Office of Adult Mental Health Services
ISP Resource Data Summary
Instructions

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF ADULT MENTAL HEALTH SERVICES

EFFECTIVE MARCH 2006

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Chapter 1

Office of Adult Mental Health Services
Individualized Support Plan Resource Data Summary

INSTRUCTIONS
Effective March 2006

A. Purpose

The purpose of the Individualized Support Plan Resource Data Summary (ISP RDS) is to track the extent to which the mental health system is meeting the needs of a person with an ISP. The Resource Data Summary:

- Is a data collection tool.
- Does not take the place of any part of the ISP, including relevant treatment and/or service plans that are part of the ISP.
- Develops a process for the Community Support Worker (CSW) and the Department of Health and Human Services (DHHS) to track the unmet resource needs related to the goals identified in the person's ISP and related treatment and/or service plan(s).
- Helps the Department of Health and Human Services (DHHS) and the provider track the timeliness of ISPs and the provision of resources.

B. Who fills out the ISP Resource Data Summary?

The CSW of each person with an ISP must complete the ISP Resource Data Summary, and it is completed for both AMHI Consent Decree class members and non-class members.

C. What is the ISP Resource Data Summary?

It is the final part of the ISP package that is completed by the CSW and submitted electronically to the Department through EIS eNET-ME or batch submission. The ISP comprises the treatment plan completed by the CSW and the consumer, copies of treatment plans by other providers or service agreements, and the Resource Data Summary. *If your agency's treatment plans are not computer based so that the CSW has access to them, then copies of treatment plans or service agreements need to be in the record.* The ISP is not complete until this has been finished. The ISP RDS is the only part of the ISP package that is submitted to DHHS.

D. When is the ISP Resource Data Summary filled out?

 Initial ISP: The ISP Resource Data Summary, as part of the initial ISP, must be completed within 30 days of **application** for community support services. The application date is the date on which the request for Community Support Services was made by the consumer or by a person acting on behalf of the consumer.

 90-Day Review of ISP: An ISP Resource Data Summary, as part of the ISP, must be completed within **90 days of the last review.**

 Annual Review of ISP: An ISP Resource Data Summary, as part of the ISP, must be completed **within one year of the date the initial ISP** was completed (and annually thereafter). The Annual Review of the ISP:

- Is a more thorough review than the 90-day Review;
- Involves a review of the extent to which ISP goals continue to address the person's strengths, needs, and hopes;
- Includes any update of the goals resulting from the review.

 Person has left CSS agency: An ISP Resource Data Summary, as part of the ISP, must be completed when the person with the ISP has left Community Support Services (CSS) with that agency.

E. What sections of the ISP Resource Data Summary must be filled out?

- Sections 1-13 must be completely filled out the first time that the resource data summary is entered into eNET ME.
- Sections 1-13 must be reviewed and updated at each 90-day review of the ISP. The eNET-ME program automatically "reversions" (brings forward) information from the previous submission.
- The particular circumstances relating to the person with the ISP determine which additional sections of the ISP Resource Data

Summary is filled out.

- If the ISP identifies resources currently not in place, complete sections 14 & 15.

- Section 16 is completed with the date that a needed resource is received.

- Section 17 is checked when an identified resource is no longer needed.

F. Section-by-Section Instructions
The numbers of the following subsections correspond to the section numbers on the ISP Resource Data Summary.

1. Date of Referral to Community Support Services (CSS) for Initial ISP
Enter the date (mm/dd/yyyy) the person with the ISP was referred to this agency for CSS. The application date is defined as the date on which the request of CSS was made by the consumer or person acting on behalf of the consumer.

2. Date Initial Enrollment was completed
Enter the date (mm/dd/yyyy) the person with the Office of Adult Mental Health Services Enrollment Form was completed for initial enrollment.

