

## ADULT CASE MANAGEMENT ASSESSMENT

The Adult Case Management Assessment provides a standard format to assess mental health, substance use and functional needs of individuals served. This Assessment provides a summary of assessed needs that serve to develop the IAP.

Data Field	Identifying Information
<b>Organization and Program Name</b>	Record the names of the Organization and the Program if applicable
<b>Individual's Name</b>	Record the first name, last name, and middle initial of the Individual being served. Order of name is at agency discretion.
<b>Record #</b>	Record your agency's established Record number for the Individual.
<b>Date of Birth</b>	Record the date of birth of the Individual. (e.g. MM/DD/YYYY)
Data Field	Presenting Concerns
<b>Reason for Referral</b>	Document the reason the individual was referred for services in individual's or referent's own words.
Data Field	Living Situation
<b>What is the individual's current living situation</b>	Check the box(s) to indicate what the individual's current living situation is. You are not required to check off one box under each category (i.e., individual's home, residential care/treatment facility, other).
<b>At Risk of Losing Current Housing</b>	Check Yes or No. If yes, provide comments that illustrate the situation.
<b>Satisfied with Current Living Situation</b>	Check Yes or No. If No, provide comments that illustrate the situation.
<b>Household Composition</b>	Describe household composition including persons living with individual other than their children.
Data Field	Family Information
<b>Family Information</b>	Does individual have children? If Yes, identify them by name, Complete the grid with the name of each child, age, and the individual with whom the child lives. Note any custody issues ( e.g. foster care.). If No, skip to next section

Data Field	Social Supports
<b>Friendship/Social/Peer Support Relationships</b>	Describe the individual's relationships with friends and other sources of social support. Describe social skills and limitations including difficulties the individual may experience in his/her relationships with others.
<b>Meaningful Activities</b>	<p>Record the types of activities the individual participates in on a regular basis. Meaningful means the individual finds value and importance in the activity. Meaningful activity is determined by the individual, but it is up to the interviewer to explore how the individual is or has been involved in any volunteer, work, educational, or other activities. In addition, record recreational outlets used by the individual.</p> <p><b>Examples: Brian does the grocery shopping for his mom. Shikera works part time at a local nursing home as a housekeeper. Mohammed meets a group of friends every morning for coffee. Duc and best friend go out to movies every Friday. Agnes goes to church every Sunday and assists with Sunday school.</b></p>

<b>Community Supports/Self-Help Groups</b>	Record the supports the individual currently receives from his/her community or from self-help groups. Include a description of the support(s) being received.  <b>Example: Youth Services, Visiting Nurses Association, Meals on Wheels, Church, social or support groups, Drop in center involvement, Self-help groups such as Peer Support, Overeaters Anonymous, AA, NA, Sex Addicts Anonymous, Double Trouble.</b>
<b>Religion/Spirituality</b>	Record religious and/or spiritual issues important to the individual that may impact his/her mental health and/or substance use treatment and support needs. Spirituality may encompass belief in a "higher power" or connection to some other entity that helps him/her feel a sense of significance, peace, or belonging without religious rituals.  <b>Example: Sam reports prayer helps him cope with stress and adversity. Example of types of Religion: Catholic, Protestant, Jewish, Muslim, Wiccan, Jehovah's Witnesses, Buddhist. Example of Spirituality: Juan's values and beliefs are not connected to an organized religion but he enjoys feeling connected to the natural environment.</b>
<b>Cultural/Ethnic Information</b>	Record cultural and ethnic issues considered important to the individual and/or family and are pertinent to mental health and/or substance use treatment and support needs. Identify issues in order to provide culturally competent treatment and support to the individual. Also, note any relevant issues relating to immigrant status and/or assimilation into American culture.  <b>Examples: Family does not know that Jim is seeking help; he believes they would be non-supportive because in his ethnic community no one seeks help outside of the family. Ting states that her family is very close and that she expects they will be very supportive. Sarah strongly identifies as a Latino and is closely affiliated with the Latino community in her neighborhood.</b>
<b>Race</b>	Indicate the appropriate race by checking the indicators provided or indicate "unknown" if not able to determine race.
<b>Does individual served have a Legal Guardian, Rep Payee, or Conservatorship?</b>	Check the appropriate box. If yes, complete the Legal Status Addendum.
<b>Is there a need for a Legal Guardian, Rep Payee, or Conservatorship? Explain.</b>	Check the appropriate box. If "Yes", provide details.
<b>Data Field</b>	<b>Legal Involvement History</b>
<b>Does the individual have a history of, or current involvement with the legal system?</b>	Check the appropriate box. If yes, complete the Legal Involvement and History Addendum
<b>Data Field</b>	<b>Education and Employment</b>
<b>Education History</b>	Check all boxes, and supply additional information if indicated that relate to individual's educational history.
<b>Comments</b>	Describe any pertinent information that has impacted individual's education. <b>Example: Pat dropped out of high school due to her substance abuse difficulties.</b>
<b>Employment Status</b>	Check all boxes that apply. If currently employed, indicate type of job, length of employment and average number of hours worked.
<b>If not currently employed</b>	Check appropriate box
<b>Does the individual want to work</b>	Check either No, Yes, or Uncertain/comments
<b>Does the individual want help to</b>	Check the appropriate box. If yes, complete the Employment/Education

find employment and/or further their education/training	Addendum.
<b>Data Field</b>	<b>Military Service</b>
<b>None Reported</b>	If individual reports no military service history, check None Reported and skip to next section.
<b>Military Service</b>	Check the appropriate box. If "Yes" for individual or significant other/family member complete appropriate Military Service Addendum.
<b>Data Field</b>	<b>Substance Use/Addictive Behavior History</b>
<b>None reported</b>	If individual does not report a Substance Use Addictive history, check None Reported and skip to next section.
<b>Does individual report a history of, or current, substance use/addictive behavior concerns</b>	If "Yes" to any current use, or history of any use, complete the Substance Use/Addictive Behavior History Addendum. Clinician must use their clinical judgment in determining whether or not the addendum is necessary for normal prescription drug use or over the counter drug use.
<b>Data Field</b>	<b>Mental Health and Addiction Treatment Service History (Inpatient/Outpatient)</b>
<b>None Reported</b>	If None Reported check box and skip to next section.
<b>Type of Services</b>	Record the type of service received in the past five (5) years. Be as specific as possible. <b>Examples: Inpatient psychiatric hospitalization, inpatient detoxification and/or rehabilitation program, mental health clinic, partial hospitalization program, outpatient addictive recovery program.</b>
<b>Dates of Service</b>	Record the actual or approximate date range of service.
<b>Reason</b>	Record the reason that individual received treatment. <b>Example: Suicidal ideation; cocaine dependence</b>
<b>Name of Provider / Agency</b>	Record the name of the provider and/or agency.
<b>Inpatient/Outpatient</b>	Check box to indicate whether treatment course was inpatient or outpatient.
<b>Completed</b>	Check if individual completed the originally planned service. <b>Example: Check <u>No</u> if individual did not complete the full course of treatment.</b>
<b>What was helpful with past treatment?</b>	Indicate if treatment was helpful and explain why the individual thinks it was or was not helpful.
<b>Comments</b>	Provide any additional relevant comments regarding the individual's outpatient treatment history.
<b>Data Field</b>	<b>Medication Information</b>
<b>Medication</b>	Record current psychiatric and non-psychiatric medications prescribed by a licensed prescriber, or self-prescribed, as well as over the counter and/or herbal medications and supplements. The information should be captured even if the individual does not know the name of the medication. If this is the case, in the Medication column list "Unknown" and then list all other information the individual remembers.
<b>None Reported</b>	If None Reported, skip to the next question.
<b>Dosage / Route / Frequency</b>	Record the dosage, route, and frequency for each medication taken by the individual. It is suggested that dosage be recorded as unit/time of day. <b>Example: 50 mg by mouth @ 8 AM, 3 PM and 10 PM.</b>
<b>Reported Side-effects</b>	Record any reported side-effects the individual experiences.
<b>Adherence</b>	Check the box that best indicates if the individual takes the medication as prescribed or suggested.
<b>Prescriber</b>	Record the name of the physician or other licensed prescriber who prescribed the listed medication, if applicable.

<b>Comments on Past 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 the individual doesn't take meds as prescribed, side-effects and any specific medications the individual would like to avoid taking in the future.
<b>Data Field</b>	<b>Assessed Needs Checklist Including Functional Domains</b>
<b>CN and NI</b>	For each item check whether it is Current Need (CN) or Not Clinically Indicated at this time (NI)
<b>Current Need Areas</b>	Current Need Areas will be based on the assessment. Check all current need areas for the individual. Each Current Need addressed will be used to develop "Identified Needs and Service Recommendations" later in the assessment that tie directly to the Individualized Action Plan and constitute the beginning of the order for treatment. Current Need should be determined based on assessment areas above with emphasis on those areas that interfere with or prevent assumption or continuation of the individual'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.
<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>Individual 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>Individual Served Strengths/Abilities and Barriers (Skills, Talents, Interests, Aspirations, Protective Factors)</b>
<b>Life Goals</b>	Describe individual's life goals, in his/her own words.
<b>Strengths</b>	Describe skills, talents, interests, aspirations, and protective factors that could be put into service toward achievement of the individual's goals. <b>Examples: Sense of humor, intelligence, determination, self-knowledge, strong family ties, community involvement, and steady employment</b>
<b>Barriers</b>	Identification of the barriers due to the individual's mental illness or substance use that are preventing the achievement of the individual's recovery goals. Barriers can be practical (e.g. not being insured, limited time and competing priorities, transportation problems), psychological (perceived stigma), cultural, or other.
<b>Past and Present Successes</b>	Indicate past and present successes in achieving desired life goals (e.g. obtaining a job, graduating from technical school, etc.).

Data Field	Prioritized Assessed Needs as Evidenced by
<b>Prioritized Assessed Needs</b>	<p>The information for this section comes from the overall assessment and in particular the Assessed Needs Checklist. Identify and record <i>Assessed Needs</i> of the individual. Assessed needs are not services or interventions but distressing symptoms, maladaptive behaviors, functional deficits, support deficits, etc. that prevent the individual from assuming desired life roles. To the right of each identified need check the appropriate box indicating whether the need is "Active" (i.e. will be addressed in the IAP), "Person Declined" (i.e. the individual chooses not to address this need at this time), "Deferred" (i.e. the Individual and clinician have determined not to address the need until a later time), or "referred" (i.e. the need requires referral to another program, service, or practitioner). In some cases there may be high need areas that cannot be declined or deferred without risk to the individual and must stay on the list as a treatment need. These should be the exceptions to the person-centeredness of this negotiation. These identified needs will be considered the basis for subsequent treatment goals and/or objectives and all recommendations and needs will be geared toward improving the functioning of the individual in life roles or reducing the distressing symptoms of his/her illness.</p> <p><b>Examples: Debilitating depressive symptoms that result in isolation. Problems controlling anger. Repeated relapses with alcohol and drugs. Psychotic symptoms (i.e. delusions, hallucinations) that interfere with individual's ability to manage wellness and resume desired life roles. Social skills challenges that result in isolation. Challenges with ADL skills that interfere with individual's ability to integrate into the community. Lack of social supports to help individual in recovery. Self destructive thoughts/behaviors that threaten the individual's survival and ability to pursue desired roles.</b></p>
<b>Individual Declined/ Deferred/ Referred Out Rationale(s)</b>	Describe reasoning behind worker's decisions to defer or refer out work on any assessed needs. Also provide reasoning behind decisions by individual served to decline a recommendation at this time.
<b>Indicated Services recommended</b>	Identify the services that the individual is in need of, as identified in the assessment.
<b>Individual served/guardian/family response to recommendations</b>	Indicate individual's/guardian's/family's response to treatment recommendations.
Data Field	Signatures
<b>Individual Served Signature</b>	Signature of the individual served (optional).
<b>Guardian Signature</b>	Signature of the parent/guardian of the individual served (optional).
<b>Provider – Print Name/Credential, Signature, and Date</b>	Legibly print name, credential(s) and signature of individual completing the Assessment. Record the date of signature.
<b>Supervisor – Print Name/Credential, Signature, and Date (if needed)</b>	Legibly print name, credential(s) and signature of the Supervisor reviewing the Assessment and record the date of signature. (if needed)
<b>Other – Print Name/Credential, Signature, and Date</b>	Legibly print name, credential(s) and signature of individual reviewing the Assessment and record the date of signature. (if needed)