**Comprehensive Community Services (CCS) Comprehensive Assessment Summary**

**Consumer’s Name:** Consumer’s Name **Date of Birth:** Date of Birth.

**Application Date:** Application Date **Completion Date** *(30 day)***:**

**Service Facilitator:** Service Facilitator

**Instructions:** The assessment process, and recovery plan should be completed within 30 days of receipt of the consumer’s application for CCS (unless an abbreviated process is necessary), and should incorporate, to the greatest extent possible, the *consumer's unique perspective and own words about how he or she views his or her recovery, experience, challenges, strengths, resources, and needs* in each of the domains.

The consumer’s completed **Functional Eligibility Screen** should serve as a supplemental tool to this document.

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| **Historical Summary** |

*What brought the consumer to CCS? What services have been tried in the past? Why is CCS medically necessary?*

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| **Life Satisfaction** |

1. **If you could say one good thing about yourself, what would it be:**
2. **How would you define your own life satisfaction:** Choose an item
3. **What are your strengths such as hobbies, talents, hopes and dreams:** 
   1. **What are your favorite books, movies, music:**
4. **What does success in this area look like and how will your life differ when you meet your goals:**

**Domain Summary:** Summarize the consumer’s status related to this domain, including priorities or goals they have in this area.

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| **Basic Needs** |

***Basic needs are defined as food, shelter and safety.***

1. **What do you identify as your basic needs:**
2. **Are your basic needs met:** Choose an item
3. **Who supports you in maintaining your basic needs:**
4. **What does success in this area look like and how will your life differ when you meet your goals:**

**Domain Summary:** Summarize the consumer’s status related to this domain, including priorities or goals they have in this area.

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| **Social Network & Family Involvement** |

1. **What is your definition of family?** 
   1. **How do you remember your relationship with your parents/caregivers:**.
2. **How are the people you live with supportive of you:**
3. **What is your marital status:**
4. **Do you have children (Custody, Placement):**
5. **Describe your relationship with your family/friends:**
6. **Does your household share spiritual/religious activities/beliefs, traditions, or holidays:**
7. **What does success in this area look like and how will your life differ when you meet your goals:**

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| **Community Living Skills** |

*Please refer to the following sections of the consumer’s Functional Eligibility Screen:* ***Community Living Skills Inventory*** *for an adult consumer, or* ***Activities of Daily Living Skills*** *and* ***Instrumental Activities of Daily Living*** *sections for a youth consumer. Use the information as a base for discussion and consider the following questions:*

1. **How independent are you:**
   1. **ADLs** *(how are you with completing on your worst day, do you need cues/reminders, does someone help you?)*
      1. **Bathing, Toileting, Dressing:**
      2. **Eating:**
      3. **Mobility in Home:**
   2. **IADLs** *(how are you with completing on your worst day, do you need cues/reminders, does someone help you?)*
      1. **Meal Preparation/Shopping/Expiration Dates:**
      2. **Medication Management & Administration:**
      3. **Money Management:**
      4. **Laundry & Chores:**
      5. **Telephone Use:**
      6. **Transportation:**
2. **What does success in this area look like and how will your life differ when you meet your goals:**

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| **Housing** |

*Please refer to the* ***Living Situation*** *section of the consumer’s Functional Eligibility Screen. Use the information as a base for discussion and consider the following questions:*

1. **Where are you currently residing:**

**Independent home/apartment  With bio-parents**

**Supported Apartment/RCAC  Foster Home**

**Adult Family Home/CBRF  Homeless**

**Other:**

1. **Are there any changes you would like to make with your living situation:** 
   1. **Are there any barriers to continue to live in your current home:**

**Hoarding  Bed Bugs  Fleas  Financial  Legal  Safety**

* 1. **Are there barriers for applying and qualifying for assistance:**

1. **What does success in this area look like and how will your life differ when you meet your goals:**

**Domain Summary:** Summarize the consumer’s status related to this domain, including priorities or goals they have in this area.

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| **Employment, Finances & Benefits** |

*Please refer to the* ***Vocational Information*** *and* ***Demographics: Medical Insurance*** *(for adult consumer), or* ***School and Work*** *(for youth consumer) section of the consumer’s Functional Eligibility Screen. Use the information as a base for discussion and consider the following questions:*

1. **Employment:**
   1. **Are you currently employed (Where, Duration):**
   2. **What type of jobs do you like or what skills do you possess:**
   3. **Are you working with DVR:** Choose an item
   4. **What does success in this area look like and how will your life differ when you meet your goals:**
2. **Finances:**
   1. **Rep Payee or Guardian of Estate:**
   2. **Describe your money management skills:**
   3. **What does success in this area look like and how will your life differ when you meet your goals:**
3. **Benefits:**
   1. **What benefits do you receive (SS, SSDI, SSI, Foodshare, WIC, W2, Energy Assistance, Section 8):**
   2. **Managed Care Organization:** Choose an item.
   3. **What does success in this area look like and how will your life differ when you meet your goals:**

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| **Education** |

*If the consumer is a* ***youth****, please refer to the* ***School and Work*** *section of their Functional Eligibility Screen. Use the information as a base for discussion and consider the following questions:*

1. **Where does your child attend school (grade level):** 
   1. **Academic or Behavioral concerns:**
      1. **Does your child have an IEP or Behavioral Intervention Plan:**
      2. **List past and current behaviors:**
      3. **Support contact in the school (Teacher, Counselor):**
2. **How does the child best learn:**
3. **What does success in this area look like and how will your life differ when you meet your goals:**

*If the consumer is an* ***adult****, please refer to the* ***Vocational Information*** *section of their Functional Eligibility Screen and consider the following questions:*

1. **What level of education have you completed:**
   1. **Were there academic concerns when attending school:** Choose an item.
2. **How do you best learn:**
3. **What does success in this area look like and how will your life differ when you meet your goals:**

**Domain Summary:** Summarize the consumer’s status related to this domain, including priorities or goals they have in this area.

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| **Physical Health** |

*Please refer to the* ***Other Diagnoses*** *section (for adult consumer), or* ***Diagnoses, Health Related Services, and Primary Care Physician Information*** *sections (for youth consumer) of the consumer’s Functional Eligibility Screen. Use the information as a base for discussion and consider the following questions:*

1. **Do you have any major medical concerns:**
2. **Primary Care Physician:**
   1. **Last physical exam:**
      1. **Do you have allergies:** Choose an item
      2. **Have you ever had a seizure:** Choose an item
      3. **Is there a chance you are pregnant:** Choose an item
3. **When was the last time you had a dental checkup (Provider):**
4. **When was the last time you had an eye exam (Provider):**
5. **What does success in this area look like and how will your life differ when you meet your goals:**

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| **Cognitive Health** |

1. **Do you have any memory concerns:** Choose an item.
2. **Have you ever had testing from a doctor related to memory concerns (Provider):**
3. **IQ Score:**
4. **Are you able to read and write (Grade Level):** Choose an item.
5. **Describe your thinking skills:**
   1. **Thought processes:** *(understand right from wrong, etc.)*
   2. **Judgment:** *(understand cause and effect, etc.)*
6. **Do you have someone who assists you with decisions?** Choose an item.
   1. **Name: Contact Number:**
7. **What does success in this area look like and how will your life differ when you meet your goals:**

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| **Mental/Behavioral Health** |

*Please refer to the* ***Mental Health and AODA Diagnoses*** *section (for adult consumer), or* ***Behaviors, Mental Health, and Diagnoses*** *sections (for youth consumer) of the consumer’s Functional Eligibility Screen. Use the information as a base for discussion and consider the following questions:*

1. **Current Mental Health diagnosis (From Who, When):**
   1. **What symptoms do you have and how do you manage them:**
2. **Are you currently seeing a psychiatrist, psychologist or mental health therapist:**
   1. **Psychiatrist: Length of time:**
   2. **Psychologist: Length of time:**
   3. **Therapist: Length of time:**
3. **Hospitalization for mental health reasons (Where, When):**
4. **What does success in this area look like and how will your life differ when you meet your goals:**

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| **Medications** |

*Please refer to the* ***Taking Medications,*** *and* ***Monitoring Medication Effects*** *portions of the* ***Community Living Skill Inventory*** *section (for adult consumer) of the consumer’s Functional Eligibility Screen. Use the information as a base for discussion and consider the following questions:*

1. **Are you currently on any medications for your physical health:** Choose an item
   1. **Prescriber:**
   2. **Medications prescribed *(name, dose, frequency)*:**
2. **Are you currently on any medications for your mental health:** Choose an item
   1. **Prescriber:**
   2. **Medications prescribed *(name, dose, frequency)*:**
3. **Do you have problems remembering to take your medications:** Choose an item
4. **How do you take/organize your medications:**

**Bottle  Planner  Bubble Packs  Injections**

1. **Side effects from your medications:**
2. **What does success in this area look like and how will your life differ when you meet your goals:**

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| **Substance Use** |

*Please refer the* ***Mental Health and AODA Diagnosis*** *and* ***Risk Factors*** *sections (for adult consumer), or* ***High-Risk Behaviors*** *section (for youth consumer) of the consumer’s Functional Eligibility Screen. Use the information as a base for discussion and consider the following questions:*

1. **Substance Use:** 
   1. **Drug of choice:**
   2. **How many drinks do you consume in one sitting:** Choose an item
   3. **Is there a family history of substance use:**
   4. **Did you or your parent use substances while pregnant?** Choose an item
   5. **Any legal, school, or employment consequences:** Choose an item
2. **Have you ever been to inpatient treatment for AODA reasons (Where, When):** Choose an item
3. **Current AODA diagnoses:**
   1. **Who gave you this diagnosis:**
   2. **When was the diagnosis given:**
   3. **Are you currently receiving AODA service:** Choose an item
      1. **Provider(s):**
4. **What does success in this area look like and how will your life differ when you meet your goals:**

**Domain Summary:** Summarize the consumer’s status related to this domain, including priorities or goals they have in this area.

