

Adult Comprehensive Assessment

The Adult Comprehensive Assessment provides a standard format to assess mental health, substance use and functional needs of persons served. This Assessment provides a summary of assessed needs that serve as the basis of Goals and Objectives in the Individualized Action Plan. Some of the sections of the Adult Comprehensive Assessment may be completed by the person served prior to the initial intake evaluation. It is at the discretion of each individual agency whether they choose to incorporate this process into the intake evaluation or not.

If needed, agencies should use their own Functional Assessment to assess any needs that are not addressed in the MSDP Adult Comprehensive Assessment.

Data Field	Identifying Information
Person's Name	Record the first name, last name, and middle initial of the person being served. Order of name is at agency discretion.
Record Number	Record your agency's established identification number for the person.
Date of Admission	Record the date of admission per agency policy (this should be the first service date for this service episode).
Organization/Program Name	Record the organization and Program for whom you are delivering the service.
DOB	Record the person's date of birth
Gender	Indicate person's gender by checking the appropriate box. If checking "Transgender" box, also complete box of current gender designation for insurance purposes.
Data Field	Presenting Concerns (in Person's/Family's Own Words)
Referral Source	Document the referral source.
Reason for Referral	Document the reason the person was referred for services, from the person's and the referent's point of view.
What Occurred to Cause the Person to Seek Services Now (Note Precipitating Event, Symptoms, Behavioral and Functioning Needs)	<p>Record (in person's own words) precipitating factors as reported by the person served or others that has led up to the event that caused the person to seek services. Record troublesome symptoms, behaviors and/or problems affecting day-to-day functioning, relationships and work, as reported by the person served.</p> <p>Adult Outpatient Example: Mary reported that about a month ago when she was lying in her bed going to sleep, her heart began to beat quickly. She reported she began to have difficulty breathing, had a pain in her chest or her heart, and she "couldn't stop shaking." She stated that she was scared she was "going crazy." Mary stated that this experience "felt like it lasted forever." She called a friend to come over and stated later that many of her symptoms had lessened by the time her friend arrived. A couple of days later, Mary said she had another experience like this with similar symptoms during the day. Mary said both experiences started "without warning" and that she is "nervous that it might happen again." She reported that she has had particular difficulty falling asleep.</p> <p>CBFS Example: In the past year, Jean has worked diligently toward the goal of becoming her own rep payee. Now that she has achieved her goal and manages her own money, she is looking for assistance to establish her own apartment. "I just want to get out of this program and live on my own like a normal person," Jean explains. "I know I'm going to need some help to get started - especially with medications and getting a job." Jean had entered WSH in 2009 after an attempted suicide by overdose, which had been prompted by intense feelings of being overwhelmed, anxious and experiencing auditory hallucinations commanding her to kill herself. Prior to her WSH hospitalization, she had a one month hospitalization in 2006 at UMass 8 East prompted by auditory hallucinations, increased agitation and mood instability. She also spent approximately 4 months in 2000-2001 at the Sunrise House program after reporting suicidal thoughts, cutting her wrists and abusing substances.</p> <p>BSAS Example: Client was arrested for DUI which scared him. The DAE program referred him for further assessment at the Outpatient Counseling Program.</p>
Data Field	Living Situation
What is the person's current living situation	Check the box (or boxes) to indicate what the person's current living situation is. You are not required to check off one box under each category (i.e., person's home, residential care/treatment facility, other). For example, if the person lives in supportive housing, check off that box and move to the next question. If applicable, you may check off more than one box (see example given below for Residential Care/Treatment Facility).

Residential Care/Treatment Facility	Check if person served is in one of these living situations. If person owns or rents an independent living situation but currently resides in residential care or a treatment facility, complete this and the previous section.
At Risk of Losing Current Housing	Check yes or no. If yes, provide comments that illustrate the situation.
Satisfied with Current Living Situation	Check yes or no. If yes, provide comments that illustrate the situation.
Comments	Add comments about the person's current living situation as necessary. Include environmental surroundings and neighborhood description.
Data Field	Family History
Family History and Relationships, Parental/Familial Caretaker Obligations	<p>Record details of what the person/guardian/parent and the interviewer identify as important facts regarding the person's family history and family relationships and parental/familial caretaker obligations.</p> <p>Adult Outpatient Example: Mary reported that she has two younger sisters, whom she speaks to "about once a month." She reported that her parents went through a "messy divorce" which ended when she was about 7 years old and that she is closer to her mother than her father at this time in life. She reported that most of her family lives in Virginia, where she grew up. Mary stated that she has been married to Paul for 8 years and has two children. She reported her daughter is 6 and her son is 3. Mary noted that she and her husband usually get along well, but have been having "some difficulties" in the past 6 months. She stated that she did not wish to talk about this further "unless it seemed necessary."</p> <p>CBFS Example: Jean states that her mother Maria is 52 years old. Jean states she is very close to her mother but explains, "my mom is overly involved in my life. She means well but usually treats me like I'm still a teenager." Jean stated that her father's name is Gerald but Jean has no memory of him. Jean explained that Gerald left the family shortly after the birth of younger brother (Edward) and Jean said, "I could care less if he's alive or dead." Edward is three years younger than Jean and lives in the house with Maria. Jean feels that her brother is supportive and she feels very close to him despite what she describes as "occasional sibling rivalry." Jean reports that she has never been married or had children. She babysits for her 9 year old female cousin Lily approximately once every three months when Lily's mother has to work second shift and cannot find alternate child care arrangements. Jean stated that she enjoys taking care of her cousin and would like to have a child of her own someday.</p> <p>BSAS Example: Robert is single, lives with single mother and younger siblings. Estranged biological father is a heavy drinker.</p>
Pertinent Family Medical, MH and SU History	<p>Include any identified family history of medical, psychiatric or substance use disorders.</p> <p>Adult Outpatient Example: Mary reported that her mother and two aunts are breast cancer survivors. She stated that her father has diabetes. She stated that no one in her family has "official" mental health concerns as far as she knows, though Mary suspected that some of her family members on her mom's side struggle with anxiety. Mary stated that her father "used to drink," but has "been sober for some time now."</p> <p>CBFS Example: Jean reported that her mother is diabetic and that heart disease runs in her mother's side of the family. Jean also stated that her mother described her father as "an alcoholic" and has reported that the paternal side of her family struggled with both alcohol and drug abuse.</p> <p>BSAS Example: Robert is a heavy drinker. His Paternal grandfather is as well. Mother's family has some history of bipolar disorder. Robert reports a family history of paternal grandmother having a stroke and reports various cancer illnesses among maternal family members.</p>
Developmental History and Status	<p>Record specific and pertinent physical developmental history you think may have an impact upon the current functioning of the person and its effect on the treatments and supports likely to be employed. Include speech/language, sensory/motor and cognitive deficits. Be sure to include any head injuries. Refer to Piaget's developmental stages for background.</p> <p>Adult Outpatient Example: Mary reported she was held back in the first grade, but otherwise reported normal development.</p> <p>CBFS Example: Jean reported that she learned to walk and talk at an early age and did not appear to have any difficulty in school until she was in a car accident at the age of 10. Her head hit the dashboard and she was diagnosed with a concussion. Jean stated that after the accident, she struggled to concentrate and her grades began to drop significantly. Jean was on an IEP during the remainder of her school years and received special accommodations for due dates and</p>

	<p>alternate assignments in reading comprehension due to her concentration issues. "I just haven't been the same since the accident. Sometimes I get really angry because I used to be so smart," Jean stated.</p> <p>BSAS Example: Robert states he struggled in high school. He was a star athlete / football player and had suffered at least one incident of a concussion. Robert reports some use of performance enhancing drugs while in high school.</p>
Data Field	Social Support
<p>Friendship/Social/Peer Support Relationships, Pets, Community Supports/Self Help Groups (AA, NA, SMART, NAMI, Peer Support, etc.)</p>	<p>Describe the person's relationships with friends and other sources of social support. Describe social skills and limitations including difficulties the person may experience in his/her relationships with others.</p> <p>Record the supports the person currently receives from his/her community or from self-help groups. Include a description of the support(s) being received. For example, if the person is receiving support from the Department of Children and Families, explain what types of services DCF is providing.</p> <p>Adult Outpatient Example: Mary reported she has a couple close friends from nursing school, but not many other friends. She reported having no pets and not being involved in any self-help groups.</p> <p>CBFS Example: Jean reports that her brother is her closest friend and biggest support. "He's the first person I go to when something is going wrong in my life or when I feel my mood starts to slip," Jean explained. Jean noted that she used to have a boyfriend who she could turn to but they recently broke up. She also mentioned a close friend named Suzy who moved away last year with whom she has intermittent contact. Within the past 6 months, Jean has become involved with a group of individuals at the Recovery Learning Center (RLC) and would like to start seeing them socially outside of the RLC. Jean stated that friendships are largely a new experience for her because she has always been "shy and self-conscious" around new people. Jean often fears that people are "saying bad things about her behind her back," which makes it difficult for her to initiate new relationships.</p> <p>Jean reported that she used to drink alcohol and smoke marijuana often when she was a teenager and used to attend a sobriety support group in Marlboro called "Simply Sober." However, Jean stopped attending the group in her early 20's because she no longer felt that substance use was an issue. During her last hospitalization, she began attending AA groups and currently has an AA sponsor. She also attends the RLC and attends a variety of groups to assist her with symptoms of her mental health issues.</p> <p>BSAS Example: Current friends are all "partiers" and have used recreational drugs on weekends for as long as he can remember. He has not had a regular girlfriend since high school. "I have enough trouble taking care of myself" and states he does not need AA as "I am not one of those people".</p>
<p>Religion/Spirituality and Cultural/Ethnic Information</p>	<p>Record religious and/or spiritual issues important to the person and 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. Include belief systems about an afterlife, reincarnation, or basic assumptions about mankind or creationism. Describe how person served uses religion in his/her day-to-day life.</p> <p>Adult Outpatient Example: Mary reported that she began attending a church again in the past couple months. She described it as "a positive experience" for her and her children.</p> <p>CBFS Example: Jean reports that she was raised in the Jewish faith but she does not attend temple regularly. At one time, Jean stated that she felt very involved at Temple Emmanuel but has lost interest in participating over the years. She describes her family as "high holiday Jews," explaining that her family gathers for Rosh Hashanah and Passover. She also noted that her family gets together on the first night of Hanukah to light the menorah and open small gifts. Jean stated, "Every year I try to fast for Yom Kippur - sometimes I make it the whole day, other years I don't."</p> <p>BSAS Example: Robert reports he was raised in a Catholic home and currently goes to church when his mother makes him.</p>

	<p>Record cultural and ethnic issues considered important to the person and/or family and are pertinent to mental health and/or substance use treatment and support needs. Identify issues necessary to address to provide culturally competent treatment and support to the person. Also, note any relevant issues relating to immigrant status and/or assimilation into American culture.</p> <p>Adult Outpatient Example: Mary described herself as bi-racial (Caucasian/African American).</p> <p>CBFS Example: Jean reported that her family is of Jewish and Armenian descent. She feels pride in her Jewish roots, stating "even though I'm not that into the religious side, I do feel proud of my lineage." Jean explained that her father was Armenian and says, "I don't care about my Armenian side - the same way my father didn't care about me." Although Jean doesn't feel that she follows any particular cultural conventions, she stated that Rosh Hashanah is a particularly important holiday for her family. Jean also stated that she loves knishes, Italian and Thai food and "couldn't imagine life without it."</p> <p>BSAS Example: Robert's family is Irish and reports drinking as "a way of life".</p>
Data Field	Legal Status and Legal Involvement History
Does person served have a Legal Guardian, Rep Payee, or Conservatorship?	Check the appropriate box. If yes, complete the Legal Status Addendum.
Is there a need for a Legal Guardian, Rep Payee, or Conservatorship? Explain.	Note if assessment data indicates possible need for a Legal Guardian, Rep Payee, or Conservatorship by checking the appropriate box. Provide comments regarding the need, if appropriate.
Does the person have a history of, or current involvement with the legal system (i.e., legal charges)?	Check the appropriate box. If yes, complete the Legal Involvement and History Addendum
Data Field	Education
Highest Level of Education Achieved	Check the box that indicated the highest level of education achieved. Indicate the highest grade completed.
Person's Preferred Learning Style(s)	Check all boxes that apply, or indicate "other" and comment on how the person best learns new information.
Currently Enrolled in an Educational Program?	Check the appropriate box. If yes, complete the Education Addendum.
Is the person interested in further education or assistance in education?	Check the appropriate box. If yes, complete the Education Addendum.
Data Field	Employment and Meaningful Activities
Employment Status/Interests	Check all boxes that apply. Comment on any specific issues/skills identified.
Does the person want help to find employment or vocational training?	Check the appropriate box. If yes, complete the Employment Addendum.
Meaningful Activities (Community Involvement, Volunteer Activities, Leisure/Recreation, Other Interests)	Record meaningful activities that the person participates in.

Data Field	Income/Financial Support
How does the person describe her/his current financial situation?	Check the appropriate box. Provide comments where indicated/applicable.
Does the person receive any sources of financial assistance?	Check all boxes that apply to record the person's income/financial support situation. If yes, specify type and amount.

Data Field	Military Service
None Reported	If person reports no military service history, check None Reported and skip to next section.
Military Status	Check the appropriate box.
Date of Discharge	Document the date the person was discharged from service.
Type of Discharge	Check the box that applies and comment on reason(s) for Other than Honorable, Bad Conduct, or Dishonorable discharge.
Is a complete Military Service assessment needed?	Check the appropriate box. If yes, complete the Military Service Addendum.

Data Field	Addictive Behavior and Substance Abuse History
Does person report a history of, or current, substance use or other addictive behavior concerns (i.e. alcohol, tobacco, gambling, food)?	At a minimum, a basic screening instrument (e.g. CAGE, MAST, DAST) should be administered in addition to person's self report and information available from other sources. It is up to the individual agencies as to which screening instrument to use. If there are no substantial indications for substance use or addiction problems past or present check <i>No</i> and skip to the next section. If yes, complete the Addictive Behavior History/SA Addendum.

Data Field	Mental Health and Addiction Treatment History
Type of Service	Record the type of service received; be as specific as possible. Examples: Inpatient, PHP, Outpatient Group.
Dates of Service	Record the approximate date range of service.
Reason	Record the reason that person received treatment. Example: Depression
Name of Provider / Agency	Record the name of the provider and/or agency.
Inpatient/Outpatient	Record the type of treatment.
Completed?	Check if person completed the originally planned service. Example: Check <u>No</u> if person discharged himself against doctor's orders.
Efficacy of past and current treatment	Indicate if treatment was helpful and explain why the person thinks it was or was not helpful.
Psychiatric History (include past diagnosis and course of illness)	Record all past/current psychiatric diagnoses known by the person, significant others, former clinician(s) or identified in former records. This is not an attempt to formulate a diagnosis, only information gathering. Identify the source(s) of the information.
Source(s) of Information:	Indicate the where information on the person's mental health service history came from by checking the appropriate box(es).

Data Field	Physical Health
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PCP, Medical Specialist and Dentist Name, Credentials, Specialty	Record the person's PCP, Medical Specialist providers (if applicable) and Dentist's names and credentials. The PCP may be a RNP or Pediatrician but must be the medical professional primarily in charge of the person's overall physical health care.
Telephone Number	Record the person's PCP's, Medical Specialist's, and Dentist's telephone number(s).
Fax Number	Record the person's PCP's, Medical Specialist's, and Dentist's fax number(s).
Address	Record the person's PCP's, Medical Specialist's, and Dentist's address(es).
Date of Last Exam	Record the date the person last received a physical, an exam by his/her specialist, and dental exam (approximate if necessary).
Data Field	Physical Health Summary (or Refer to Attached Physical Health Assessment) (Bureau of Substance Abuse Services (BSAS) Programs must complete the MSDP Infectious Disease Risk Addendum and the BSAS TB Assessment)
Allergies	List all known food, medication (including OTC, herbal) and environmental allergies for the person. Note drug sensitivities. If no allergies/drug sensitivities are known, check <i>No known allergies</i> and skip to next section. If yes, list below.
Physical Health Summary	Summarize physical health history including chronic conditions, current physical complaints or dental issues that may interfere with the person's functioning or ability to attend and benefit from treatment. If there are significant health issues, check <i>Refer to Attached Physical Health Assessment</i> and complete or include that document to provide necessary details.
Does the person use complimentary health approaches (e.g. natural products, mind-body practices, yoga)?	Indicate if the person utilizes any complimentary health approaches. If yes, describe.
Does the person wish to consider using complimentary health approaches and want help finding a provider	Indicate if the person would like to consider using complimentary health approaches and/or if they would like help finding a provider. If yes, describe.
Sexual History/Concerns	Record pertinent sexual history information identified by the person, parent/guardian or interviewer. Address topics such as concerns/questions about sexual orientation or gender identity; age of first sexual encounter; number and history of sexual partners; fetish behavior; other behavior interviewer may consider relevant based upon training or agency policies.
Data Field	Pain Screening
Does the person experience pain currently	Indicate yes or no whether the person reports experiencing any current pain.
Has the person experienced pain in the past few months?	Indicate yes or no whether the person reports experiencing any pain in the last few months.
Describe the type, frequency, duration, intensity, identified cause, any limitations to functioning and what helps relieve the pain.	Indicate the type, frequency, duration, intensity, identified cause, any limitations to functioning and what helps relieve the pain.
Data Field	Nutritional Screening
Nutritional Screening	Check all that apply. Include a description of the person's beliefs perceptions, attitude, and behaviors regarding food.

Data Field	Medication Summary
Medication information and history of adverse reactions	Record past and 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 person does not know the name of the medication. If this is the case list all other information the person remembers. This is especially important for current medications that the person is taking. Include what medications work well and have worked well previously, any adverse side effects, why person doesn't take medication as prescribed and/or which one(s) the person would like to avoid taking in the future.
Is the person served currently taking any medication?	Check the appropriate box. If yes, complete the Medication Addendum.

Data Field	Advanced Directive
Does the person have advanced directive established	Note here if the person served had any Advanced Directives in place and if yes, choose which type(s). If there are no Advanced Directives currently in place, note if the person desires to establish Advanced Directives and then refer to the agency's procedure for completion.

Data Field	Trauma History
Does person report a history of trauma?	Check the appropriate box. If yes, complete the Trauma History Addendum.
Does person report history/current family/significant other, household, and/or environmental violence, abuse or neglect or exploitation?	Check the appropriate box. If yes, complete the Trauma History Addendum.

Data Field	Mental Status Exam
Mental Status Exam	<p>Avoid judgmental perceptions. Take into account cultural differences. Think of creating a picture of the person served so that anyone reading the results of the exam would be able to clearly perceive the person just as you do.</p> <p>Assessment items are "in the moment", in other words as the person presents to you at the present time. There are other sections of the assessment form that address historical information.</p>
Appearance/ Clothing	Check appropriate boxes to describe physical appearance, taking into account culture and age of person.
Eye Contact	Check boxes that apply.
Build	Check boxes that apply.
Posture	Check boxes that apply.
Body Movement	Check boxes that apply.
Behavior	Check boxes that apply.
Speech	Check boxes that apply.
Emotional State-Mood (in person's words)	<p>Check boxes that apply. Emotional State-Mood is the sustained internal emotional state of a person. This describes the typical, more consistent emotional state of the person.</p> <p>Examples: Typical Mood is balanced and WNL; Mood is typically subdued; Mood is typically anxious and irritable.</p> <p>Adult Outpatient Example: Anxious</p>
Emotional State-Affect	Check boxes that apply. Emotional State-Affect is the external expression of present emotional content. This describes the emotional state presently observed or described.

	Adult Outpatient Example: Full range of emotional affect
<input type="checkbox"/> WNL	Within normal limits
<input type="checkbox"/> Constricted	Feelings demonstrated are subdued and do not appear to present the full range usually seen in people of this culture (cultural expectations are vital considerations in this area).
<input type="checkbox"/> Changeable	Demonstrated feelings shift rapidly from one state to another. Called changeable on the form.
<input type="checkbox"/> Inappropriate	Demonstrated feelings do not match with subject discussed (e.g. laughing while discussing a trauma experience).
<input type="checkbox"/> Flat	No reaction emotionally to situation.
<input type="checkbox"/> Full	Demonstrates a full range of feelings.
<input type="checkbox"/> Blunted, unvarying	Only slight reaction emotionally to the situation.
Facial Expression	Check boxes that apply.
Perception	
<input type="checkbox"/> WNL	If there are no perceptual disturbances, check here
Hallucinations	Hallucinations are perceptions with a compelling sense of reality but occur in the absence of stimuli. Hallucinations should be distinguished from illusions, in which an actual external stimulus is misperceived or misinterpreted. The person may or may not have insight into the fact that he or she is having a hallucination.
<input type="checkbox"/> Tactile	A hallucination involving the perception of being touched or of something being under one's skin. This is more typical in substance dependent individuals (especially alcoholics) who are detoxifying. The most common tactile hallucination is the feeling that bugs are crawling under the skin.
<input type="checkbox"/> Auditory	Usually described as voices. To assess, ask the individual, "Do you ever hear anyone talking but cannot tell where the voice is coming from?" If they answer yes, ask if he/she can tell what the voice is saying and he/she can identify the voice.
<input type="checkbox"/> Visual	Visual hallucinations are usually only experienced by individuals who have ingested an illicit drug or drug overdose, or someone who has experienced a head injury. It is important to ask the person served to describe the visual hallucination and under what circumstances it occurs.
<input type="checkbox"/> Olfactory	A hallucination involving the perception of odor, such as of burning rubber or decaying fish. This is usually a symptom of a neurological disorder or brain injury.
<input type="checkbox"/> Command**	Command hallucinations are voices telling someone to do something dangerous or harmful (e.g. "kill him").
Thought Content	
<input type="checkbox"/> WNL	Check if thought content is within normal limits.
Delusions	Beliefs in things that are not true (e.g. "Aliens have planted a sensor in my head").
<input type="checkbox"/> None reported	No observable evidence of delusions or delusions are denied.
<input type="checkbox"/> Grandiose	Thoughts of exaggerated and somewhat improbable status or success: "Mattel is going to buy my game and I'll make millions."
<input type="checkbox"/> Persecutory	"People are trying to kill me."
<input type="checkbox"/> Somatic	Physical complaints in the absence of any real cause. Fear that stomach pains are cancer even after a doctor has examined him/her and found no health problem.
<input type="checkbox"/> Illogical	"My neighbors are throwing away babies in the trash. I can hear them at night."
<input type="checkbox"/> Chaotic	"The world is going to end on New Year's Day."
<input type="checkbox"/> Religious	"I am the second coming."
Other Content	
<input type="checkbox"/> Preoccupied	Person appears to be lost in thought, engrossed or absorbed to such a degree that communication with others is compromised.
<input type="checkbox"/> Obsessional	Persistent and disturbing intrusive thoughts, ideas or feelings.
<input type="checkbox"/> Guarded	Statements, ideas, responses are brief and person appears reluctant to provide details or information.
<input type="checkbox"/> Phobic	Exaggerated fear inexplicable to the person (e.g. airplane flight, spiders, heights).
<input type="checkbox"/> Suspicious	Inclined to suspect, especially inclined to suspect evil; distrust

___ Guilty	Focused on unrealistic self-blame.
___ Thought broadcasting	"I can make those people think what I am thinking."
___ Thought insertion	"Those people are sending their ideas to me."
___ Ideas of reference	"Those people standing together over there are talking about me."

Thought Process	
___ WNL	Within Normal Limits- Thoughts are clear, logical and easily understood.
___ Incoherent	Thoughts, words or phrases are joined together without a logical or meaningful connection or relevance, and are not understandable despite repeated attempts to explain.
___ Decreased thought flow	Responses and statements are slow and have a paucity of details.
___ Blocked	The person has consistent difficulty responding to questions. Answers or statements are either very brief and appear difficult to produce or there are no responses at all.
___ Flight of ideas	A nearly continuous flow of accelerated speech with abrupt changes from topic to topic that are usually based on understandable associations, distracting stimuli, or plays on words. When severe, speech may be disorganized and incoherent.
___ Loose	A disturbance of thinking shown by speech in which ideas shift from one subject to another that is unrelated or minimally related to the first. The speaker gives no indication of being aware of the disconnectedness, contradictions, or illogicality of speech. To assess for loose thinking, ask the person to explain a proverb. For example, "People who live in glass houses shouldn't throw stones". An example of loose thinking would be: "If you don't punch holes in the top, everyone dies."
___ Racing	Demonstrates rapid thinking that is not necessarily bizarre or unusual but thought production is faster than most people typically demonstrate.
___ Chaotic	Totally disorganized, impossible to understand.
___ Concrete	To assess for concrete thinking, ask the person to explain a proverb. For example, "People who live in glass houses shouldn't throw stones". An example of concrete thinking would be: "Rocks break glass."
___ Tangential	A question or statement will prompt a response that begins with one subject and ends with an entirely different subject only vaguely related to the first subject, if at all.
Intellectual Functioning	
___ WNL	No apparent deficits in intellectual functioning.
___ Lessened fund of common knowledge	Ask: "Who is the President of the United States?" "Who was President before him or her?"
___ Impaired concentration	Person is distracted from basic tasks
___ Impaired calculation ability	Ask the person to count backwards from 100 by 7's.
Intelligence Estimate	This can be an estimate only in the absence of any accepted intelligence tests or information from other sources. Keep in mind that some psychiatric disorders (depression) can negatively impact IQ scores. Intelligence is generally accepted to be a person's capacity to absorb information and solve problems.
___ Developmentally Disabled	IQ under 70 on the Wechsler scale.
___ Borderline	IQ from 70-79 on the Wechsler scale.
___ Average	IQ from 90-109 on the Wechsler scale. (80-89 is considered "low average").
___ Above average	IQ above 110 on the Wechsler scale.
___ No formal testing	Note if there is no record of formal testing of intellectual functioning (e.g. MMPI)
Orientation	
___ WNL	Check here if the person can correctly respond to the following questions about person, time and place.
Disoriented to:	
___ Time	Does the person know what time and day it is (within a few hours)
___ Place	Does the person know where he or she is?
___ Person	Does the person know his/her correct name, age and some facts about his/her life?

Memory	
<input type="checkbox"/> WNL	Check here if the following three areas are responded to sufficiently.
Impaired:	
<input type="checkbox"/> Immediate recall	At the beginning of the assessment interview, tell the person you are going to state three objects that you will ask him or her to recall later in the interview. Use three basic objects such as tree, car and floor. After 10-15 minutes, ask the person to tell you what the three items were that you asked him/her to remember from the beginning of the interview.
<input type="checkbox"/> Recent memory	Can the person tell you what they had for breakfast or what he/she did first thing this morning?
<input type="checkbox"/> Remote memory	Can the person describe events from his/her childhood or in the past?
<input type="checkbox"/> Short Attention Span	Is the person able to focus and stay on topic for extended periods of time?
Insight	Check the most appropriate description of the person's current functioning.
<input type="checkbox"/> WNL	Check if the person's insight is within normal limits.
<input type="checkbox"/> Difficulty acknowledging presence of psychological problems	Reluctantly admits to minimal problems.
<input type="checkbox"/> Mostly blames others for problems	Projects blame for any problems onto others. Example: "They made me mad!"
<input type="checkbox"/> Thinks he/she has no problems	Denial of any problems.
Judgment	
<input type="checkbox"/> WNL	Decision making abilities appear intact and sufficient for day-to-day functioning.
Impaired ability to make reasonable decisions	Utilize scenarios to assess: <ol style="list-style-type: none"> 1. If you were in a crowded movie theater and noticed there was a fire off to the side in a hallway, what would you do? 2. If you found a fully addressed and stamped envelope on the sidewalk, what would you do?
<input type="checkbox"/> Mild	Select if impairment to judgment is mild. Example: "Tell someone the building is on fire on the way out."
<input type="checkbox"/> Moderate	Select if impairment to judgment is moderate. Example: "Leave the building fast."
<input type="checkbox"/> Severe**	Select if impairment to judgment is severe. Example: "Scream "fire" and run out."
Past attempts to Harm to Self or Others	Check the all boxes that apply and comment on all past attempts.
Self Abuse Thoughts	Take care to differentiate between thoughts of self abuse/self harm behaviors and suicidal actions.
<input type="checkbox"/> None reported	No acknowledgment or evidence of thoughts of self harm behaviors.
<input type="checkbox"/> Cutting**	Thoughts of any type of scratching or cutting that draws blood or damages the skin or a body part.
<input type="checkbox"/> Burning**	Thoughts of putting hot objects, including open flames in contact with any part of the body so as to damage the skin or a body part.
<input type="checkbox"/> Other	Thoughts of pulling out hair, damaging eyes, etc.
Suicidal Thoughts	
<input type="checkbox"/> None reported	Person denies thoughts of taking his or her life.
<input type="checkbox"/> Passive Suicidal Ideation**	Person admits to passively thinking about taking his or her life but does not intend to take action on those thoughts.
<input type="checkbox"/> Intent**	Person admits to seriously considering taking his or her life. This goes beyond feelings of hopelessness or frustration.
<input type="checkbox"/> Plan**	Person describes a viable, actual plan to take his or her life.
<input type="checkbox"/> Means**	Person has in his/her possession the object or objects necessary to complete his/her plan (e.g. stock-pile of pills, gun).
Aggressive Thoughts	
<input type="checkbox"/> None reported	Person denies thoughts of harming another person.
<input type="checkbox"/> Intent**	Person admits to seriously considering harming another person. This goes beyond feelings of anger or frustration.

Plan**	Person describes a viable, actual plan to harm another person.
Means**	Person has in his/her possession the object or objects necessary to complete his/her plan (e.g. knife, gun).
Comments	Add any necessary comments about findings from the MSE.
**	Checking any item with ** requires an immediate risk and/or lethality assessment.
Data Field	Person's Served Strengths/Abilities/Resiliency (Skills, Talents, Interests, Aspirations, Protective Factors)
Personal Qualities	
Living Situation	<p>Describe the person's strengths and capabilities regarding his/her daily living situation. Record the community resources available to the person.</p> <p>Adult Outpatient Example: Mary reports she has been able to maintain stable housing.</p> <p>CBFS Example: Jean has stable housing at the Alsada program and has been learning independent living skills over the past year. She is very motivated to move out of the Alsada program and live on her own. She also has supportive family members who assist her with emotional and financial needs.</p> <p>BSAS Example: Robert currently lives with his mother and younger siblings. His family has minimal resources and he contributes money when he has it. He feels safe in his environment and reports having excellent daily living skills.</p>
Financial/ Employment/Education	<p>Describe the person's strengths and capabilities regarding his/her financial situation.</p> <p>Adult Outpatient Example: Mary reports only occasional struggles with finances. Mary reports she has been employed as a nurse in her current position for 8 years.</p> <p>CBFS Example: Jean spent the past year learning how to budget her current income and pay her own bills, resulting in Jean becoming her own rep. payee. Jean stated, "School wasn't my strength after the accident but I was determined to get my diploma so I kept pushing myself through school until I got it." Jean is interested in finding work related to nature and is strongly interested in pursuing this work. She also has a strong interest in running and is working with a running coach in the hopes of running marathons competitively.</p> <p>BSAS Example: Robert is a landscaper in the summer and plows snow on occasion in the winter. He works under the table. He has extra cash in the summer and barely any in the winter. He has taken a few classes at the local community college and is currently registered for one class. He has considered becoming a teacher and would like to coach a high school football team.</p>
Health	<p>Describe the person's strengths and capabilities regarding his/her health.</p> <p>Adult Outpatient Example: Mary reports that she regularly discusses medical concerns with her doctor and sees this as a supportive relationship.</p> <p>CBFS Example: Jean is in great health and generally chooses healthy foods. She stated, "My mom is diabetic so I really have to be careful about what I eat or else I could end up with diabetes too."</p> <p>BSAS Example: Robert reports having no health concerns and considers himself in "excellent health."</p>
Leisure/Recreational/ Community Involvement	<p>Describe the person's strengths and capabilities regarding his/her leisure/recreational skills and community involvement.</p> <p>Adult Outpatient Example: Mary reports that she is considering singing at her church, an activity she has previously enjoyed.</p> <p>CBFS Example: Jean enjoys running and is training to run in marathons. Jean expressed her love of nature and she frequently goes out on long walks in the woods. She also enjoys bird watching, where she is able to use her skill in bird calls. She loves gardening and volunteers at the Regional Environmental Council in their urban garden during the spring and summer. Jean has recently been attending the RLC in her spare time and has made friends with several of the other group attendees.</p>

	BSAS Example: Robert reports "I wish there was more to do in New Bedford than go to bars on Friday and Saturday night".
Natural Supports	Describe the person's natural supports, such as family members, clergy, close friends, neighbors, and advisors. Adult Outpatient Example: Mary reports having a couple of close friends from nursing school. She reports being in contact with her sisters on a monthly basis.
Spirituality/Culture/ Religion	Describe the person's strengths and capabilities regarding his/her spirituality, culture and/or religion. Adult Outpatient Example: Mary reports she has recently become involved in a local church, which she has found encouraging. CBFS Example: Jean feels pride in her Jewish heritage. Although she does not consider herself strongly involved in the Jewish religion, she notes that several religious holidays bring the family together. Her family gathers to celebrate Rosh Hashanah, Passover and Hanukah. She also attempts the fast on Yom Kippur every year. BSAS Example: Robert reports he is not an active church goer, and goes to Catholic church when his mother makes him.
Data Field	Assessed Needs Checklist Including Functional Domains
Check Current Need Areas (CN) and Check areas where Person Desires Change Now (PD)	Current Need Areas will be based on the assessment. Check all current need areas for the person. Each <i>Assessed Needs Area</i> addressed will tie directly to the Individualized Action Plan and constitutes the beginning of the order for treatment. <i>Need Areas</i> should be determined based on assessment areas above with emphasis on those areas that interfere with or prevent assumption or continuation of the person's self-determined valued life roles in the areas of: Activities of Daily Living Family and Social Support Legal Employment/Education/Finances Addictive Behaviors and Substance Use Mental Health/ Illness Management and Behavior Management Physical Health Risk Other Needs Areas Areas where person desires change now will be used to generate the Prioritized Assessed Needs.
Current Needs Selected Above As Evidenced by	Indicate the behavioral and other evidence, based on the assessments completed above, that support listing the area as an assessed need area.
Data Field	Clinical Formulation - Interpretive Summary
This Clinical Summary is Based Upon Information Provided By	Check the box(es) that apply.
Interpretive Summary	Do not duplicate the information provided earlier in this document. Instead, provide a brief narrative summary and analysis that blends the findings and opinions of the interviewer(s) and the preferences of the person/family into a concise synthesis. Describe the origin of the presenting problem(s), severity and factors contributing to its continuation, where the problem occurs (home, work, in community) and whether it is short or long term. Describe the significance of the problem(s) in the person's cultural and developmental context. Summarize the person's motivation for treatment and support, readiness for change, potential barriers to change and preferred learning style(s). Finally, assess person's strengths and assets in the areas of personal qualities, daily living situation, financial assets and insurance coverage, work and education, social support, recreation/leisure skills, and spirituality/religion that can be leveraged to make progress toward the person's goals. Follow agency policies and procedures to determine who should complete the Interpretive Summary
Data Field	Further Evaluations Needed

Further Evaluations Needed	Check the box(es) that identify additional assessment(s) needed for the person (if any).
Data Field	Was Outcomes Tool Administered?
Was outcomes tool administered?	Note if a standardized outcomes tool was administered for this person. This may include the TOPS instrument for MBHP and BC/BS or other tools such as the Basis-32.
Data Field	Diagnosis
General Instructions: Diagnosis	<p>This section is used to record all current diagnoses that will provide the documented support for the medical necessity of services that will be provided for the person. Diagnoses can be recorded in either ICD-10 CM codes and narrative, or DSM codes and narrative. Check the applicable box at the top of the <i>Diagnosis</i> section to indicate if you are using ICD or DSM codes.</p> <p>ICD CM Codes: Check if using ICD-9 or ICD-10 codes. List codes in appropriate order using ICD-9 or ICD-10 coding conventions. Next to each code, complete a narrative description of the code from the ICD-9 or ICD-10 CM code book. Place a check next to the diagnosis that is the primary diagnosis for this treatment episode.</p> <p>DSM Diagnostic Codes: Check if using DSM-IV or DSM 5 codes. List codes using DSM coding conventions. Next to each code, complete a narrative description from the DSM code book. Place a check next to the diagnosis that is the primary diagnosis for this treatment episode.</p>
Check Primary/ Billing Diagnosis	Check the primary/billing diagnosis.
Code	Indicate the ICD or DSM numerical or alphanumeric code.
Narrative Description	List the narrative description of the code in either DSM or ICD terminology.
Data Field	Prioritized Assessed Needs as Evidenced by
Prioritized Assessed Needs	<p>The information for this section comes from the Assessed Needs Checklist. Identify and record <i>Assessed Needs</i> of the person/person's guardian, if applicable. In some cases there may be high need areas that cannot be deferred without risk to the person 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 person in life roles or reducing the symptoms of his/her illness.</p> <p>Adult Outpatient Example: 1. Mary needs to find ways to understand and better manage her panic attacks and anxiety. 2. Mary needs to improve her physical health (including managing her weight and considering quitting tobacco use per her doctor's recommendations). 3. Mary may need additional support or skills in her marital relationship.</p> <p>CBFS Example: Activities of Daily Living - Employment, Housing, Medication Management Money Management-Active</p> <p>Activities of Daily Living- Transportation, Family/ Social Support, Peer/ Personal Support Network-Deferred</p> <p>Mental Health/ Illness Management - Anxiety, Coping/Symptom Management-Active</p> <p>Mental Health/ Illness Management - Disturbed Reality (hallucinations), Trauma-Referred Out</p> <p>Risk/ Safety - Suicidal Ideation, Addictive Behaviors- Substance Use-Person Denied</p> <p>BSAS Example: Robert has disclosed that he occasionally "snorts" heroin.</p> <p>It is recommended that his substance use disorder be assessed to learn the extent of his use and work towards eliminating his opiate use. At the same time, work on increasing his awareness of his social milieu and work towards building healthier social relationships and activities.</p>

	Assess all Recommendations/Needs as ACTIVE, PERSON DECLINED, DEFERRED, or REFERRED OUT. Include rationale for all Declined, Deferred and Referred Recommendations/Needs.
Person Declined/Deferred/Referred Out Rationale(s) (Explain why Person Declined to work on Need Area; List rationale(s) for why Need Area(s) is/are Deferred/Referred Out below)	Describe reasoning behind worker's decisions to defer or refer out work on any assessed needs. Also provide reasoning behind decisions by person served to decline a recommendation at this time. If none from above are declined, deferred or referred out, check None.
Level of Care / Indicated Service Recommendation	<p>Recommend and record the least restrictive level of care that is safe for the person based upon needs assessed and supported by the symptoms, behaviors, abilities and skill deficits documented earlier in the Comprehensive Assessment. Level of care should be directly linked to medical necessity which should be evidenced by the documentation throughout the assessment. Also, indicate the services that can be utilized within each level of care to meet the identified clinical needs and the service preferences provided by the persons served/family.</p> <p>Adult Outpatient Example: Individual outpatient treatment recommended. Begin with weekly sessions and move to every other week as appropriate</p> <p>CBFS Example: Jean would benefit from the assistance of the Richmond Support Housing program to provide her with support in the community while promoting her individual recovery process.</p> <p>BSAS Example: Robert is being recommended for Outpatient Group counseling / therapy to gain from group/community support. In addition, Robert may benefit from seeking a medical doctor to prescribe a Medicated Assisted Treatment, such as Suboxone to address any desire to use opiates.</p> <p>*Note: For organizations without formal levels of care, list the services that are being recommended.</p>
Person Served/Guardian/ Family Response to Recommendations	<p>Record reactions and opinions in this section. You may record a summary or specific verbal responses provided by the person served/family/guardian. Should record the client and family's willingness to participate in treatment.</p> <p>Adult Outpatient Example: Mary reported being eager to begin treatment. She stated that she was unsure what was leading to her "episodes," but she wanted to do what she could so that they wouldn't happen again.</p> <p>CBFS Example: "I am really excited to work on moving out on my own - I'm just worried about how my mom will react."</p> <p>BSAS Example: Robert's family is not currently involved in the treatment plan. "I do not want to cause more problems for my mom".</p>
Data Field	Signatures
Person's Signature (Optional, if clinically appropriate)	Signature of the person to be served by the agency indicating his/her understanding and acceptance of the treatment recommendation/assessed needs.
Date	Next to each signature record the date of the signature.
Parent/Guardian Signature (if appropriate)	Record legible signature of the person's parent or guardian, if appropriate.
Date	Next to each signature record the date of the signature.
Clinician/Provider – Print Name/Credential and title	Legibly print name and credential(s) of person completing the Comprehensive Assessment.
Date	Next to each signature record the date of the signature.

Supervisor – Print Name/Credential (if needed)	If the diagnosis is rendered by a clinician other than the clinician printed above, then the clinician rendering the diagnosis must print his/her educational level and highest license level.
Date	Next to each signature record the date of the signature.
Clinician/Provider Signature	Legible signature of person completing the Comprehensive Assessment.
Date	Next to each signature record the date of the signature.
Supervisor Signature (if needed) see also MDT requirements for day treatment and signatures.	If the diagnosis is rendered by a clinician other than the clinician signed above, then the clinician rendering the diagnosis must provide his/her signature and record his/her educational level and highest license level.
Date	Next to each signature record the date of the signature.
Psychiatrist/MD/DO (if required)	This is a requirement for Opiate Treatment Programs.
Next Appointment / Date / Time	Record the next appointment for the person including date and time.