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| **Client/Patient’s Name:**       | **DOB:**       |
| **Provider Name:**       | **Gila River Case Manager:**      | **Court Ordered:** [ ]  Yes [x]  No |
| **Adult** [x]  **SMI** [ ]  **TAY (youth)** [ ]  | **CIS ID #:**       |
| **Date of Admission:**       | **Diagnosis:**       |  |
| **Responses/Scoring:****1 = Does not accomplish****2 = Requires consistent staff guidance/supervision to accomplish****3 = Able to accomplish with minimal staff assistance** **4 = Able to accomplish independently** **Functional Assessment Update Score (every 6 mo.)** (*select score from drop-down box in each cell*) |
| **Activities of Daily Living (ADL)** | **1 week after Admit** | **6 mo.** | **1 year** | **18 mo.** | **Discharge** |
| Individual cares for personal hygiene/grooming: (e.g.: regularly showers, or bathes; shaves; brushes teeth; cares for hair; uses deodorant). |  |  |  |  |  |
| Individual cares for belongings: (e.g.: wears clean clothing; washes own clothing; maintains personal living space-dust, clean, make bed, etc.). |  |  |  |  |  |
| Individual prepares simple meals. |  |  |  |  |  |
| Individual follows a daily schedule/routine and identifies the consequences of not following a routine. |  |  |  |  |  |
| Individual identifies and utilizes community resources(transportation, pharmacy, post office, library, bank, places of worship, etc.). |  |  |  |  |  |
| **Money Management:** | **1 week after Admit** | **6 mo.** | **1 year** | **18 mo.** | **Discharge** |
| Individual is aware of their income, who is assisting them with this (Payee, Guardian, etc.) and how to access their funds. |  |  |  |  |  |
| Individual understands and follows a simple budget. |  |  |  |  |  |
| Individual makes purchases in the community independently. |  |  |  |  |  |
| Individual obtains and maintains benefits and entitlements (AHCCCS, SSI, etc.). |  |  |  |  |  |
| **Physical Health Maintenance:** | **1 week after Admit** | **6 mo.** | **1 year** | **18 mo.** | **Discharge** |
| Individual engages in physical activity to maintain health (walks; sports; etc.). |  |  |  |  |  |
| Individual understands and verbalizes their personal nutritional requirements. |  |  |  |  |  |
| Individual makes food choices based on personal nutritional requirements. |  |  |  |  |  |
| **Medication Management:** | **1 week after Admit** | **6 mo.** | **1 year** | **18 mo.** | **Discharge** |
| Individual identifies their prescribed medications and verbalizes understanding of medication regimen.  |  |  |  |  |  |
| Individual identifies the reason for taking their medications and the effects of not taking medications as prescribed. |  |  |  |  |  |
| Individual recognizes when medications are running low; individual orders or verbalizes the need to order medications. |  |  |  |  |  |
| Individual schedules her/his appointments on a regular basis (e.g. medical doctor, psychiatrist, dentist, eye doctor). |  |  |  |  |  |
| Individual attends her/his scheduled appointments on a regular basis (e.g. medical doctor, psychiatrist, dentist, eye doctor). |  |  |  |  |  |
| Individual reports any medication issues or adverse effects that arise to others (such as staff at residential; psychiatrist; case manager; etc.). |  |  |  |  |  |
| **Client/Patient’s Name:**       | **DOB:**       |
| **Coping Skills & Crisis Management:** | **1 week after Admit** | **6 mo.** | **1 year** | **18 mo.** | **Discharge** |
| Individual is aware of and uses their crisis plan when needed to manage crises that could lead to destabilization and threaten residential status. |  |  |  |  |  |
| Individual identifies signs and symptoms related to his/her mental or physical illness and can verbalize to others when help is needed. |  |  |  |  |  |
| Individual identifies, learns, and uses coping skills to manage stress. |  |  |  |  |  |
| Individual utilizes supports and seeks assistance as needed from family, peers, or their treatment team. |  |  |  |  |  |
| **Socialization & Communication:** | **1 week after Admit** | **6 mo.** | **1 year** | **18 mo.** | **Discharge** |
| Individual socializes with others and understands the benefits of socializing. |  |  |  |  |  |
| Individual establishes and maintains appropriate relationships with others. |  |  |  |  |  |
| Individual maintains a conversation appropriately (e.g. listens to others, responds appropriately to questions). |  |  |  |  |  |
| Individual addresses conflicts appropriately and in a non-threatening manner. |  |  |  |  |  |
| **Substance Abuse Services:** | **1 week after Admit** | **6 mo.** | **1 year** | **18 mo.** | **Discharge** |
| Individual refrains from substance use. |  |  |  |  |  |
| Individual identifies triggers to using and identifies how people, places and things may cause a relapse. |  |  |  |  |  |
| Individual identifies the benefits of utilizing a support system to remain abstinent (e.g. sponsor, peers, treatment team, etc.) |  |  |  |  |  |
| **Participation in Treatment Goals:** *(Please reference the client’s* ***individual treatment plan*** *when answering the questions below.)* | **1 week after Admit** | **6 mo.** | **1 year** | **18 mo.** | **Discharge** |
| Individual identifies treatment goals and identifies personal strengths that can be used to overcome recognized obstacles/barriers. |  |  |  |  |  |
| Individual applies newly learned skills to situations outside of the program. |  |  |  |  |  |
| Individual participates in developing a discharge plan that meets his/her needs. |  |  |  |  |  |
| Individual participates in Job Skills Training and identifies job opportunities. |  |  |  |  |  |
| Individual participates in advancement of their education. |  |  |  |  |  |
|  | **1 week after Admit** | **6 mo.** | **1 year** | **18 mo.** | **Discharge** |
| **Column TOTALS**  |  |  |  |  |  |
| **Reason for Discharge: Completed Treatment [ ] ; Non-Adherence [ ] ; AWOL** **[ ] ; ASA/AMA [ ] ; COT ended [ ] ;** **Higher Level of Care [ ] ; Other [ ]**      **Date of Discharge:**       |
| **Comments/Additional Information:**       |
| **Admit BHP/BHT Name:**       **Date:**       | **6 mo. BHP/BHT Name:**       **Date:**       |
| **12 mo. BHP/BHT Name:**       **Date:**       | **18 mo. BHP/BHT Name:**       **Date:**       |
| **Discharge BHP/BHT Name:**       **Date:**       |

**Please review Training information related to completion of this document.**

**Please submit a copy of this form after each assessment date (column) is completed to** **GRBHSQI@grhc.org****.**