3. Date ISP was completed
Enter the date (mm/dd/yyyy) the ISP was completed. For the purposes of the ISP Resource Data Summary, this means the date by which the ISP was developed or reviewed by the person with the ISP and the Provider, has been approved by a mental health professional (per MH Licensing), and has been signed by the guardian if one exists. The ISP RDS is the final step in the 90 day ISP process and will be the date to determine the timeliness of ISPs.

4. ISP Status
Check the box below that reflects the status of the person's ISP:

☐ Initial ISP: This is the first ISP that was completed within your agency.
☐ 90-Day Review: This is the update of the person's ISP that occurs within 90 days of the last ISP. If this is an annual review, check annual instead of 90-day review.

☐ Annual Review: The annual review of the person's ISP occurs within one year of the initial ISP and every year thereafter.
☐ Person with ISP left CSS services with agency

5. Class Member Status
Check the box to identify if the person is an AMHI class member or not. A person is an AMHI class member if they were hospitalized at AMHI or Riverview Psychiatric Center on or after January 1, 1988.

6. Name of Person with ISP
In 6a, enter the person's first name exactly as it appears on the enrollment form. This should be the same as on their MaineCare Card.*
In 6b, enter the person's middle initial, if any, exactly as it appears on the enrollment form. This should be the same as on their MaineCare Card.*
In 6c, enter the person's last name exactly as it appears on the enrollment form. (This should be the same as on their MaineCare Card.*

* If there is a discrepancy, use name found on MaineCare Card. If not MaineCare recipient, use name on Enrollment.

7. Contact information for person with ISP
In 7a-d, enter the current mailing address of the person with the ISP. If he/she has a guardian, enter the current mailing address of the guardian.
In 7e, enter the telephone number (including area code) of the person with the ISP. If he/she has a guardian, enter the current telephone number (including area code) of the guardian.

8. Date of birth of person with ISP
Enter the date of birth of the person with the ISP (mm/dd/yyyy). This should be the same as what is on the enrollment form.

9. Social Security # of person with ISP
Enter the exact number as it appears on the person's Social Security card and enrollment form. Please do not add dashes.

10. Current living/housing situation of person with ISP
Check **all** items that describe the current living/housing situation of the person with the ISP. For the purposes of the ISP Resource Data Summary, "current" means as of the date the summary is being completed. If the person's current living/housing situation is not included in the list, select "other" and provide a brief description.

11. Current vocational/employment status of person with ISP

Check **all** items that describe the current vocational/employment status of the person with the ISP. For the purposes of the ISP Resource Data Summary, "current" means as of the date the summary is being completed. If the person's vocational/employment status is not included in the list, select "other" and provide a brief description.

12. Name of CSW completing this form

Enter the legal name of the CSW of the person with the ISP.
In 12a, enter the person's first name.
In 12b, enter the person's last name.

13. Lead CSS Agency

In 13a, enter the name of the CSS agency providing and billing for case management services, and responsible for development of the ISP.
In 13b, enter the geographical location of the program.
In 13c, check the applicable box to indicate the level of service the person with the ISP is receiving.

14. Needed Resource(s) identified but not yet received

The ISP Resource Data Summary includes a list of needed resources. Identify each Resource that is needed to help the person reach the goals identified in his/her ISP. There must be a goal or action steps on the treatment plan referring the consumer for that particular resource.

15. Date needed resource identified

For each needed resource identified in section 14, enter the date on which the person identified that resource need on their ISP. If "other" is selected, briefly describe what this is in the text field below.

16. Date person with ISP receives needed resource

When a person is receiving the identified resource in section 14, put the date they started using that resource. The treatment plan and progress notes must document when the person was accepted and started receiving that resource.

17. Identified resource is no longer needed

Check box if the identified resource is no longer needed/requested. The treatment plan and progress notes must document the reason this resource is no longer needed.

