraparound | | | Other (See Comments) | | |
| DHS | | |  | | |
| CANS Needs | | | | | |
| 0: No Concerns | | 1: Watchful Waiting | 2: Action | | 3: Immediate Action/Safety Planning |
| CANS Score |  | | | |  |
|  | Service Permanence (61) | | |  |  |
| Comments: (*names & contact information*) | | | | | |

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| **Current Mental Status:** |
| **Appearance:** Choose an item.  **Psychomotor:**  Posture: Choose an item. Coordination: Choose an item. Gait: Choose an item. Manner: Choose an item. Eye Contact: Choose an item.  **Intellect:**  Attention/Concentration: Choose an item. Fund of Knowledge: Choose an item. Judgment: Choose an item. Insight: Choose an item. Memory: Choose an item. Abstraction: Choose an item.  **Speech:**  Volume: Choose an item. Rate: Choose an item. Clarity: Choose an item. Rhythm: Choose an item.  **Thought:**  Clarity: Choose an item. Flow: Choose an item. Content: Choose an item. Orientation: Choose an item.  **Affect:**  Expression: Choose an item. Attitude: Choose an item. Mood: Choose an item. Range: Choose an item.  **Sleep:** Choose an item.  **Appetite:** Choose an item.  **Activity:** Choose an item.  **Social Contact:** Choose an item. |
| Comments: |

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| --- |
| **Clinical Formulation:** (*must include strengths, diagnostic justification with DSM criteria and prognosis*) |
|  |

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| **Diagnostic Impression (DSMV & ICD-10)** | |
| Primary Diagnosis (F code and Diagnosis): | |
| Problem in Functioning (Z code and Diagnosis): | |
| Medical Conditions: | |
| ACE Score for Client: | ACE Score for Parent 1: |
| ACE Score for Parent 2: |  |

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| **Level of Care** |
| Level 1 – 120 days  Level 2 – 270 days  Level 3 – 364 days |

|  |  |
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| **Treatment Recommendations:** | |
| Services: | Referrals: |
| Individual Therapy | DD Services Referral |
| Family Therapy | MVWRAP Referral |
| Group Therapy | Psychological Evaluation/Testing |
| Psychiatric Evaluation/Medication Management | Other (See comments section) |
| Skills Training |  |
| Comments: | |

**Clinician Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**      

**Clinician Printed Name/Credentials:**

**LMP Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

**LMP Designee Signature:** ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

Combined MHA/CANS

Intensive Services & Supports

**MENTAL HEALTH ASSESSMENT**

**with CANS 6-20**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Individual’s legal name:** | | **Raintree ID:** | | | **Date of Assessment:** | | |
| **Name in Use:** | **DOB:** | | **Age:** | | | | **Clinician:** |
| **Pronouns:** |  | | | | |  | |
| **Who was present at session:** | | | | | | | |
| **Other sources of information:** | | | | | | | |
| **Conducted in individual’s preferred language:**  Yes  No  **Preferred Language:** | | | | | | | |
| **Conducted with interpreter?**  Yes  No | | | | **Language interpreted:** | | | |

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| **Strengths of Individual and Family** | | | | | | | |
| CANS Strengths | | | | | | | |
| 0: Centerpiece strength | | | 1: Strength exists | 2: Identified potential strengths | | | 3: No strengths currently |
| CANS Score | |  | | CANS Score | |  | |
|  | Family Strengths (10) | | |  | Interpersonal Skills (11) | | |
|  | Educational Setting (12) | | |  | Vocational (13) | | |
|  | Coping & Savoring Skills (14) | | |  | Optimism (15) | | |
|  | Talents/Interests (16) | | |  | Community Connection (17) | | |
|  | Natural Supports (18) | | |  | Relationship Permanence (19) | | |
|  | Resilience (20) | | |  |  | | |
| Comments: (*document resilience strategies*) | | | | | | | |

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| **Presenting Problems**  (For suicide and homicide, include recommendations/safety plan in the Risk of Harm Section) | | | | | | | | |
| CANS Needs | | | | | | | | |
| 0: No Concerns | | | 1: Watchful Waiting | 2: Action | | | 3: Immediate Action/Safety Planning | |
| CANS Score | |  | | | CANS Score | | |  |
|  | Suicide Risk (1) | | | |  | Non-Suicidal Self-Injurious Behavior (2) | | |
|  | Other Self-Harm/Recklessness (3) | | | |  | Danger to Others (4) | | |
|  | Runaway (5) | | | |  | Fire-Setting (8) | | |
|  | Sexually Aggressive Behavior (9) | | | |  | Sleep (50) | | |
|  | Impulsivity/Hyperactivity (59) | | | |  | Depression/Anxiety (60) | | |
|  | Psychosis (thought disorder) (61) | | | |  | Oppositional (non-compliance with authority (62) | | |
|  | Eating Disturbances (65) | | | |  | Anger Control (66) | | |
|  | Duration of Mental Health Challenges (68) | | | |  |  | | |
| Comments: *(onset, precipitating factors, duration, intensity & frequency)* | | | | | | | | |

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| --- |
| **Risk of Harm** |
| None Reported |
| Harm to Self: *(Describe ideation, plans, level of intent, history of past attempts and outcome.)* |
| Harm to Others: *(Describe ideation, plans, level of intent and history of violence.)*  Level of Risk Identified: (*what evidence based tool was used*) |
| Created Safety Plan with Client/Family: Yes No  Provided counseling on access to lethal means:  Yes  No |
| Comments: |

|  |  |
| --- | --- |
| **Psychiatric Treatment History** | |
| Acute Hospitalization | Psychiatric Evaluation |
| Subacute Treatment | Medication Management |
| Psychiatric Residential Treatment | Group Therapy |
| Psychiatric Day Treatment | Psychological Evaluation/Testing |
| Outpatient Individual Therapy | Alcohol and Drug Treatment |
| Outpatient Family Therapy | Other (See Comments) |
| Comments: (*list specific interventions used*) | |

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| **Family** | | | | | | | | |
| CANS Needs | | | | | | | | |
| 0: No Concerns | | | 1: Watchful Waiting | | 2: Action | | 3: Immediate Action/Safety Planning | |
| CANS Score | |  | | CANS Score | | | |  |
|  | Family Functioning (41) | | |  | | Living Situation (42) | | |
|  | Attachment Difficulties (64) | | |  | |  | | |
| Comments: *(Family mental health history, family relationships, family/natural supports, financial stressors)* | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Developmental** | | | | | |
| No Concerns Identified | | | Speech/Language Delays | | |
| Autism Spectrum | | | Problem Meeting Milestones | | |
| Fetal Alcohol/Drug Effects | | | Gender Dysphoria | | |
| Fine Motor Problems | | | Other (see comments) | | |
| Gross Motor Problems | | | IDD Services (Case Manager:      ) | | |
| Learning Disability | | |  | | |
| CANS Needs | | | | | |
| 0: No Concerns | | 1: Watchful Waiting | 2: Action | | 3: Immediate Action/Safety Planning |
| CANS Score | |  | CANS Score | |  |
|  | Developmental/Intellectual (44) | |  | Sensory (45) | |
|  | Self-Care/Daily Living Skills (46) | |  |  | |
| Comments: | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Medical/Physical** | |  | | |  |
| No Concerns Identified  Accidents/Major Injuries  Allergies  Asthma  Chronic Illness/Disease  Encopresis  Enuresis  Vision Problems | | Headaches  Head Injury/Trauma Brain Injury  Hearing Problems  Hospitalizations  Lack of Energy  Nutrition/Food Issues  Overactive  Other (see comments) | | | Pregnancies  Recurring Infections  Seizures  Sleep Problems  Somatic Complaints  Surgeries  Takes Medications |
| **CANS Needs** | | | | | |
| 0: No Concerns | 1: Watchful Waiting | | 2: Action | 3: Immediate Action/Safety Planning | |
| CANS Score |  | |  |  | |
|  | Medical/Physical (49) | |  |  | |
| Current Medications: | | | | | |
| Comments: (*note any past negative medication reactions*) | | | | | |

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| **Educational** | | | | | | | | | | | |
| **Current Grade:**       **Current School:**       IEP/504 Plan:  YES  NO | | | | | | | | | | | |
| No Concerns Identified | | | | | | Skipping/Poor Attendance | | | | | |
| Attention Problems | | | | | | Social/Behavioral Problems | | | | | |
| Falling/Low Grades | | | | | | Suspensions/Expulsions | | | | | |
| Overachievement | | | | | | Underachievement | | | | | |
| Other (see comments) | | | | | |  | | | | | |
| CANS Needs | | | | | | | | | | | |
| 0: No Concerns | | | 1: Watching Waiting | | | 2: Action | | 3: Immediate Action/Safety Planning | | | |
| CANS Score | |  | | CANS Score | | |  | | CANS Score | |  |
|  | School Behavior (52) | | |  | School Attendance (53) | | | |  | School Achievement (54) | |
| Comments: (*school contact person*) | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Social** | | | | | | | |
| No Concerns Identified | | | Hurts Animals | | | | Unable to keep friends |
| Acts young for age | | | Isolates Self/Withdrawn | | | | Vandalism |
| Acts mature for age | | | Lying | | | | Other (see comments) |
| Exposure to weapons | | | Argumentative/Defiant | | | |  |
| Stealing | | | Gang Interest/Involvement | | | |  |
| CANS Needs | | | | | | | |
| 0: No Concerns | | 1: Watching Waiting | | 2: Action | | 3: Immediate Action/Safety Planning | |
| CANS Score |  | | | CANS Score |  | | |
|  | Delinquent Behavior (6) | | |  | Decision Making (7) | | |
|  | Social Functioning (43) | | |  | Recreational (47) | | |
|  | Sexual Development (51) | | |  | Situational Consistency of Challenges (67) | | |
| Comments: *(Peer relational difficulties, adult relational difficulties, early social deficits)* | | | | | | | |

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| **Cultural Considerations** | | | | | |
| CANS Needs | | | | | |
| 0: No Concerns | | 1: Watching Waiting | 2: Action | | 3: Immediate Action/Safety Planning |
| CANS Score |  | | CANS Score |  | |
|  | Language (55) | |  | Cultural Identity (56) | |
|  | Cultural Events and Activities (57) | |  | Cultural Stress (58) | |
| Comments: *(Language/Ethnic/Cultural/Religion/Spirituality/family traditions/sexual identity/gender identity)* | | | | | |

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| **Legal** | | | | | | |
| No Concerns Identified | | |  | | | |
| Custody of DHS | | |  | | | |
| Juvenile Department | | |  | | | |
| Custody of OYA | | |  | | | |
| CANS Needs | | | | | | |
| 0: No Concerns | | 1: Watching Waiting | | 2: Action | 3: Immediate Action/Safety Planning | |
| CANS Score |  | | |  | |  |
|  | Legal (48) | | |  | |  |
| Comments: | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Exposure to Traumatic/Adverse Childhood Experiences** | | | |
| Yes |  | Yes |  |
| Sexual Abuse (21) | Physical Abuse (22) |
| Emotional/Verbal Abuse (23) | Neglect (24) |
| Medical Trauma (25) | Witness to Family Violence (26) |
| Witness to Community/School Violence (27) | War Affected (28) |
| Terrorism Affected (29) | Witness/Victim of Criminal Activity (30) |
| Parental Criminal Behavior (31) | Disruption in Caregiving/Attachment Losses (32) |
| Comments: *(Additional trauma not captured on the CANS would be listed here)* | | | |

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| --- | --- | --- | --- | --- | --- |
| **Traumatic Stress Symptoms** | | | | | |
| CANS Needs | |  |  | |  |
| 0: No Concerns | | 1: Watching Waiting | 2: Action | | 3: Immediate Action/Safety Planning |
| CANS Score | |  | CANS Score | |  |
|  | Reaction to Traumatic Life Experiences (33) | |  | Traumatic Grief and Separation (34) | |
|  | Intrusion/Re-Experience (35) | |  | Hyperarousal (36) | |
|  | Attempts to Avoid Stimuli (37) | |  | Numbing (38) | |
|  | Dissociation (39) | |  | Emotional and/or Physical Regulation (40) | |
| Comments: (*onset, precipitating factors, duration, intensity & frequency*) | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Substance Use** | | | | | | | |
| CANS Needs | | | | | | | |
| 0: No Concerns | | 1: Watching Waiting | | 2: Action | 3: Immediate Action/Safety Planning | | |
| CANS Score |  | | |  |  | | |
|  | Substance Use (63) | | |  |  | | |
| Substance | Freq. of use | | Amount of use | Duration of Pattern | | Route of Admin. | Date of last use |
|  |  | |  |  | |  |  |
|  |  | |  |  | |  |  |
|  |  | |  |  | |  |  |
| Family history of substance use:  YES  NO | | | | | | | |
| If client meets criteria for substance use disorder:  Recommend Service Needs:  Risk of Harm:  Referrals to be Made: | | | | | | | |
| Comments: | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agencies and Service Providers Currently Involved with Individual and Family** | | | | | |
| No Concerns Identified | | | Oregon Youth Authority | | |
| A&D Provider | | | Juvenile Department | | |
| Medical Provider | | | Other Mental Health Provider | | |
| Wraparound | | | Other (See Comments) | | |
| DHS | | |  | | |
| CANS Needs | | | | | |
| 0: No Concerns | | 1: Watchful Waiting | 2: Action | | 3: Immediate Action/Safety Planning |
| CANS Score |  | | |  |  |
|  | Service Permanence (69) | | |  |  |
| Comments: (*names & contact information including school contact*) | | | | | |

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| --- |
| **Current Mental Status:** |
| **Appearance:** Choose an item.  **Psychomotor:**  Posture: Choose an item. Coordination: Choose an item. Gait: Choose an item. Manner: Choose an item. Eye Contact: Choose an item.  **Intellect:**  Attention/Concentration: Choose an item. Fund of Knowledge: Choose an item. Judgment: Choose an item. Insight: Choose an item. Memory: Choose an item. Abstraction: Choose an item.  **Speech:**  Volume: Choose an item. Rate: Choose an item. Clarity: Choose an item. Rhythm: Choose an item.  **Thought:**  Clarity: Choose an item. Flow: Choose an item. Content: Choose an item. Orientation: Choose an item.  **Affect:**  Expression: Choose an item. Attitude: Choose an item. Mood: Choose an item. Range: Choose an item.  **Sleep:** Choose an item.  **Appetite:** Choose an item.  **Activity:** Choose an item.  **Social Contact:** Choose an item. |
| Comments: |

|  |
| --- |
| **Clinical Formulation:** (*must include strengths, diagnostic justification with DSM criteria and prognosis*) |
|  |

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| --- | --- |
| **Diagnostic Impression (DSMV & ICD-10)** | |
| Primary Diagnosis (F code and Diagnosis): | |
| Problem in Functioning (Z code and Diagnosis): | |
| Medical Conditions: | |
| ACE Score for Client: | ACE Score for Parent 1: |
| ACE Score for Parent 2: |  |

|  |
| --- |
| **Level of Care** |
| Level 1 – 120 days  Level 2 – 270 days  Level 3 – 364 days |

|  |  |
| --- | --- |
| **Treatment Recommendations:** | |
| Services: | Referrals: |
| Individual Therapy | Alcohol/Drug Referral |
| Family Therapy | DD Services Referral |
| Group Therapy | MVWRAP Referral |
| Psychiatric Evaluation/Medication Management | Psychological Evaluation/Testing |
| Skills Training | Other (see comments) |
| Comments: | |

**Clinician Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**

**Clinician Printed Name/Credentials:**

**LMP Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

**LMP Designee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Initial Information | Date: |  |  |
|  | Change \* | Date: |  |  |
|  | Discharge | Date: |  |  |
|  |  |  |  |  |

Mental Health Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name** | **Date of Birth** | **OHP ID** | **PCP** |
|  |  |  |  |

Your patient is receiving services at our agency

If you have questions or want additional information, including the assessment or treatment plan, please contact:

|  |
| --- |
| **Clinician/Therapist/Case Manager/Service Coordinator** |
| Choose an item. |

|  |
| --- |
| **Presenting Issues/Diagnosis** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medications** | | | | | |
| Prescriber: |  | Tel: |  | Email: |  |
| Medication | | Dosage/Frequency | | Prescribed to Address . . . | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |

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| --- |
| **\* Describe Change(s)** |
|  |

If you patient is receiving psychiatric medications, we will stabilize them appropriate to their condition. Once your patient is on a stable medication regimen, we will contact you to discuss transitioning them back to you for continued prescribing of their psychotropic medications. We will continue to be available for consultation and support and immediate return to services if you patient’s needs change.

Note: Please fax ongoing lab results and/or medication changes to us for coordination of care.

**Level of Care- Child & Youth**

**Ages 0-5**

**Name:**       **DOB:**       **Program:** Choose an item. **Screener:**

**Date:**       **LOC Assessed:** Choose an item. **Authorization Length:** Choose an item

Explain any deviation from the derived LOC assessed and the determined services being recommended:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEVEL 1 - OUTPATIENT SERVICES:**

Covered diagnosis on the prioritized list; **AND meeting at least one criteria from 1 or 2.**

1. Transition from higher level of care; stepdown to maintain treatment gains;
2. A rating of “2” or “3” on at least 1 of the following (in any column)

|  |  |  |
| --- | --- | --- |
| **SAFETY/RISK** | **FUNCTIONING** | **ENVIRONMENT/RELATIONSHIP** |
| Self Harm (#5) | Reaction to Traumatic Life Experiences (#27) | Parent or Sibling Challenges (#4) |
| Aggressive Behavior (#6) | Preschool/Daycare Behavior (#37) | Traumatic Grief & Separation (#28) |
| Sexual Behavior (#7) | Social Functioning (#39) | Family Functioning (#35) |
|  | Recreational/Play (#40) | Living Situation (#36) |
|  | Sleep (#46) | Cultural Stress (#52) |
|  | Impulsivity/Hyperactivity (#54) | Attachment Difficulties (#53) |
|  | Temperament (#55) |  |
|  | Depression (#58) |  |
|  | Anxiety (#59) |  |
|  | Atypical Behaviors (#60) |  |

**LEVEL 2 - INTENSIVE OUTPATIENT SERVICES:**

Covered diagnosis on the prioritized list; **AND meeting at least one criteria from 1 or 2**

1. Discharge from an Acute, Subacute or Psychiatric Residential treatment facility within the last 6 months
2. Meeting criteria for both A & B
3. A rating of “2” or “3” on at least 2 of the following (in any column);

|  |  |
| --- | --- |
| **SAFETY/RISK** | **ENVIRONMENT/RELATIONSHIP** |
| Self Harm (#5) | Parent or Sibling Challenges (#4) |
| Aggressive Behavior (#6) | Traumatic Grief & Separation (#28) |
| Sexual Behavior (#7) | Family Functioning (#35) |
|  | Living Situation (#36) |
|  | Cultural Stress (#52) |
|  | Attachment Difficulties (#53) |
|  |  |

**AND**

1. A rating of “2” or “3” on at least 3 of the following

|  |
| --- |
| **FUNCTIONING** |
| Reaction to Traumatic Life Experiences (#27) |
| Preschool/Daycare Behavior (#37) |
| Social Functioning (#39) |
| Recreational/Play (#40) |
| Sleep (#46) |
| Impulsivity/Hyperactivity (#54) |
| Temperament (#55) |
| Depression (#58) |
| Anxiety (#59) |
| Atypical Behaviors (#60) |
|  |

**LEVEL 3 - INTENSIVE INTEGRATED SERVICES:**

Covered diagnosis on the prioritized list; **AND meeting at least one criteria from 1, 2, or 3**

1. Discharge from an Acute, Subacute or Psychiatric Residential treatment facility within the last 3 months;
2. Multiple system involvement requiring care coordination and intensive case management;

**AND**

A rating of “2” or “3” on 2 or more of the following;

|  |
| --- |
| **SAFETY/RISK** |
| Self Harm (#5) |
| Aggressive Behavior (#6) |
| Sexual Behavior (#7) |

1. Multiple system involvement requiring care coordination and intensive case management; **AND** meeting criteria for both A & B

1. A rating of “2” or “3” on at least 2 of the following (in any column);

|  |  |
| --- | --- |
| **SAFETY/RISK** | **ENVIRONMENT/RELATIONSHIP** |
| Self Harm (#5) | Parent or Sibling Challenges (#4) |
| Aggressive Behavior (#6) | Traumatic Grief & Separation (#28) |
| Sexual Behavior (#7) | Family Functioning (#35) |
|  | Living Situation (#36) |
|  | Cultural Stress (#52) |
|  | Attachment Difficulties (#53) |

**AND**

1. A rating of “2” or “3” on at least 3 of the following

|  |
| --- |
| **FUNCTIONING** |
| Reaction to Traumatic Life Experiences (#27) |
| Preschool/Daycare Behavior (#37) |
| Social Functioning (#39) |
| Recreational/Play (#40) |
| Sleep (#46) |
| Impulsivity/Hyperactivity (#54) |
| Temperament (#55) |
| Depression (#58) |
| Anxiety (#59) |
| Atypical Behaviors (#60) |

**Level of Care- Child & Youth**

**Ages 6-20**

**Name:**       **DOB:**       **Program:** Choose an item. **Screener:**

**Date:**       **LOC Assessed:** Choose an item. **Authorization Length:** Choose an item

Explain any deviation from the derived LOC assessed and the determined services being recommended:

**\_\_\_ Youth has been enrolled in ISS services for 11 months and is expected to show improvement in several areas for level of need. Team process will determine when it is appropriate for a successful and mindful transition out of ISS services. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEVEL 1 - OUTPATIENT SERVICES:**

Covered diagnosis on the prioritized list; **AND meeting at least one criteria from 1, 2, or 3**

1. Transition from higher level of care; stepdown to maintain treatment gains;
2. Ongoing medication management needed to maintain treatment gains;
3. A rating of “2” or “3” on at least 1 of the following (in any column)

|  |  |  |
| --- | --- | --- |
| **SAFETY/RISK** | **FUNCTIONING** | **ENVIRONMENT/RELATIONSHIP** |
| Suicide Risk (#1) | Reactions to Traumatic Life Experiences (#33) | Traumatic Grief & Separation (#34) |
| Non-Suicidal Self-Injurious Behavior (#2) | Emotional and/or Physical Regulation (#40) | Family Functioning (#41) |
| Other Self Harm/ Recklessness (#3) | Social Functioning (#43) | Living Situation (#42) |
| Danger to Others (#4) | Self-Care/Daily Living Skills (#46) | Cultural Stress (#58) |
| Decision Making (#7) | Sleep (#50) | Attachment Difficulties (#64) |
| Fire-Setting (#8) | Sexual Development (#51) |  |
| Sexually Aggressive Behavior (#9) | School Behavior (#52) |  |
| Anger Control (#66) | School Achievement (#54) |  |
|  | Impulsivity/Hyperactivity (#59) |  |
|  | Depression and Anxiety (#60) |  |
|  | Psychosis (Thought Disorder) (#61) |  |
|  | Oppositional (Non-Compliance With Authority) (#62) |  |
|  | Eating Disturbances (#65) |  |

**LEVEL 2 - INTENSIVE OUTPATIENT SERVICES:**

Covered diagnosis on the prioritized list; **AND meeting at least one criteria from 1 or 2**

1. Discharge from an Acute, Subacute or Psychiatric Residential treatment facility within the last 6 months;
2. Meeting criteria for both A & B
3. A rating of “2” or “3” on at least 2 of the following (in any column);

|  |  |
| --- | --- |
| **SAFETY/RISK** | **ENVIRONMENT/RELATIONSHIP** |
| Suicide Risk (#1) | Traumatic Grief & Separation (#34) |
| Non-Suicidal Self-Injurious Behavior (#2) | Family Functioning (#41) |
| Other Self Harm/Recklessness (#3) | Living Situation (#42) |
| Danger to Others (#4) | Cultural Stress (#58) |
| Decision Making (#7) | Attachment Difficulties (#64) |
| Fire-Setting (#8) |  |
| Sexually Aggressive Behavior (#9) |  |
| Anger Control (#66) |  |
|  |  |
|  |  |
|  |  |

**AND**

1. A rating of “2” or “3” on at least 3 of the following

|  |
| --- |
| **FUNCTIONING** |
| Reactions to Traumatic Life Experiences (#33) |
| Emotional and/or Physical Regulation (#40) |
| Social Functioning (#43) |
| Self-Care/Daily Living Skills (#46) |
| Sleep (#50) |
| Sexual Development (#51) |
| School Behavior (#52) |
| School Achievement (#54) |
| Impulsivity/Hyperactivity (#59) |
| Depression and Anxiety (#60) |
| Psychosis (Thought Disorder) (#61) |
| Oppositional (Non-Compliance with Authority) (#62) |
| Eating Disturbances (#65) |

**LEVEL 3 - INTENSIVE INTEGRATED SERVICES:**

Covered diagnosis on the prioritized list; **AND meeting at least one criteria from 1, 2, or 3**

1. Discharge from an Acute, Subacute or Psychiatric Residential treatment facility within the last 3

months;

1. Multiple system involvement requiring care coordination and intensive case management;

**AND**

A rating of “2” or “3” on 3 or more of the following;

|  |
| --- |
| **SAFETY/RISK** |
| Suicide Risk (#1) |
| Non-Suicidal Self-Injurious Behavior (#2) |
| Other Self Harm/Recklessness (#3) |
| Danger to Others (#4) |
| Decision Making (#7) |
| Fire-Setting (#8) |
| Sexually Aggressive Behavior (#9) |
| Anger Control (#66) |

1. Multiple system involvement requiring care coordination and intensive case management; **AND** meeting criteria for both A & B
2. A rating of “2” or “3” on at least 3 of the following (in any column);

|  |  |
| --- | --- |
| **SAFETY/RISK** | **ENVIRONMENT/RELATIONSHIP** |
| Suicide Risk (#1) | Traumatic Grief & Separation (#34) |
| Non-Suicidal Self-Injurious Behavior (#2) | Family Functioning (#41) |
| Other Self Harm/Recklessness (#3) | Living Situation (#42) |
| Danger To Others (#4) | Cultural Stress (#58) |
| Decision Making (#7) | Attachment Difficulties (#64) |
| Fire-Setting (#8) |  |
| Sexually Aggressive Behavior (#9) |  |
| Anger Control (#66) |  |

**AND**

B-A rating of “2” or “3” on at least 4 of the following

|  |
| --- |
| **FUNCTIONING** |
| Reactions to Traumatic Life Experiences (#33) |
| Emotional and/or Physical Regulation (#40) |
| Social Functioning (#43) |
| Self-Care/Daily Living Skills (#46) |
| Sleep (#50) |
| Sexual Development (#51) |
| School Behavior (#52) |
| School Achievement (#54) |
| Impulsivity/Hyperactivity (#59) |
| Depression and Anxiety (#60) |
| Psychosis (Thought Disorder) (#61) |
| Oppositional (Non-Compliance with Authority) (#62) |
| Eating Disturbances (#65) |

CBH TEAM REFERRALS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name:** | |  | | | | **RT#:** |  |
|  | | | | | | | |
| **DOB:** |  | | | **Level of Care:** | | | |
|  | | | | | | | |
| **Who should be contacted for scheduling appointments?** Name:  **Contact phone number:**  **School Based Services:**  **Yes**  **No**   **If yes, which school:**  **Intake Therapist Keeping the Case: Yes  No**  **1st Appointment Already Scheduled? Yes  No**  **Spanish Speaking? Yes  No**  **Other Language:** | | | | | | | |
| **Prescriber Referral Made? Yes**  **No**  **Open/Close Assessment Only: Yes**  **No** | | | | | **YFCS Referral to COP: Yes**  **No**  **DHS Referral to COP: Yes**  **No** | | |
| **Additional Notes:** | | |  | | | | |

|  |  |
| --- | --- |
| Alberto Vazquez, MA, LPCi, QMHP | Lupita Pena-Baltazar, MSW, QMHP |
| Erin Ahlquist, NCC, LPC | Joel Rosano-Alvarez, MA, QMHP |
| Eleni Speropulos, MA, QMHP, LMFTi | Micheen Panosh, MSW, QMHP |
| Jennifer Helms, MA, QMHP | Mariana Barrera, |
| Keith Irwin, LPC, MA, QMHP |  |
| Margie Braaten, BS, QMHP |  |
| Maria Cardenas, MSW, QMHP |  |
| Christopher David, MS LMFTintern QMHP |  |
| Kiri Horsey, NCC, LPC | Adam Bird |
| Esthela Mitchell, LMFT, QMHP |  |
| Erica Alonzo-Leon, MSW, QMHP | Intern: |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| COP | PCITO | PCITG | FATC |
|  | | | |
| LATG | STAR |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Phil Blea | Jason Tate | | Viri Pozos | Erin Ahlquist | Mechelle Millmaker | |
| Date: | | Date of Transfer: | | Level of Care Form | | By (Initials): |
|  | | | | | | |

Changes made to:  Raintree  IPA  H:Drive/Client folders

|  |
| --- |
|  |

Adverse Childhood Experience (ACE) Questionnaire

|  |  |  |
| --- | --- | --- |
| Name(s): | RT#: | Date: |

While you were growing up, during your first 18 years of life:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Parent ‘yes’ | Parent ‘no’ | Youth ‘yes’ | Youth ‘no’ |
| 1. Did a parent or other adult in the household often …  Swear at you, insult you, put you down, or humiliate you?  or  Act in a way that made you afraid that you might be physically hurt? |  |  |  |  |
| 2. Did a parent or other adult in the household often … Push, grab, slap, or throw something at you?  or  Ever hit you so hard that you had marks or were injured? |  |  |  |  |
| 3. Did an adult or person at least 5 years older than you ever…  Touch or fondle you or have you touch their body in a sexual way?  or  Try to or actually have oral, anal, or vaginal sex with you? |  |  |  |  |
| 4. Did you often feel that …  No one in your family loved you or thought you were important or special?  or  Your family didn’t look out for each other, feel close to each other, or support each other? |  |  |  |  |
| 5. Did you often feel that …  You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?  or  Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? |  |  |  |  |
| 6. Were your parents ever separated or divorced? |  |  |  |  |
| 7. Was your mother or stepmother:  Often pushed, grabbed, slapped, or had something thrown at her?  or  Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?  or  Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? |  |  |  |  |
| 8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? |  |  |  |  |
| 9. Was a household member depressed or mentally ill or did a household member attempt suicide? |  |  |  |  |
| 10. Did a household member go to prison? |  |  |  |  |
| **Total up the ‘yes’ answers to show your ‘ACE’ score** |  | |  | |

Cual es el puntuage de mi ACE (Experiencias Adversas Durante la Niñez)?

Nombre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RT#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Antes de tus 18 anos:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Padres "sí" | Padres "no" | Niño[a] "sí" | Niño[a] "no" |
| 1.Alguno de tus padres o algun otro adulto en tu **casa frequentement o muy  frequentemente**...  Te grito, insultó, te hizo sentir menos, o te humillo?  **O**  Se comporto de alguna manera que hizo que sintieras miedo o que te sintieras fisicamante herido? |  |  |  |  |
| 2.Alguno de tus padres o algun otro adulto en tu hogar **frequentemente o muy frequentemente**…   Te empujó, te agarro bruscamente, te dio una bofetada, o te tiro con algo?  **O**  Te golpeo tan fuerte que te dejo marcas o heridas? |  |  |  |  |
| 3.Algun adulto u otra persona por lo menos 5 años mas grande que tu**alguna vez**…..  Toco tu cuerpo o te obligo a tocar su cuerpo de una manera sexual?  **O**  Atentó o tuvo sexo oral, anal, o vaginal contigo? |  |  |  |  |
| 4. Sientes **frequentemente o muy frequentemente** …  Que nadie en tu familia te ha querido o que ha pensado que eres importante o especial?  **O**  En tu familia no se protegían mutuamente, o eran cercanos unos a otros, o se apoyaban mutuamente? |  |  |  |  |
| 5. Sientes **frequentemente o muy frequentemente** …  Que no tienes suficiente comida, que tienes que usar ropa sucia, o que no tienes quien te proteja?  **O**  Que tus padres estaban muy tomados o drogados para cuidarte or llevarte al doctor si fuera necesario? |  |  |  |  |
| 6.Perdiste alguno de tus padres biologicos como resultado de divorcio, abandono, o alguna otra razon? |  |  |  |  |
| 7.Tu mama o madrasta alguna vez: **Frequentemente or muy frequentement** la empujaron, la agarraron  bruscamente, le dieron una bofetada, o le tiraron con algun objecto?  **O**  **De vez en cuando, frequentemente, o muy frequentemente**la patearon, mordieron, le pegaron con el puno, o le pegaron con algun objeto duro?  **O**  Alguna vez la golpearon repetidamente for algunos minutos o amenazaron con pistola o cuchillo? |  |  |  |  |
| 8.Haz vivido con alguien que tiene problemas con el alcohol, que es/fue alcoholico, o que uso drogas? |  |  |  |  |
| 9.Algun miembro de tu hogar, sufria de depression o enfermedad mental, o algun miembro de tu hogar intentó suicidarse? |  |  |  |  |
| 10. Alguien de tu hogar estuvo en prision? |  |  |  |  |
| **Sume el total de las respuestas "sí" para mostrar su puntuación de 'ACE'** |  | |  | |

MARION COUNTY HEALTH & HUMAN SERVICES

CHILDREN’S BEHAVIORAL HEALTH SERVICES

Service Plan

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Client’s Name | Raintree ID# | Date of Birth |

Assigned Therapist:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

◼ If applicable, please refer to the client’s file for current medication(s) prescribed by this agency.

◼ Crisis Plan: In case of a mental health crisis, I will call:

1. This agency (Children’s Behavioral Health): 503 981 5851 or (TAY): 503-576-4600
2. Youth & Family Crisis Services 503-576-4673; 3)Crisis Hotline: 503-581-5535.

◼ Refer to the mental health assessment form for client’s status on legal, education, strengths, family,

physical health, and social domains/areas, and identified current and natural supports that will

occur throughout treatment.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date** | | **Client’s Presenting**  **Issue / Problem** | | **Treatment Goal** | | **Objective/Action Plan** | |
|  | | Adjustment Do  ADHD  Mood Do  Oppositional Do  Anxiety Do  Trauma/PTSD  Alcohol/Drugs  Other\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | For the client to engage in treatment, build rapport with therapist, and decrease problematic symptoms. | | -The client will meet with assigned therapist to assess and establish specific tx goal(s) to be determined within 45 days.  If recommended:  -Refer client to A & D Srvcs.  -Refer client to Intnsv Srvcs. | |
| **Treatment complete/discharge criteria:** The client will be able to maintain personal stability, as well as stability at home with care providers, at school, and in the community without the help of this agency. | | | | | | | |
| **Services/Activities**  [Tx issues from above] | | | **Person Responsible**  **(Provider)** | | **Frequency**  **(Weekly, Monthly)** | | Duration **(Minutes)** |
| 1. | Individual Therapy | | Client and QMHP | | 1 - 4 x per month | | 30 - 90 mins |
| Family Therapy | | Client and QMHP | | 1 - 4 x per month | | 30 - 90 mins |
| Group | | QMHP, QMHA | | 1 x per week | | 60 - 90 mins |
| Med Srvcs. | | Rxer, Client, Guardian | | 1 x per month | | 30 - 90 mins |
| Case Mgmt. | | QMHP, QMHA | | 2-4 x per month | | 15-60 mins |
| Skills Trng. | | QMHA | | 1-4x per month | | 60-90 mins |
| A & D Tx Rfrl | | Client and Therapist | | TBD | | TBD |
| Mission Trans Rfrl | | Client and Therapist | | TBD | | TBD |

# SIGNATURES: Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

## Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

Medical Practitioner (LCSW, PMHNP, MD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

Printed Name & Credentials of Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_