

PPS Mental Health/AODA and PPS NOMS Downtime Form

Demographic / Client Data Section

A- AODA PPS / M-MH PPS / N-PPS NOMS

Is client present: AMN Yes No

Client Name: Medical Record # Date/Time:

Assessment Type: Admission/Initial Follow up Discharge

Assessment Date: Assessment Completed by:

Gender: Male Female Unknown Date of Birth: Social Security #

Gender Identity: Male Female Genderqueer Trans FTM Trans MTF Other Chose not to disclose

Sexual Orientation: Straight/hetro Lesbian/Gay Bisexual Other Unknown Chose not to disclose

Race: Black/African Amer. Native Hawaiian/Pacific Islander White/Caucasian Alaskan Native/Amer. Indian Asian

Ethnicity: Hispanic Not of Hispanic Origin Unknown

Street Address 1 (at time of service): Homeless: Yes No

Street Address 2 (apt # / unit # / alternate):

City: County: State: Zip Code:

Phone # (H) Phone # (C) Phone # (W)

Medicaid# Medicare# Other insurance: Yes No

Primary Diagnosis: AODA Mental Health AODA and Mental Health Indicated primary diagnosis(es):

Pregnant on admission: Yes No

Living Arrangements AMN

- Child under age 18 living with biological or adoptive parents
Private residence or household; includes persons age 18 and older living with parents (ADULTS ONLY)
Child under age 18 living with relatives, friends
Street, shelter, no fixed address, homeless
Crisis stabilization home/center
Supervised licensed residential facility
Foster home
Supported Residence (ADULTS ONLY)
Institutional setting, hospital, nursing home
Jail or correctional facility
Other living arrangement
Unknown

Education N

- Grade 1 Grade 5 Grade 9 Some college/vocational/tech. school
Grade 2 Grade 6 Grade 10 Bachelor's degree
Grade 3 Grade 7 Grade 11 Advance degree (Masters,PHD)
Grade 4 Grade 8 High School diploma/GED Unknown

Employment Status AN

- Full-time competitive employment Not in the labor force-disabled Supported competitive employment
Not applicable-Children 15 and under Not in the labor force-homemaker Unemployed (but looking for work)
Not in the labor force - other reason Not in the labor force-jail, correctional Unknown
Not in the labor force - retired Not in the labor force-shelter work
Not in the labor force - student Part-time competitive employment

Referral Source AM

- AODA program/provider (includes AA, Al-Anon) Child Protective Services agency Community Health Center
Corrections, probation, parole County social services Crisis Mobile Team Drug Court
Employer, Employee Assistance Program (EAP) Family, friend, guardian Homeless outreach worker
Hospital emergency room IDP - Court IDP- Department of Motor Vehicles (DMV)
Inpatient hospital or residential facility IV drug outreach worker Law Enforcement, police
Mental health court Mental health program/provider Other Other Crisis Program
Other court, criminal or juvenile justice system OWI court- monitors the multiple OWI offender PCS
Primary care physician or other health care program/provider School, college
Screening Brief Intervention Referral Treatment (SBIRT) Self Unknown

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BRC Target Population (Admission only) *M*

- Persons in need of ongoing, high intensity comprehensive services
- Persons in need of on-going low intensity services
- Persons in need of short-term situational services

BRC Target Population Update (all other PPS MH forms) *M*

- Persons in need of ongoing, high intensity comprehensive services
- Persons in need of on-going low intensity services
- Persons in need of short-term situational services

Characteristics (select as many as 3 characteristics that apply – see PPS Handbook for complete list) *AM*

- Alcohol client · Drug client · Alcohol and other drug client · Serious and persistent mental illness (SPMI)
- Mental illness (excluding SPMI) · Developmental disability-brain trauma · Developmental disability-cerebral palsy
- Developmental disability-autism spectrum · Developmental disability-intellectual disability
- Developmental disability-epilepsy · Developmental disability-other or unknown
- Severe emotional disturbance-child/adolescent Chronic alcohol or other drug client · Intoxicated driver
- Gambling client · Blind/visually impaired · Hard of hearing · Blind/deaf · Deaf · Physical disability/mobility impaired
- Other disability Unmarried parent · Victim of domestic abuse · Frail elderly · Abused/neglected elder
- Alzheimer's disease/related dementia · Corrections/criminal justice system client Frail medical condition
- Criminal justice system involvement · Victim of abuse or neglect · Homeless · CHIPS-abuse and neglect · CHIPS-abuse
- CHIPS-other · Delinquent · Other from PPS Handbook: _____ None of the above

Presenting Problem (select as many as 3 characteristics that apply) *M*

- Abuse/assault/rape victim · Alcohol · Attempt, threat, or danger of suicide · Depressed mood and/or anxious
- Disturbed thoughts · Drugs · Eating disorder · Emergency detention · Involvement with criminal justice system
- Marital/family problem · Medical/somatic · Problems coping with daily roles and activities · Runaway behavior
- Social/interpersonal · Unknown

Psychosocial and Environment Stressors *M*

- None
- Mild
- Moderate
- Severe
- Extreme
- Catastrophic

Suicide Risk *M*

- High Potential for suicide
- Presence of some risk factors
- No risk factors
- Unknown

Current Health Status *M*

- No health condition
- Stable/capable
- Stable/incapable
- Unstable/capable
- Unstable/incapable
- New symptoms/capable
- New symptoms/incapable
- Don't know

Daily Activity (select as many as 3 items) *M*

- No educational, social or planned activity
- Part-time educational activity
- Full-time educational activity
- Meaningful social activity
- Volunteer or planned formal activities
- Other activities
- Unknown

Interactions with CJ system in the last 6 months *M*

- None
- Probation
- Arrest(s)
- Jailed/imprisoned (includes Huber)
- On Parole
- Juvenile justice system contact
- Unknown

Legal/Commitment Status *M*

- Guardianship · Involuntary civil (Chap 51-Commitment) · Voluntary · Voluntary with settlement agreement
- Involuntary civil (Chap 55-Protective Serv. and Placement) · Involuntary criminal · Unknown

Arrests *AM*

Number of arrests in the past 30 days: _____ How many were for new offenses? _____
 Number of arrests in the past 6 months: _____ How many were for new offenses? _____

Bold=Required

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Primary Substance Abuse Problem A

- Alcohol · Barbiturates · Benzodiazepines · Cocaine/crack · Dilaudid/hydromorphone · Heroin · Inhalants
- LSD · Marijuana/THC · Methamphetamine, methcathinone · None (codependent) · Nonprescription methadone
- Other amphetamines · Other hallucinogens · Other nonbarbiturate sedatives or hypnotics
- Other opiates and synthetics · Other stimulants · Other tranquilizers · Over-the-counter · PCP · Other

Primary Use Frequency in the Past 30 Days A

- No use in the past month (abstinent) · 1-3 days in the past month (less often than once a week)
- 1-2 days per week · 3-6 days per week · Daily · Unknown

Primary Usual Administration A

- Inhalation · Injection (IV or intramuscular or skin popping) · Oral (by mouth swallowing)
- Smoking (inhale by burning/heating substance) · Other · Unknown

Primary Substance age of first use or intoxication: A _____

Secondary Substance Abuse Problem (if needed, select items from above lists) **A**

Substance: _____ Frequency: _____ Route of Administration: _____ Age first use: _____

Tertiary Substance Abuse Problem (if needed, select items from above lists) **A**

Substance: _____ Frequency: _____ Route of Administration: _____ Age first use: _____

Co-existing mental illness: **A** Yes No Unknown Deaf or Hard of hearing: **A** Yes No Unknown

Support Group Attendance in the Past 30 days A

- No attendance in the past 30 days · 1-3 times in the past 30 days · 4-7 times in the past 30 days
- 8-15 times in the past 30 days · 16 or more times in the past 30 days · Unknown

Are you currently pregnant: AN Yes No If yes, have you seen a doctor for prenatal care: **N** Yes No

Do you feel safe in your current environment: N Yes No N/A

Are you currently enrolled in school or a job training program: N

- Not enrolled · Enrolled, part time · Enrolled, full time · Other · Don't know · Refused

During the past 30 days, how many days have you used the following: N

Any alcohol: _____ Alcohol to intoxication (5+ drinks per sitting) : _____ Illegal drugs(include misuse of Rx drugs) : _____

Tobacco: _____

Have you been to detox in the last 30 days: N Yes No

In the last 30 days, have you experienced an overdose due to your use of alcohol and/or drugs: N Yes No

Is your living arrangement a positive influence on your recovery: N Yes No Unknown

Have you been to detox in the last 30 days: N Yes No

Psychiatric inpatient visits in the last 30 days: N Yes No

Medical inpatient visits in the last 30 days: N Yes No

Psychiatric ER visits in the last 30 days: N Yes No

Medical ER visits in the last 30 days: N Yes No

Number of psychiatric inpatient bed days the last 6 months: N _____

Number of moves in the last 6 months: _____

How would you rate your overall quality of life right now? N

- Very Poor · Poor · Neither poor nor good · Good · Very Good · N/A

How would you rate your overall physical health right now? N

- Refused · Don't know · Poor · Fair · Good · Very Good · Excellent

I am able to manage daily tasks around my home (such as cleaning, tidying, cooking, paying bills, and responding to mail): N

- Not at all · Slightly · Somewhat · Most of the time · All of the time · N/A

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Health Appointment – Health Care – Last 6 months N

- Kept appointment, Refused services, No appointment needed, Unknown, Did not keep, Unable to access needed services

Health Appointment – Vision Care – Last 6 months N

- Kept appointment, Refused services, No appointment needed, Unknown, Did not keep, Unable to access needed services

Health Appointment – Dental Care – Last 6 months N

- Kept appointment, Refused services, No appointment needed, Unknown, Did not keep, Unable to access needed services

Health Appointment – Psychiatric Care – Last 6 months N

- Kept appointment, Refused services, No appointment needed, Unknown, Did not keep, Unable to access needed services

In the last 30 days, not due to your use of alcohol/drugs, how many days have you: N

Experienced serious depression: _____ Experienced trouble controlling violent behavior: _____
Experienced serious thoughts of suicide: _____ Attempted suicide: _____
Been prescribed medication for psychological/emotional problem: _____

Are you taking medication you have been prescribed according to schedule: N [] Yes [] No [] N/A

I can easily form and maintain close relationships with others, including those I live with: N

- Not at all, Slightly, Somewhat, Most of the time, All of the time, N/A

In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery: N [] Yes [] No

Is there anything we've discussed today that you would like added to your recovery/treatment plan? N

- Yes, _____ [] No [] Don't know [] N/A

What is the client's current stage of treatment? N

- Pre-engagement, Engagement, Early persuasion, Late persuasion, Early active treatment, Late active treatment, Relapse prevention, In remission or recovery

How interested is the client in discussing transition from current level of care? N

- Not at all interested, Slightly interested, Somewhat interested, Moderately interested, Strongly interested, N/A

Episode Closing Reason (select \diamond closing reason, and, if needed, explaining \square and then \circ) N

\diamond Completed service

- No more services needed, Maximum benefit obtained from this service/Level of Care, Continued at lower LOC at same agency, Continued at lower LOC at another agency

\diamond Administratively discontinued

- Moved, No contact

\diamond Behavioral termination – due to program rule violation

\diamond Incarcerated

- For a new offense, For old offense (revoked probation/parole rule violation), Jail, Prison

\diamond Transferred to community resource (non-CARS resource)

\diamond Referred - different service/LOC needed in recovery

- Transferred to higher level of care within same agency, Referred to higher level of care at another agency, Referred to same level of care at another agency

\diamond Withdrew against staff advice

\diamond Funding authorization expired

- Request for service continuation denied, Service discontinued, Service continued without/with alternative funding, System-wide funding limitation, Service discontinued, Service continued without/with alternative funding

\diamond Entered nursing home or institutional care

\diamond No probable cause

\diamond Unable to locate

\diamond Death

Episode level of improvement (when completing discharge PPS): N

- No change, Major improvement, Moderate improvement, Worsened, Unknown

Bold=Required