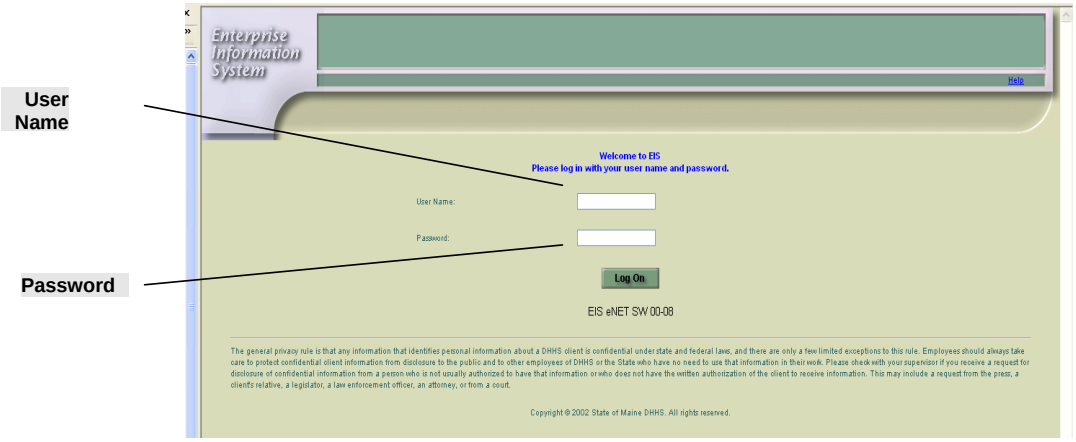
Chapter 2

Getting Started

- **Step 1:** Connected to the Internet.
- **Step 2:** Go to http://www.maine.gov/dhhs/bds/
- **Step 3:** Click on the ***EIS eNET-ME*** link.

Logging on to the External *EIS eNET-ME*

- **Step 1:** Type your User Name and Password in the appropriate boxes.



Password Guidelines & Requirements

1. Your password will expire 90 days from the date you create it.
2. You will start being alerted 7 days before the expiration of your password.
3. You will not be able to use your last three passwords when you change to a new password.
4. The following rules must be used when deciding on your password.

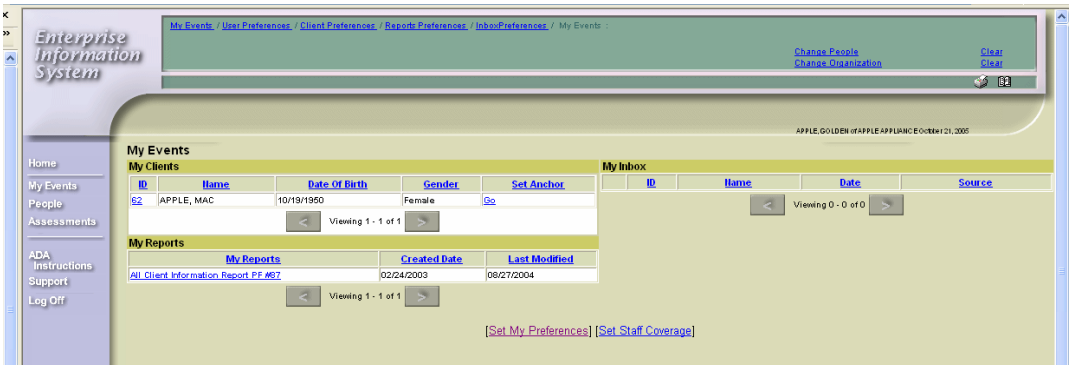
   - Password length must be at least 8 characters. It must be a combination of alphabetic, numeric, and special characters: Passwords must contain a mix of upper and lower case characters and have at least 2 numeric characters. The numeric characters must not be at the beginning or the end of the password. Special characters should be included in the password. ***Only the following special characters are acceptable for use:*** **! @ # $ % ^ & * () _ + = ? ;:, <>**

     Correct Example: ***canTsee22%me**
     Wrong Example: 22*nocaps>

   - *Your* password should not include your first name, last name, middle name, or user id.
   - Your password should not include the word "password ."