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| **Trauma & Life Stressors** |

*Please refer to the* ***Mental Health and AODA Diagnoses*** *section (for adult consumer), or* ***Behaviors, Mental Health, and Diagnoses*** *sections (for youth consumer) of the consumer’s Functional Eligibility Screen. Use the information as a base for discussion and consider the following questions:*

**Stress:**

1. **Is there anything specific that has caused or causes stress in your life:**
   1. **In your relationships:**
2. **How do you deal with stressful situations:**

**Trauma:**

1. **Describe any present or past traumatic events (emotional, physical, sexual, neglect):**
2. **What have these incidents caused you to believe about yourself or the world around you:**
3. **Do you have intrusive images, nightmares or flashbacks:** Choose an item
4. **What does success in this area look like and how will your life differ when you meet your goals:**

**Domain Summary:** Summarize the consumer’s status related to this domain, including priorities or goals they have in this area.

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| **Crisis Prevention & Management** |

*Please refer to the* ***Crisis and Situational Factors*** *and* ***Risk Factors*** *sections (for adult consumer), or* ***Behaviors*** *section (for youth consumer) of the consumer’s Functional Eligibility Screen. Use the information as a base for discussion and consider the following questions:*

1. **Have you utilized crisis services (When, Where):**
2. **Have you ever been hospitalized under an emergency detention (When, Where):**
3. **Have you ever had thoughts of suicide:** Choose an item
   1. **Attempts, Plan, Access to means:**
4. **History of self-injurious behaviors (Cutting, burning, hitting):**
5. **Who do you call for support?**
6. **What does success in this area look like and how will your life differ when you meet your goals:**

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| **Legal Status** |

1. **Current legal involvement or issues that may be affecting you (divorce, bankruptcy, foreclosure):**
2. **What does success in this area look like and how will your life differ when you meet your goals:**

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| **Additional Needs & Strengths** |

1. **Are there additional areas of strength that you would like to share:**
2. **Are there additional areas of need or barriers that you would like to discuss:**

**Domain Summary:** Summarize the consumer’s status related to this domain, including priorities or goals they have in this area.

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| **Domain Summary** |

*Integrate and summaries the consumer’s story in a concise, coherent manner. Provide information related to why the person hasn’t been able to overcome existing barriers or get their needs met. Discuss the medical necessity of CCS and how the consumer’s Mental Health and/or Substance Use Disorder hinder them in reaching their goal(s).*

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| **Domains** | **Status** |
| Life Satisfaction | Choose an item |
| Basic Needs | Choose an item |
| Social Network & Family Involvement | Choose an item |
| Community Living Skill | Choose an item |
| Housing | Choose an item |
| Employment, Finances & Benefits | Choose an item |
| Education | Choose an item |
| Physical Health | Choose an item |
| Cognitive Health | Choose an item |
| Mental Health | Choose an item |
| Medications | Choose an item |
| Substance Use | Choose an item |
| Trauma & Stressors | Choose an item |
| Crisis Prevention & Management | Choose an item |
| Legal Status | Choose an item |
| Additional Needs & Strengths | Choose an item |

**Significant differences of opinions, if any, which are not yet resolved among members of the Recovery Team:**

The following differences of opinions exist:

There are no differences of opinions at this time.

**Comprehensive Community Services (CCS) Comprehensive Assessment Summary Signature Page:**

I am signing off on the assessment as  Initial  Update  Final

I attest that the assessment process was explained to me and that this document reflects my current needs and strengths.

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Consumer Dated

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Parent/Guardian Dated

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Service Facilitator Dated

I have reviewed and attest to this applicant’s need for psychosocial services as set forth in DHS 36 and medical and supportive services to address the desired recovery goals. I am authorizing services per the plan.

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Mental Health Professional Dated

I have reviewed and attest to this applicant’s need for psychosocial services as set forth in DHS 36 and DHS 75 and medical and supportive services to address the desired recovery goals. I am authorizing services per the plan.

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Substance Abuse Professional Dated

**Assessment Summary Roster**

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| Participant | Relationship | Dates | Signature | Signature Date |
|  | Self |  |  |  |
|  | Parent/Guardian |  |  |  |
|  | Service Facilitator |  |  |  |
|  | Mental Health Professional |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |