

Partners in Recovery

PART E. ANNUAL BEHAVIORAL HEALTH UPDATE AND REVIEW SUMMARY

Name: _____ Date of Birth _____ Client CIS ID# _____

Accompanying Family Member/Significant Other (Note relationship to person):

Date of Current Assessment/Review

Date of Initial Assessment/Last Review

I. SERVICES AND TREATMENT SUMMARY: During the past year consider the following:

Mental Health The consumer's past and present medication use, including psychotropic, medical, herbal and over the counter medications; their doses and time last taken; target symptoms and response to treatment; significant medication side effects/adverse drug reactions, AIMS tests; significant laboratory findings; other therapeutic interventions, services or supports provided and response to treatment, including covered behavioral health services, services provided by another system (i.e. DDD, VR, etc.), generic community services, family and/or other natural supports. What helped? What did not help or made condition worse? Overall progress (or lack of); significant events/trauma since the last assessment/review, including any hospitalizations, arrests/incarcerations.)

Physical Health (medical conditions that require regular monitoring or intervention, medications, target symptoms and response to treatment, significant laboratory findings from the PCP, summary of physical examination and other evaluations completed in past year, coordination of care with PCP, physical activity, tobacco use, diet - obtain input from nurse prior to completing this section)

** If there is no completed adequate assessment, no Physical Health Assessment and no Nursing Assessment, consider completing the attached Medical History Questionnaire addendum before completing this section.*

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II. CURRENT STATUS

1. Mental Health Status

Cognitive functioning (include attention, memory, information processing, problem solving, results of mini-mental status exam)

Appearance, affect, agitation, anxiety, appetite, attitude, concentration, compulsions, emotional stability, energy, guilt, judgement, loss of interest, mood, obsessions, psychomotor retardation, self-image, sleep

Hallucinations, delusions, thought disorder, suicidal ideation, homicidal ideation and self-harm

**** If the person has a history of thinking about or acting on harm to self or others, and there is no completed ADHS Risk Assessment, consider completing the attached Risk Assessment addendum before completing this section.***

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2. Cultural and language preferences/considerations for service provision

Language (potential barriers to progress – include ability to read, hear, understand and speak English or in the person's preferred language. Does the person need an interpreter – English or sign language?)

Customs (what works/doesn't work – consider diet, dress, parenting style/child rearing practices, family rules, holidays, rituals, traditions, faith, spirituality, beliefs and assumptions, standards and expectations, gender roles)

3. Describe person's current overall functioning and progress in reaching treatment objectives:

Substance abuse/dependence (include current status, history of use and treatment history, substances used, frequency and effects - obtain input from family members, substance abuse specialist, housing/residential and substance abuse providers prior to completing this section)

**** If the person has a substance abuse problem and there is no completed adequate assessment Substance Related Disorder section or ASAM dimensional assessment, consider completing the attached Substance abuse addendum before completing this section.***

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Living environment (include type of setting: alone, congregate, structured, suitably furnished, adequate food/drink, safety - obtain input from family members, housing specialist and housing/residential providers prior to completing this section)

**** If there is no completed adequate assessment, consider completing the attached Living Environment addendum before completing this section.***

Activities of daily living (include personal care skills, grooming, nutrition, food preparation, domestic skills, ability to follow a medical and behavioral treatment program, medication adherence, time and money management, use of community resources, communication, reading, use of phone, hazard recognition, ability to independently request assistance and self preservation skills - obtain input from family members, nurse, and housing/residential providers prior to completing this section)

**** If there is no completed adequate assessment, consider completing the attached Living Environment addendum before completing this section.***

Education (include educational background and current educational plan, if any - obtain input from family members and rehab specialist/VR prior to completing this section)

**** If there is no completed adequate assessment, consider completing the attached Education/Vocational Training addendum before completing this section.***

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Employment/ vocational training (include vocational and employment skills, including vocational history, work skills, preferences and interest in employment, current productive or meaningful activity, involvement with rehab/VR specialist - obtain input from family members and rehab specialist/VR prior to completing this section)

**** If there is no completed adequate assessment, consider completing the attached Employment addendum before completing this section.***

Social/interpersonal relationships (include the person's support system, including availability of family, friends, neighbors, religion or support services and other natural supports in the community, current leisure activities - obtain input from family members and rehab specialist/VR prior to completing this section)

**** If there is no completed adequate assessment, consider completing the attached Family/Community Involvement addendum before completing this section.***

Legal status/need for guardian, conservator or special assistance (include ability to make informed decisions with regard to medical care, financial matters, confidential information, effective participation in service planning, ability to exercise rights and privileges; need for court ordered treatment - obtain input from person and family members prior to completing this section)

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Criminal justice involvement (arrests, court dates and outcomes, conditions of probation/parole - obtain input from family members and probation/parole officers prior to completing this section)

**** If the person has a history of criminal justice involvement and there is no completed ADHS Criminal Justice Assessment, consider completing the attached Criminal Justice addendum before completing this section.***

Financial resources/entitlements (SSI, SSD, GA, Worker's compensation, Unemployment compensation, Food Stamps, Subsidized Housing, Child Care, VA, Health Care Coverage – include payee name and phone number, if any; income from any trust; any social services including Title 19 - obtain input from family members prior to completing this section)

4. Describe any significant long-term chronic risk factors such as harm to self or others; drug withdrawal or overdose/toxic use; nutrition or exposure to the elements; exploitation, abuse, or neglect. **** If any of the above risk factors are present, and there is no completed ADHS Risk Assessment, consider completing the attached Risk Assessment addendum before completing this section.***

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III. CURRENT DIAGNOSTIC SUMMARY

If not previously documented or if diagnosis has changed, must include justification for diagnosis. Describe applicable history, course, signs and symptoms, including positive and negative findings necessary to support the diagnosis.

1. Axis I . <u>DSM-IV TR Code</u>	<u>Diagnosis</u>	<u>Justification for diagnosis (es)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Axis II . <u>DSM-IV TR Code</u>	<u>Diagnosis</u>	<u>Justification for diagnosis (es)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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3. **Axis III.** Identify the person's specific medical conditions and check below the disease categories that apply.

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- | | |
|--|---|
| <input type="checkbox"/> Infectious and Parasitic Diseases (001-139) | <input type="checkbox"/> Complications of Pregnancy, Childbirth, Puerperium (630-676) |
| <input type="checkbox"/> Neoplasms (140-239) | <input type="checkbox"/> Diseases of the Skin and Subcutaneous Tissue (680-709) |
| <input type="checkbox"/> Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (240-279) | <input type="checkbox"/> Diseases of the Musculoskeletal System and Connective Tissue (710-739) |
| <input type="checkbox"/> Diseases of the Blood and Blood-Forming Organs (280-289) | <input type="checkbox"/> Congenital Anomalies (740-759): |
| <input type="checkbox"/> Diseases of the Nervous System and Sense Organs (320-389) | <input type="checkbox"/> Certain Conditions Originating in Perinatal Period (760-779) |
| <input type="checkbox"/> Diseases of the Circulatory System (390-459) | <input type="checkbox"/> Symptoms, Signs, and Ill-Defined Conditions (780-799) |
| <input type="checkbox"/> Diseases of the Respiratory System (460-519) | <input type="checkbox"/> Injury and Poisoning (800-999) |
| <input type="checkbox"/> Diseases of the Digestive System (520-579) | |
| <input type="checkbox"/> Diseases of the Genitourinary System (580-629) | |

4. **Axis IV.** (Psychosocial or Environmental Stressors)

5. **Axis V.** (GAF or CGAS score) _____

IV. RECOMMENDATIONS FOR CURRENT AND ONGOING SERVICE/TREATMENT

1. Long Term View and Functional Assessment:

a. Living

Long Term View: (Describe the person's current and future living situation preferences, including the person's desire to maintain current living situation.)

Functional Assessment: (Describe where the person is--current status, skills and supports--and what the person needs--services, skills and supports-- to progress toward their living situation long term view. Include services, skills and supports needed to anticipate and avoid relapse and to maintain the current living situation, if applicable. Obtain input from the psychiatrist, nurse, housing specialist, housing/residential providers and family members prior to completing this section.)

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b. Learning/Working

Long Term View: (Describe the person's current and future learning/work preferences, including the person's desire to maintain current learning /working situation and their desired community activity.)

Functional Assessment: (Describe where the person is--current status, skills and supports--and what the person needs--services, skills and supports-- to progress toward their learning/work long term view. Include services, skills and supports needed to anticipate and avoid relapse and to maintain the current learning /working situation, if applicable. Obtain input from the psychiatrist, nurse, rehab specialist/VR and family members prior to completing this section.)

c. Social/Leisure

Long Term View: (Describe the person's current and social/leisure preferences, including the person's desire to maintain current social/leisure situation and their desired community activity.)

Functional Assessment: (Describe where the person is--current status, skills and supports--and what the person needs--services, skills and supports-- to progress toward their social/leisure long term view. Include services, skills and supports needed to anticipate and avoid relapse and to maintain the current social/leisure situation, if applicable. Obtain input from the psychiatrist, nurse, rehab specialist/VR and family members prior to completing this section.)

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2. List other ongoing needs or concerns that need to be addressed. Includes harm to self or others; drug withdrawal, overdose/toxic use or substance abuse; nutrition/diet; exposure to the elements; exploitation, abuse, or neglect; psychiatric symptoms or behaviors that adversely affect the person's functioning or well being, other physical health and wellness issues (medical disorders, tobacco use inactivity)

3. Identify any other areas requiring further assessment or specialized services:

_____ Clinical Liaison's Name (print) / Signature	_____ Credentials/Position	_____ Date
_____ Case Manager (print) /Signature	_____ Credentials/Position	_____ Date
_____ Prescribing Clinician (print) / Signature	_____ Credentials/Position	_____ Date
_____ Nurse (print) / Signature	_____ Credentials/Position	_____ Date
_____ Rehab/Voc Specialist (print) / Signature	_____ Credentials/Position	_____ Date
_____ Other (print) / Signature	_____ Credentials/Position	_____ Date

REMINDER: All demographic data reported to ADHS/DBHS must be reviewed during annual update. Based on this review:

- At a minimum the following demographic/clinical data fields must be reported to ADHS/DBHS regardless of whether they have changed since the last data submittal: Axis I, II and V, behavioral health category, employment and educational status, primary residence, number of arrests since the last data update and primary and secondary substance use; and/or
- All other demographic information that has changed (e.g., other agency involvement, income for non-Title XIX/XXI eligibles).