

MENTAL HEALTH SCREENING FORM

I. IDENTIFYING DATA

Screen Urgency Post-StabilizationTracking # 123456QMHP/LMHP Tyler Trayer, MA, LMLP

Location of Interview

Saints Hospital ER Room 13Screen Date 6/21/2011 Screen Start Time 19:00AM/PM (PM)Screen Decision Time 20:45AM/PM (PM)Screening CMHC/LMHP Great Behavioral Health CareCourtesy Screen ☒ No ☐ Yes CMHC

Staff

Date/Time

☐ Inpatient Rescreen

Date

QMHP

<u>Jones</u>	<u>Verna</u>	<u>P</u>
Name: Last	First	MI
Pre-Marital Name _____ Also Known As (AKA) _____		
Street Address <u>206 W. 5th</u>		
City, State, Zip <u>Kansas Town, KS 12345</u>		
Phone <u>785-777-5555</u>		
County of Residence <u>Rooks</u>		
County of Responsibility <u>Rooks</u>		
SSN <u>111-222-3333</u>		
DOB <u>12/30/1956</u> Age <u>54</u> Gender <u>F</u>		
Current outpatient treatment order: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UK		

Referred by Saints Hospital – Lila Skeeter

Consumer Status

- ☐ Current CMHC Consumer ☐ Former CMHC Consumer
☐ Other CMHC Consumer ☒ Never a CMHC Consumer
☐ Private Provider _____

Screening Informants

- ☒ Family Ricky Jones – Husband
☐ CMHC/Private Provider _____
☒ Hospital Staff Dr. Davis – Treating physician, Lila Skeeter – SW
☐ JJA/Contractor _____
☐ LEO/Other Agency _____
☐ Other Jill Pill – Nurse _____

Child Custody Status

- ☐ Parental ☐ SRS _____
☐ JJA ☐ Contractor _____

Type of Screening Completed

- ☐ State Hospital
☒ Medicaid Inpatient Psychiatric
☐ PRTF ☐ Initial ☐ Extension

KVC Prairie Ridge	
<input type="checkbox"/> Acute	<input type="checkbox"/> STAR/SHA
KVC Wheatland	
<input type="checkbox"/> Acute	<input type="checkbox"/> SHA

II. PSYCHOSOCIAL ASSESSMENT: Guardian ☒ Yes ☐ No Name/Address/Phone #: Ricky Jones – Same Address – 785-222-3456

This individual has others involved in helpful way (circle): Parent, Family, Friends, Case Worker, Neighbor, Landlord, Other
 Name/Address/Phone #: Terry Fishman – GBHC Case Manager – 1000 Wild Street, Kansas Town, KS 12345 – 785-666-7777

Name/Address/Phone #: _____

This Individual: ☒ Has adequate support systems ☐ Has limited support systems ☐ Has no support systems
☐ Stable living environment ☐ Unstable Living Environment ☐ Homeless ☐ Currently Incarcerated
☐ Receiving MR/DD services – Agency/Case Worker Name/Phone #: _____

Armed Forces: ☐ Veteran ☐ Active ☐ Inactive ☒ None Period(s) of Service: _____

Additional Information/Clarification regarding psychosocial supports, conflicts, stressors concerns, housing etc. Ct currently residing with her husband, receives case management through Great Beahvioral Health, is involved in groups and supported employment services. Has support from her father and other family members. Husband is working, but there has been financial strain.

FINANCIAL RESOURCES: ☐ Employed ☐ Unemployed ☒ Disabled ☐ Student Other: _____Third Party Payer(s) Medicaid ID# 0101010101010101☐ Pending Medicaid Medicare ID # 111-222-3333Other ID#/Group #/Responsible Party _____ VA Benefits ☐ Yes ☒ No

III. PRESENTING PROBLEM(S)

- | | | | |
|-----------------------------------------|--------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Current Danger | <input checked="" type="checkbox"/> Potential Danger to SELF | <input checked="" type="checkbox"/> Self Care Failure | <input checked="" type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Current Danger | <input type="checkbox"/> Potential Danger to OTHERS | <input checked="" type="checkbox"/> Psychotic Symptoms | <input type="checkbox"/> Conduct/Behavior |
| <input type="checkbox"/> Current Danger | <input type="checkbox"/> Potential Danger to PROPERTY | <input checked="" type="checkbox"/> Mood Disorder | <input type="checkbox"/> Other |

The Client was referred for a screening by Saints Hospital ER where she was taken this evening by her husband due to an increase in psychotic symptoms. Reportedly the Client has become more paranoid, believing her family is out to harm her. She has been isolating, refusing to come out of the home. Her husband reported she's not been eating well, and has lost 10 lbs in 2 weeks. Husband also reported Client has been more depressed, and has been making suicidal statements. The Client agreed she has been sad, and has been self medicating with alcohol daily. She reported thoughts of cutting her wrists or hanging herself.

Consumer Statement of Concern(s) (In his/her own words): "I feel very hopeless right now and that my family wants me gone from their lives. I hear these voices telling me how bad I am. I am tired of dealing with my addiction."

IV. RISK FACTORS

Name Verna Jones

Current Danger to Self: ☐ None ☒ Ideation ☒ Plan ☐ Threat ☒ Intent with Means ☐ Intent w/o Means
☒ Self Care Failure ☐ Gesture/Attempt ☒ Risk aggravated by substance use ☐ At Risk

Explain (Include dates, means, rescue) Ct reported she has had thoughts of ending her life for approx 2 weeks. Ct reported she's had thoughts of cutting her wrists or hanging herself. She reported having access to means, is an 8 or a 9 on 0-10 scale of intent. Admits she has not been eating regular meals or taking in fluids and has lost 10 lbs in 2 weeks. Risk is exacerbated by daily ETOH use.

History of Danger to Self: ☐ None ☒ Ideation ☒ Plan ☐ Threat ☐ Intent with Means ☐ Intent w/o Means
☐ Self Care Failure ☒ Gesture/Attempt ☐ Risk aggravated by substance use

Explain (Include dates, means, rescue) Ct reported history of suicidal thinking w/thoughts of cutting her wrists. She reported a previous attempt to kill herself in May 2008 by OD after losing job due to depression, was hospitalized at Lucas Psychiatric Hospital.

History of family members or significant acquaintances that attempted or completed suicide ☐ Yes ☒ No ☐ Unknown

Explain The Ct reported her mother had recurrent suicide attempts and was hospitalized in a state psychiatric hospital multiple times.

Current Danger to Others: ☒ None ☐ Ideation ☐ Plan ☐ Threat ☐ Intent with Means ☐ Intent w/o Means
☐ Gesture/Attempt ☐ Risk aggravated by substance use ☐ At Risk

Explain (Include dates, means) When asked the Ct denied current thoughts of harming others.

History of Danger to Others: ☐ None ☐ Ideation ☐ Plan ☐ Threat ☐ Intent with Means ☐ Intent w/o Means
☒ Gesture/Attempt ☐ Risk aggravated by substance use ☐ Physical Aggression

Explain (Include dates, means) Ct reported in 2008 when she lost her job she became very paranoid about her husband and did become aggressive toward him – was hospitalized at Lucas Psychiatric Hospital.

Current Destruction of Property: ☐ YES ☒ NO ☐ UNK History of Destruction of Property: ☒ YES ☐ NO ☐ UNK

Explain When asked the Ct denied current property destruction. She did indicate in the past she has broken dishes when angry, and in 2006 punched a hole in the wall during an argument with her husband, had been drinking.

Current Abuse: ☐ YES ☒ NO ☐ UNK TYPES: ☐ Physical ☐ Sexual ☐ Emotional ☐ Neglect ☒ History Reported
 If yes, individual is: ☐ Victim ☐ Perpetrator ☐ Both ☐ Neither, but abuse reported in environment

Explain When asked the Ct denied current abusive circumstances. Ct admitted she and husband have become aggressive toward each other in the past, but none recent.

SUBSTANCE USE/ADDICTIONS: Indication of Current/History of Substance Use ☒ Yes ☐ No ☐ Unknown

Drug/Type	Amount	Frequency	Last Use/Dose
Drug of choice: Alcohol	1 pint vodka	Daily	4:00 pm today
Secondary: Marijuana	1 joint	Once monthly	3 weeks ago
Tertiary:			

**WHEN APPROPRIATE- Recommend medical consultation/evaluation to determine medical stability for transfer.*

☒ Positive Lab Screen for the following: Alcohol BAC/BAL 156 ☐ Not Available
☐ History of Withdrawal Symptoms/Complications with Detox? ☐ Seizures ☐ DT's (Delirium Tremens)

Explain (Identify withdrawal symptoms, medical intervention etc): When asked the Ct admitted to experiencing tremors, increased agitation, increased sweating if she quits ETOH use, but denied seizures or DT's. Previously tried Campral and Antabuse.

*** GAMBLING ADDICTION:** ☐ Past ☐ Current ☐ Unk ☒ N/A **INTERNET ADDICTION:** ☐ Past ☐ Current ☐ Unk ☒ N/A

Substance Treatment History:

Type of Treatment	Agency	Month/Year
Outpatient	Great Behavioral Health Care	August 2010
Inpatient	Valley West	Nov 2010

Additional information/clarification of Substance/Addiction Concerns (Including collateral concerns, interaction of substances with mental health symptoms, etc): Ct indicated when depressed she tends to drink more. She reported having a sponsor, attends AA meetings, but not consistently. When asked Ct denied having gambling or internet addiction issues. Husband reported Ct can achieve sobriety when she is managing MH needs, and this has declined in recent months. Periods of sobriety lasting 12+ months.

Name Verna JonesMEDICAL: ☐ None by Client Report ☒ Self/Family Report ☐ Physician/Nurse Report ☒ Medical Records

Current Medical Conditions/Concerns (Check those that apply):

☐ Unknown ☒ Diabetes-Insulin ☒ Yes ☐ No☐ Kidney Disease/UTI☐ Pregnant Wks: _____ ☐ History of Dementia Diagnosis☐ History of Traumatic Brain Injury☐ Seizure Disorder☐ Other: _____☒ NKDA ☐ Drug/Food Allergies: _____

List Current Medications: Specify Name & Dosage (Include Psychiatric & Non-Psychiatric Medications)

Taking as Directed: (Y) Yes (N) No (U) Unknown

Y N U

Y N U

Zoloft 50 mg daily☐ ☒ ☐☐ ☐ ☐Trazodone 100 mg daily☐ ☒ ☐☐ ☐ ☐Campral 666 mg TID☐ ☒ ☐☐ ☐ ☐Insulin sliding scale☐ ☒ ☐☐ ☐ ☐Abilify 5 mg daily☐ ☒ ☐☐ ☐ ☐Psychiatric Provider/Location: Dr. Strutt – Great Behavioral Health Care – Last appt 4/15/2011Primary Care Physician/Location: Dr. Cox – Plains Family Practice – Last Physical 3/25/2011

Comments regarding reported medical issues (i.e. Medication Compliance, Current Medical Treatment, etc): Ct reported she Has diabetes, but does not always take her insulin as prescribed, misses doses approx 3 times per week. Ct also reported inconsistency in taking her psychiatric meds, reported drowsiness as a side effect.

*Special Medical Considerations: ☒ N/A ☐ Self/Family Report ☐ Physician/Nurse Report ☐ Medical Records ☐ Unknown

“Do you need or use any of the following medical equipment or treatment?”

☐ Oxygen Equipment☐ Ventilator☐ Wound care☐ Foley or Catheters, Dialysis☐ Insulin pump☐ Surgery/Post-operative care☐ Intravenous ports or permanent venous access☐ Current cancer treatment☐ IV medications, care or services

“Do you require assistance with any of the following?”

☐ Getting out of bed☐ Toileting☐ Feeding☐ Moving☐ Using wheelchair

Comments/other: When asked the Ct denied the need for medical equipment or specialized treatment. Ct also denied need for medical assistance with daily living needs.

V. TREATMENT/PLACEMENT INFORMATION

Currently in treatment: ☒ Yes ☐ No ☐ UnknownTherapist/Case Manager: Glenda Gail-Therapist/Terry Fishman-CM

Agency/Provider/Service(s): Great Behavioral Health Care – Ct is scheduled for weekly therapy and case management appts. Is scheduled for medication checks monthly w/Dr. Strutt. Meets with Kirk Buff every other week for supported employment.

Service Progress/Failure: Treatment participation has decreased with increased alcohol use.Previously Hospitalized: ☒ Yes ☐ No ☐ UnknownMultiple Hospitalizations: ☒ Yes x 2 ☐ No ☐ UnknownLast Psychiatric Hospitalization: Lucas Psychitric Hospital Date Admitted 5/01/2008 Date Dismissed 5/06/2008 ☐ AMAOther Psychiatric Hospitalizations: Larned State Hospital – 1993PRTF Treatment History (Include Dates if Known): N/A

Legal History:

Current/History of Legal Contacts/Problems: ☐ Yes ☐ No ☐ Unknown Charges Pending: ☐ Yes ☒ No ☐ Unknown☐ Probation x _____ ☐ Parole x _____ ☐ Incarcerations/Detention x _____☐ CINC x _____ ☐ JO x _____ ☐ Foster Care x _____ ☐ YRC x _____ ☐ Other _____ ☐ Not ApplicableExplain: Not ApplicableEducation Status: Name of School N/A Highest Grade Completed _____☐ Regular Education ☐ Special Education - Category (if known): _____

VI. CLINICAL IMPRESSIONS (where two choices are offered, circle appropriate choice)**General Appearance**

- ☐ Appropriate hygiene/dress
☒ Poor personal hygiene
☐ Overweight ☒ Underweight
☐ Eccentric ☐ Seductive

Sensory/Physical Limitations

- ☒ No limitations noted
☐ Hearing ☐ Visual
☐ Physical ☐ Speech

Mood

- ☐ Calm ☐ Euthymic
☐ Cheerful ☒ Anxious
☒ Depressed ☐ Fearful
☐ Suspicious ☐ Labile
☐ Pessimistic ☐ Irritable
☐ Euphoric ☐ Hostile
☒ Guilty ☐ Apathetic
☐ Dramatized ☒ Hopelessness
☐ Elevated mood
☐ Marked mood shifts

Affect

- ☐ Primarily appropriate
☐ Primarily inappropriate
☐ Congruent ☐ Incongruent
☐ Constricted ☐ Tearful
☐ Blunted ☒ Flat
☐ Detached

Speech

- ☐ Unable to assess
☒ Logical/Coherent ☐ Loud
☐ Delayed responses ☐ Tangential
☐ Rambling ☐ Slurred
☐ Rapid/Pressured
☐ Incoherent/loose associations
☒ Soft Mumbled/Inaudible

Thought Content/Perceptions

- ☐ Unable to assess ☐ Delusions
☐ No disorder noted ☐ Grandiose
☒ Paranoid ☐ Racing
☐ Circumstantial ☐ Obsessive
☐ Disorganized ☐ Flight of ideas
☐ Bizarre ☐ Blocking
☐ Ruminations/Intrusive Thoughts
☒ Auditory Hallucinations
☐ Visual Hallucinations
☐ Other hallucinatory activity
☐ Ideas of reference
☐ Illusions/Perceptual Distortions
☐ Depersonalization/Derealization

Memory

- ☐ Unable to assess-
☒ No impairment noted
☐ Impaired Immediate
☐ Impaired remote
☐ Impaired recent

Insight (Age Appropriate)

- ☐ Unable to assess-
☒ Good ☐ Fair
☐ Poor ☐ Lacking

Orientation

- ☐ Unable to assess ☒ Oriented x 4
☐ Impaired time ☐ Impaired situation
☐ Impaired place ☐ Impaired person

Cognition/Attention

- ☐ Unable to assess
☐ No impairment noted
☒ Distractibility/Poor Concentration
☐ Impaired abstract thinking
☐ Impaired judgment
☒ Indecisiveness

Behavior/Motor Activity

- ☐ Unable to assess
☐ Normal/Alert ☒ Poor eye contact
☐ Cooperative ☐ Uncoordinated
☐ Self-Destructive ☐ Catatonic
☒ Lethargic ☐ Tense
☐ Agitated ☒ Withdrawn
☐ Restless/Overactive ☐ Provocative
☐ Impulsiveness ☐ Tremors/Tics
☐ Aggression/Rage ☐ Repetitious
☐ Peculiar mannerisms
☐ Bizarre behavior
☐ Indiscriminate socializing
☐ Disorganized behavior
☐ Feigning of symptoms
☐ Avoidance behavior
☐ Increase in social, occupational, sexual activity
☒ Decrease in energy, fatigue
☒ Loss of interest in activities
☐ Compulsive (including gambling/internet)

Eating/Sleep Disturbance

- ☐ Unable to assess
☐ No disturbance noted
☒ Decreased Increased appetite
☐ Binge eating
☐ Self-induced vomiting
☒ Weight gain (loss) (lbs/time 10 lbs/1 wk)
☒ Hypersomnia Insomnia
☐ Bed-wetting
☐ Nightmares/Night Terrors

Anxiety Symptoms

- ☐ Unable to assess
☐ Within normal limits
☒ Generalized anxiety
☐ Fear of social situations
☐ Panic attacks
☐ Obsessions/Compulsions
☒ Hyper-vigilance
☐ Reliving traumatic events

Conduct Disturbance

- ☐ Unable to assess
☒ Conduct appropriate
☐ Stealing ☐ Lying
☐ Projects blame ☐ Fire setting
☐ Short-tempered
☐ Defiant/Uncooperative
☐ Violent behavior
☐ Cruelty to animals/people
☐ Running away ☐ Truancy
☐ Criminal activity ☐ Vindictive
☐ Argumentative
☐ Antisocial behavior
☐ Destructive to others or property

Occupational & School Impairment

- ☐ Unable to assess
☒ No impairment noted
☐ Impairment grossly in excess than expected in physical finding
☐ Impairment in occupational functioning
☐ Impairment in academic functioning
☐ Not attending school/work

Interpersonal/Social Characteristics

- ☐ Unable to assess
☒ No significant trait noted
☐ Chooses relationships that lead to disappointment
☐ Expects to be exploited or harmed by others
☐ Indifferent to feelings of others
☐ Interpersonal exploitiveness
☐ No close friends or confidants
☐ Unstable and intense relationships
☐ Excessive devotion to work
☐ Inability to sustain consistent work behavior
☐ Perfectionistic ☐ Grandiose
☐ Procrastinates ☐ Entitlement
☐ Persistent emptiness & boredom
☐ Constantly seeking praise or admiration
☐ Excessively self-centered
☐ Avoids significant interpersonal contacts
☐ Manipulative/Charming/Cunning

NOTES: Client reported she is sleeping 18-20 hours out of the day, has been eating little, once a day. Husband reported she has been isolating in her room, and has not bathed in a week. Client reported hearing voices telling her bad things about herself and family. Reported feeling hopeless, worthless, guilty for not being better parent.

VII. CLINICAL SUMMARY AND DIAGNOSTIC IMPRESSIONS

(Include medical necessity, exhaustion of resources, treatment alternatives, etc)

The Client has been historically diagnosed with Major Depression, Recurrent, Severe w/Psychotic Features. Current Symptoms endorsed by the Client include the following present most of the day, nearly every day for at least the past two weeks: Depressed mood, anhedonia, increased sleep, psychomotor agitation, decreased energy and motivation, decreased appetite, poor concentration and focus, feelings of guilt/worthlessness, and suicidal thinking w/plan to cut her wrists or hang herself, is an 8 or 9 on 0-10 scale of intent. Client reported the risk of harm to self could increase if she does not get help for her mental health symptoms. She did report history of an attempt in 2008. The client also reported intrusive auditory hallucinations, increased paranoia of family members, and increased self care failure - it was reported the Client has not bathed in a week, is not eating regular meals, and is not taking her insulin as prescribed for her diabetes. In addition to the depression the Client admits to drinking a pint of alcohol daily, and that use increased when depression worsened. The Client acknowledged a pattern of dependence that involved: increased use of alcohol over time, due to increased tolerance. She endorsed withdrawal symptoms such as increased agitation, sweating, and tremors. The Client admitted her alcohol use has interfered in family and work functioning. She has demonstrated a pattern of recurrent, unsuccessful efforts to quit alcohol use. The Client was offered facilitation of a detox referral, and she reported feeling her depression was the primary concern. At this time the Client is considered a high risk of harm to herself and is in need of more intensive services than outpatient services. Options were discussed with the Client including crisis stabilization (out of home), attendant care (in home), and crisis case management, but both the Client and husband did not feel she could stay safe at this point with those services in place. At this time, admission to Jolly Psychiatric Facility is recommended for approximately 3-5 days to: stabilize the Client on medications, improve mood symptoms, decrease psychosis, improve coping skills for managing stressors, and decrease risk of harm to self. It is recommended the Client be referred to crisis case management upon discharge, and to coordinate discharge care with her CM Terry Fishman.

	DIAGNOSTIC CODE	DIAGNOSES	✓ PRIMARY
AXIS I:	<u>296.34</u>	<u>Major Depressive Disorder, Recurrent, Severe, with Psychotic Features</u>	<u>X</u>
	<u>303.90</u>	<u>Alcohol Dependence</u>	
AXIS II:	<u>799.90</u>	<u>Deferred on Axis II</u>	
AXIS III:		<u>Client reported Diabetes, Insulin Dependent</u>	
AXIS IV:	<u>Financial stress</u>		
AXIS V: CURRENT GAF:	<u>30</u>	HIGHEST PAST YEAR:	<u>50</u>

KHS SPECIAL HEALTH CARE NEEDS:

- ☐ SED ☒ SPMI ☐ SMI ☐ Unknown ☐ N/A
☐ MR/DD ☐ Pregnant & Using Substances ☒ Substance Use & Mental Illness ☐ IV Drug User & Mental Illness

*Clinical impression, diagnoses, and recommendations have been shared with consumer, parents and/or guardian (unless contraindicated).

VIII. TIME DOCUMENTATION SUMMARY (Include Travel Time):

Contact/Activity	Amount of Time	Rescreen in 5 days
<input checked="" type="checkbox"/> Chart Review:	<u>10</u>	
<input checked="" type="checkbox"/> Paperwork:	<u>45</u>	
<input checked="" type="checkbox"/> Face-to-Face Interview:	<u>45</u>	
<input checked="" type="checkbox"/> Coordination of Admission:	<u>30</u>	
<input checked="" type="checkbox"/> Collateral Contacts:	<u>20</u>	
<input type="checkbox"/> Consultation/Team Meetings:		
Total Screen Time:	<u>2</u> Hrs <u>30</u> Min	<u> </u> Hrs <u> </u> Min
Travel Time To/From:	<u> </u> Hrs <u>20</u> Min	<u> </u> Hrs <u> </u> Min
Total Time:	<u> </u> Hrs <u> </u> Min	<u> </u> Hrs <u> </u> Min

*Continue to page 6A to complete Medicaid disposition, page 6B for State Hospital screening disposition, or 6C for PRTF Disposition.

**IX. COMPLETE FOR MEDICAID INPATIENT PSYCHIATRIC,
KVC PRAIRIE RIDGE STAR, AND KVC WHEATLAND SCREENS****INPATIENT CRITERIA****Level 1, Independent: Criteria which, in and of themselves, MAY constitute justification for admission.**

- ☒ 1. Suicide attempt, threats, gestures indicating potential danger to self.
- ☐ 2. Homicidal threats or other assaultive behavior indicating potential danger to others.
- ☐ 3. Extreme acting out behavior indicating danger or potential danger to property.
- ☒ 4. Self-care failure indicating an inability to manage daily basic needs that may cause self-injury.

Level 2, Dependent: Clinical characteristics of psychiatric disorders, any of which in combination with at least ONE Level 3 criterion, MAY constitute justification for admission.

- ☒ 5. Clinical Depression.
- ☐ 6. Intense anxiety or panic that may cause injury to self or others.
- ☒ 7. Loss of reality testing with bizarre thought processes such as paranoia, ideas of reference, etc.
- ☐ 8. Impaired memory, orientation, judgment, incoherence, or confusion.
- ☒ 9. Impaired thinking, and/or affect accompanied by auditory or visual hallucinations.
- ☐ 10. Mania or Hypomania.
- ☐ 11. Mutism or catatonia.
- ☐ 12. Somatoform disorders.
- ☐ 13. Severe eating disorders such as bulimia or anorexia.
- ☒ 14. Severely impaired social, familial, academic, or occupational functioning, which may include excessive use of substances.
- ☐ 15. Severe maladaptive or destructive behaviors in school, home, or placement, which may include excessive use of substances.
- ☐ 16. Extremely impulsive and demonstrates limited ability to delay gratification.

Level 3, Contingent: Acute-care program needs which MAY justify psychiatric hospital admission.

- ☒ 17. Need for medication evaluation or adjustment under close medical observation.
- ☒ 18. Need for 24-hour structured environment due to inability to maintain treatment goals or stabilize in less intensive levels of care.
- ☒ 19. Need for continuous secure setting with skilled observation and supervision.
- ☒ 20. Need for 24-hour structured therapeutic milieu to implement treatment plan.

DISPOSITION/REIMBURSEMENT AUTHORIZATION

- ☒ (A.) Meets inpatient criteria; Hospitalization recommended. ☒ Voluntary ☐ Involuntary

Admitted/transferred/referred to hospital Jolly Psychiatric Facility Admission Date 1/01/2011

Treatment Expectations/Preliminary Discharge Plan Recommend admission to Jolly Psychiatric Facility for 3-5 days to stabilize on meds, decrease risk of harm to self, improve mood symptoms, improve reality contact, improve self care. Recommend discharge with referral to crisis case management, crisis attendant care, or an increase in CSS services to manage symptoms on OP basis.

- ☐ (B.) Alternative community services plan recommended in lieu of hospitalization, copy given to legally responsible individual.
- ☐ (C.) Does not meet inpatient criteria. Alternative community services plan recommended, copy given to legally responsible individual.

Comments: The Client has good family support, stable housing. Has medication appointment w/Dr. Strutt on 1/20/2011 at 9:00 am. Her next therapy appointment w/Glenda Gail is on 1/10/2011 at 1:00 pm, and her next case management appointment with Terry Fishman is scheduled for 1/05/2011 at 10:00 am. Recommend contact with CM prior to discharge.

I certify that local community resources have been investigated and or consulted to determine whether or not any of them can furnish appropriate and necessary care. I have seen this individual and evaluated him/her and his/her situation. I have also considered alternative modes of treatment. Available community resources have been investigated, and are not appropriate if hospitalization is recommended.

Tyler Trayer, MA, LMSP

Signature of QMHP designated as a member of MHC Screening Team

1/01/2011

Date