|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client/Patient’s Name:** | | | | | **DOB:** | | | | | | | |
| **Provider Name:** | **Gila River Case Manager:** | | | | | | **Court Ordered:**  Yes  No | | | | | |
| **Adult**  **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**](mailto:GRBHSQI@grhc.org)**.**