

EAST Outcome Review
Time period: _____

Name of EAST client: _____

Date completed: _____

Staff Completing: _____

Insurance situation: ___ No insurance ___ OHP Standard ___ OHP Plus ___ Private (Company?) _____

Current DSM DX: _____

Current Living situation:

- | | |
|--|---|
| <input type="checkbox"/> 1. With parents/relatives | <input type="checkbox"/> 4. Independent – roommate(s) |
| <input type="checkbox"/> 2. Foster Home/Group home | <input type="checkbox"/> 5. Homeless |
| <input type="checkbox"/> 3. Independent - Alone | <input type="checkbox"/> 6. Hospital |

Current Educational Status:

- | | |
|--|--|
| <input type="checkbox"/> 1. No involvement, doesn't want to go to school | <input type="checkbox"/> 7. Working on English as second language |
| <input type="checkbox"/> 2. No involvement, wants to go to school | <input type="checkbox"/> 8. Basic Educational skills |
| <input type="checkbox"/> 3. Classes not related to career goals | <input type="checkbox"/> 9. Attending voc school, apprentice, CNS training |
| <input type="checkbox"/> 4. Pre-educational exploration | <input type="checkbox"/> 10. Attending college 1-6 hours |
| <input type="checkbox"/> 5. Working on GED | <input type="checkbox"/> 11. Attending college 7 or more hours |
| <input type="checkbox"/> 6. Attending High School | <input type="checkbox"/> 12. Other – specify _____ |

Was school involvement discontinued due to symptoms during this 3-month period? 1. Yes 2. No

Please check the single answer for each of the following that best describes this persons' overall status in the past 3-month period.

Current Status: (Reflecting past 3 months)

Engagement in treatment relationship(s)

- 1. Actively Engaged
- 2. Participating with limited ownership
- 3. Willing to have ongoing conversation
- 4. Actively avoiding

Acute Symptoms

- 1. In remission
- 2. Causing mild disruption
- 3. Causing moderate disruption
- 4. Causing severe disruption

Negative Symptoms

- 1. Not present
- 2. Causing mild disruption
- 3. Causing moderate disruption
- 4. Causing severe disruption

Stage of Recovery

- 1. Prodromal
- 2. Acute
- 3. Early
- 4. Late

If early or late recovery, what is plan for discharge?

- 1. Ongoing services through public mental health
- 2. Ongoing services through private provider
- 3. Other (specify) _____

How soon do you anticipate discharge to occur? _____

Legal Involvement during this 3-month period

- | | |
|--|---|
| <input type="checkbox"/> 1. None | <input type="checkbox"/> 3. Incarcerated in past 3 months |
| <input type="checkbox"/> 2. Probation/Parole | <input type="checkbox"/> 4. Had arrest – reason: _____ |

Was involvement related to symptoms? ? ___ Yes ___ No

Hospitalized for Psychiatric reasons in past 3 months? ___Yes ___ No (Completed Hospitalization form?)

Hospitalized for Substance Abuse reasons in past 3 months? ___Yes ___ No

Daily Activities in past three months:

(Please circle the number of the best descriptor for the these activities – again reflecting the three month period)

Activities	No Involvement	Occasionally (1X/mo)	Consistently (weekly)	Not applicable
Seeing friends	1	2	3	4
Hobbies	1	2	3	4
Parenting	1	2	3	4

Please check all that apply for the 3-month period for the following:

Work

1. No involvement, does not want to work 2. No involvement, wants to work
 3. Taking steps
 4. Part-time Weeks of employment _____ Type of job: Sheltered – Competitive - Volunteer
 5. Full-time Weeks of employment _____ Type of job: Sheltered – Competitive - Volunteer

Was work discontinued due to symptoms during this 3-month period? 1. Yes 2. No

Personal Goals during this 3-month period

1. No goals
 2. Goals, but not acting on them
 3. Goals, acting on them occasionally (once/mo)
 4. Goals, acting on them consistently (weekly)
-

Ability to live independently/at normal level of independence during this 3-month period

1. Normal level of dependence on other for personal care (takes normal responsibilities)
 2. Slightly higher than normal level of dependence (i.e. requires reminders, check-ins, etc.)
 3. Moderate level of dependence (i.e. requires unusual financial support, others have to accompany, etc.)
 4. Dependent on others for most personal care needs
-

Self-management of symptoms during this 3-month period

1. Identifies symptoms and takes responsibility for self management
 2. Identifies symptoms but has difficulty with self management
 3. Makes occasional attempts at self management
 4. Rarely or never identifies or takes responsibility for symptom management
-

Family conflict during this 3-month period

1. Minimal, causing no problems 3. Moderate, causing significant problems
 2. Mild but causing some problems 4. Severe
-

Alcohol and drug use during this 3-month period

1. None 5. Severe
 2. Minimal, causing no problems 6. Unknown
 3. Mild but causing some problems 7. Client denies but suspect is a problem
 4. Moderate, causing significant problems

What has been client's stage of change for substance use during the past 3 months?

- 1. Not applicable
 - 2. Pre-contemplation
 - 3. Contemplation
 - 4. Preparation
 - 5. Action
 - 6. Maintenance
 - 7. Relapse
-

Which of the following applies to this person's access to treatment since their involvement with EAST?

- 1. Unable to obtain labs tests or other medical care due to money
 - 2. Unable to pay accumulated medical bills
 - 3. Lost OHP due to non-payment of premiums
 - 4. Lost health insurance for other reason (specify)
 - 5. Other access issues (specify):
 - 6. No problems with access
-

What is this client's current disability status?

- 1. Not applying for disability at this time
 - 2. Has applied for disability, waiting for notification
 - 3. On SSDI/Medicare
 - 4. On SSI/OHP plus
 - 5. Other (specify):
-

What is this client's current level of psychoeducation?

- 1. Researches and brings new info
 - 2. Has received and integrated extensive psychoed
 - 3. Has received and integrated some psychoed
 - 4. Has received but has not integrated psychoed
 - 5. Unwilling to participate in psychoed
-

Treatment plan complete? ___ Yes ___ No

Relapse plan developed? ___ Yes ___ No

Advance Directive completed? ___ Yes ___ No

Particular challenges identified: