

COMMUNITY SERVICES REVIEW PROFILE - ADULT

1. GENERAL REVIEW INFORMATION

0. Record Number: _____
1. Person's Name: _____
2. District/County: _____ / _____ (residence)
3. Counselor/Caseworker: _____
- Agency: _____
4. Review Date: _____ / _____ / _____
5. Reviewer: _____
- Shadow: _____
6. Number of persons interviewed:

2. LIVING ARRANGEMENT

7. Living arrangement (*check only one*)
- Own/personal home
- Kinship/relative home
- Friend's home
- Adult boarding home
- Supported living
- Independent living program
- Group home
- Detention/jail
- Hospital/MHI
- Residential treatment center
- Substance abuse treatment facility
- Adult correction facility
- Homeless/shelter
- Other: _____

3. CO-OCCURRING CONDITIONS

- Identify the co-occurring conditions (*check all that apply*):
8. Autism Spectrum Disorder
9. Chronic Health Impairment
10. Deaf/Blindness
11. Degenerative Disease
12. Mental Illness
13. Mental Retardation
14. Neurological Impairment/Seizure Disorder
15. Orthopedic Impairment
16. Sensory Impairment
17. Substance Abuse/Addiction
18. Other: _____
19. NONE

4. DEMOGRAPHIC AND SERVICE INFORMATION

- | | | | | | |
|--|---|--|---|--|--|
| <p>20. Person's Age</p> <p><input type="checkbox"/> 18-29 yrs</p> <p><input type="checkbox"/> 30-49 yrs</p> <p><input type="checkbox"/> 50-69 yrs</p> <p><input type="checkbox"/> 70 + yrs</p> <p>21. Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> | <p>22. Ethnicity</p> <p><input type="checkbox"/> Euro-American</p> <p><input type="checkbox"/> African-American</p> <p><input type="checkbox"/> Latino-American</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Asian-American</p> <p><input type="checkbox"/> Pacific Is. American</p> <p><input type="checkbox"/> Other: _____</p> | <p>23. Primary Language Spoken</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Other: _____</p> | <p>24. Case Open</p> <p><input type="checkbox"/> 0 - 3 mos.</p> <p><input type="checkbox"/> 4 - 6 mos.</p> <p><input type="checkbox"/> 7 - 12 mos.</p> <p><input type="checkbox"/> 13-24 mos.</p> <p><input type="checkbox"/> 25-36 mos.</p> <p><input type="checkbox"/> 37-60 mos.</p> <p><input type="checkbox"/> 61+ mos.</p> | <p>25. Placement Changes</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> 1-2 placements</p> <p><input type="checkbox"/> 3-5 placements</p> <p><input type="checkbox"/> 6-9 placements</p> <p><input type="checkbox"/> 10+ placements</p> | <p>26. LOCUS Level of Care: (Must complete)</p> <p><input type="checkbox"/> Basic services (prevention & health maintenance)</p> <p><input type="checkbox"/> Level 1: Recovery maintenance & health mgt.</p> <p><input type="checkbox"/> Level 2: Low intensity community-based services</p> <p><input type="checkbox"/> Level 3: High intensity community-based services</p> <p><input type="checkbox"/> Level 4: Medically monitored non-residential svcs.</p> <p><input type="checkbox"/> Level 5: Medically monitored residential services</p> <p><input type="checkbox"/> Level 6: Medically managed residential services</p> <p><input type="checkbox"/> From record <input type="checkbox"/> Reviewer's best estimate</p> |
|--|---|--|---|--|--|

5. DEMOGRAPHIC AND SERVICE INFORMATION

27. **Primary Daytime Activities:** (*check all that apply*)
- Adult Ed./GED Volunteer job Partial hosp. program
- Voc. training/VR Sheltered job Psycho-social rehab.
- Comm. college Support. employ. Day treatment/activity prog.
- Vista/Job Corps Compet. employ. Jail activity
- Club house Street life Other: _____
28. **Months with Current Agency:** (*check only one item*)
- 0 - 3 mos. 10 - 12 mos. 19 - 36 mos.
- 4 - 6 mos. 13 - 18 mos. 37+ mos.
- 7 - 9 mos.
29. **Number of Psychotropic Medications Prescribed:** (*check only one item*)
- No psych meds 2 psych meds 4 psych meds
- 1 psych med 3 psych meds 5+ psych meds
30. **Person's Global Assessment of Functioning Level:** (*check only one item*)
- [See CSR Adult Protocol, page 11 for Global Assessment of Functioning]
- GAF ≤ 60 GAF 61-70 GAF ≥ 71

Emergency (1-hour) & Urgent (24 hour) Responses in Past 30 Days:

- | | |
|--|---|
| <p>31. No. Emergency Responses</p> <p><input type="checkbox"/> None <input type="checkbox"/> 6-9</p> <p><input type="checkbox"/> 1-2 <input type="checkbox"/> 10-19</p> <p><input type="checkbox"/> 3-5 <input type="checkbox"/> 20+</p> | <p>32. No. Urgent Responses</p> <p><input type="checkbox"/> None <input type="checkbox"/> 6-9</p> <p><input type="checkbox"/> 1-2 <input type="checkbox"/> 10-19</p> <p><input type="checkbox"/> 3-5 <input type="checkbox"/> 20+</p> |
|--|---|

6. DEMOGRAPHIC AND SERVICE INFORMATION

- Special Procedures Used in Past 30 Days:** (*check all that apply*)
33. Voluntary Time Out
34. Loss of Privileges via a Point & Level System
35. Disciplinary Consequences for Rule Violation
36. Room Restriction
37. Exclusionary Time Out
38. Seclusion/Locked Room
39. Take-Down Procedure
40. Physical Restraint (hold, 4-point, cuffs)
41. Emergency Medications
42. Medical Restraints
43. 911 Emergency Call: EMS
44. 911 Emergency Call: Police
45. Other: _____
46. NONE
47. **Residential Placement in past 30 days, if different from current placement:** (*check only one*)
- Kinship/Relative Home
- Adult boarding home
- Supported living
- Independent living program
- Group Home
- Residential Treatment Center
- Hospital/MHI
- Adult correction fac./jail
- Other: _____
- Not Applicable

7. LENGTH OF TIME IN CURRENT LIVING ARRANGEMENT

48. **Months in Current Living Arrangement:** (*check only one item*)
- 0 - 3 mos. 10 - 12 mos. 19 - 36 mos.
- 4 - 6 mos. 13 - 18 mos. 37+ mos.
- 7 - 9 mos.

COMMUNITY SERVICES REVIEW PROFILE - ADULT

Page 2: Person's Name: _____ Reviewer: _____ Date: ___/___/___

8. PERSON STATUS INDICATORS

STATUS INDICATOR ZONES	IMPROVE		REFINE		MAINTAIN		NA
	1	2	3	4	5	6	
COMMUNITY LIVING							
1. Safety* ("Trump" Item)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Economic security (income)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Living arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Social network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Satisfaction with services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PHYSICAL/EMOT. STATUS							
6. Health/physical well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Mental health status/care ben.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MEANINGFUL ACTIVITIES							
8. Education/career preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Recovery activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. PERSON'S OVERALL STATUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* If Safety is rated < 4, Person's Overall Status will be rated < 4.

9. PROGRESS INDICATORS

RECENT CHANGES	1 2		3 4		5 6		NA
1. Personal mgt./troubling sympt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Improved self-management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Education/work progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Prog. toward recovery goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Risk reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Successful life adjustments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Social group affiliations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Meaningful pers. relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. PROGRESS PATTERN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. PRACTICE PERFORMANCE INDICATORS

PERFORMANCE INDICATOR ZONES	IMPROVE		REFINE		MAINTAIN		NA	
	1	2	3	4	5	6		
PLANNING TREATMENT								
1a. Participation in planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1b. Engagement efforts by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Culturally appropriate practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Service team formation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Service team functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Assessment & understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Personal recovery goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Individualized recovery plan (IRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Goodness-of-service fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PROVIDING TREATMENT								
9. Resource availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Treatment & svc. implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Emergent/urgent response cap.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Special procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14. Practical supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MANAGING TREATMENT								
15. Service coordination & continuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. Recovery plan adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. OVERALL PRACTICE PERFORM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

11. SIX-MONTH PROGNOSIS

Based on review findings, over the next six months the person's situation is likely to:

- Improve
 Continue—status quo
 Decline/deteriorate

12. REVIEW OUTCOME CATEGORY

(See Person's Overall Status and Overall Practice Performance):

<input type="checkbox"/> Outcome 1 4, 5, or 6 status and 4, 5, or 6 perf	<input type="checkbox"/> Outcome 2 1, 2, or 3 status and 4, 5, or 6 perf	<input type="checkbox"/> Outcome 3 4, 5, or 6 status and 1, 2, or 3 perf	<input type="checkbox"/> Outcome 4 1, 2, or 3 status and 1, 2, or 3 perf
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