5. Your Password will be encrypted and ***will not be available to anyone but you.***
6. Your agency's *EIS ENET-ME* Security/Access IT administrator can reset your password if you forget it or have other problems with it. If your agency does not have this position, you may e-mail DHHS.Techsupport@maine.gov for assistance.
7. The password given to you by the designated IT Administrator will be a temporary password.
8. You will have to change this temporary password to one of your choice upon your next login.

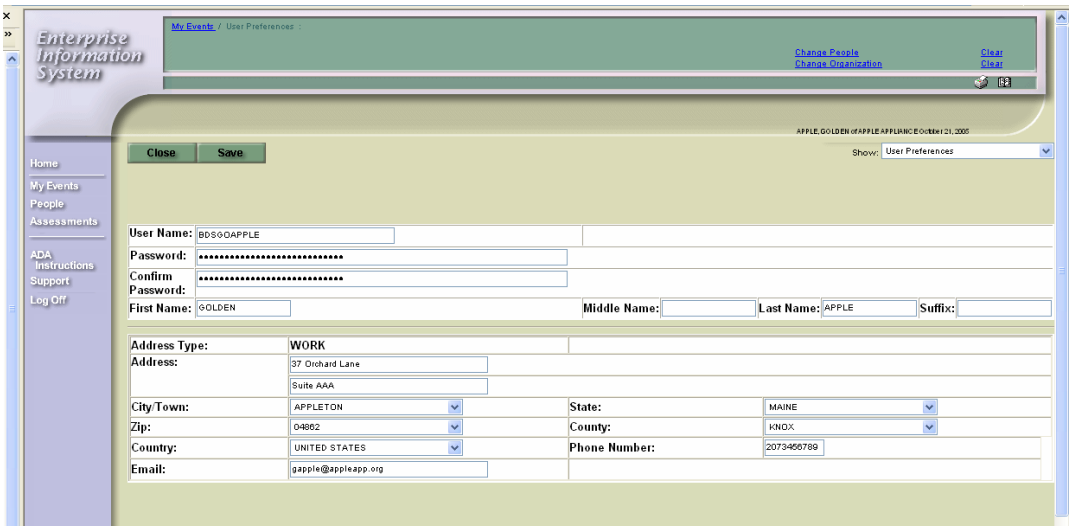
Step 2: Click on the ***Log On*** button. This will take you to your ***My Events*** page.



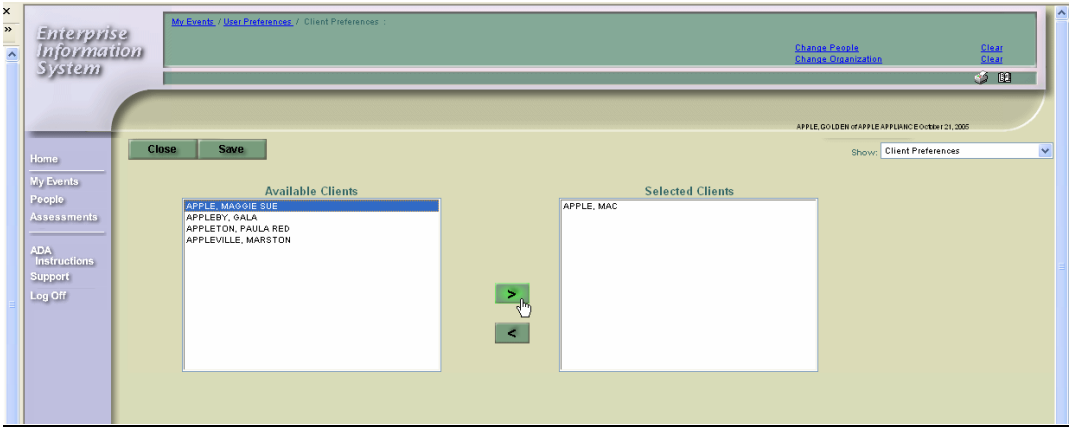
Using the *My Events* Page

You can select and set your own preferences for what appears on your ***My Events*** page by clicking on ***Set My Preferences***. This brings up the ***User Preferences*** screen. You can go to any preference area by going to the ***Show*** menu in the upper right hand corner of the screen and highlighting/selecting the preference area you want to address:

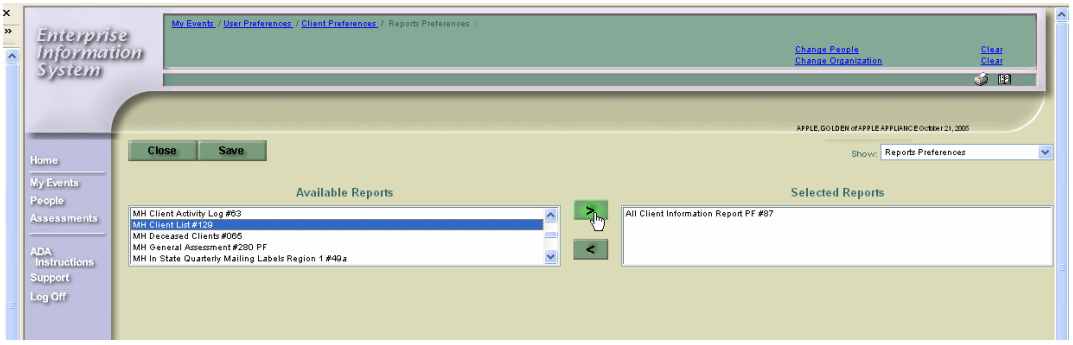
A. User Preferences -- You can reset your password as needed on this screen. You should also enter and keep your work address, phone, and e-mail information current. Always be sure to **Save**.



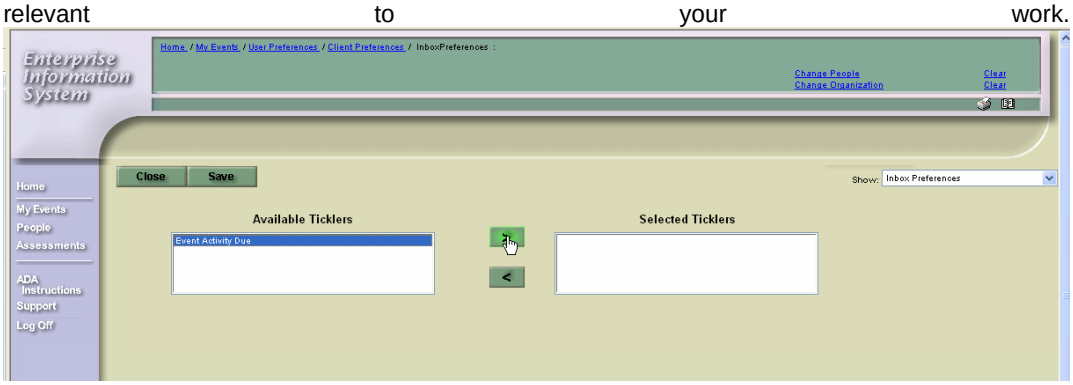
B. Client Preferences – When service recipients have been added to the system, you can select those that you work with most frequently or, as appropriate, are on your caseload so that they will appear on this first page. You can add (or remove) clients as needed or wanted by highlighting the client name and clicking the appropriate directional arrow. Be sure to ***Save***. The selected individuals will then appear on your ***My Events*** Page. You will be able to access the individual records directly from the ***My Events*** page by clicking on their ID in the listing.



C. Reports Preferences –Select the reports that you want to see most often by highlighting the desired report from those that are available on the left-hand side and clicking on the appropriate directional arrow button. The reverse procedure will remove a report that you no longer want to have listed on your ***My Events*** page. Be sure to ***Save***.



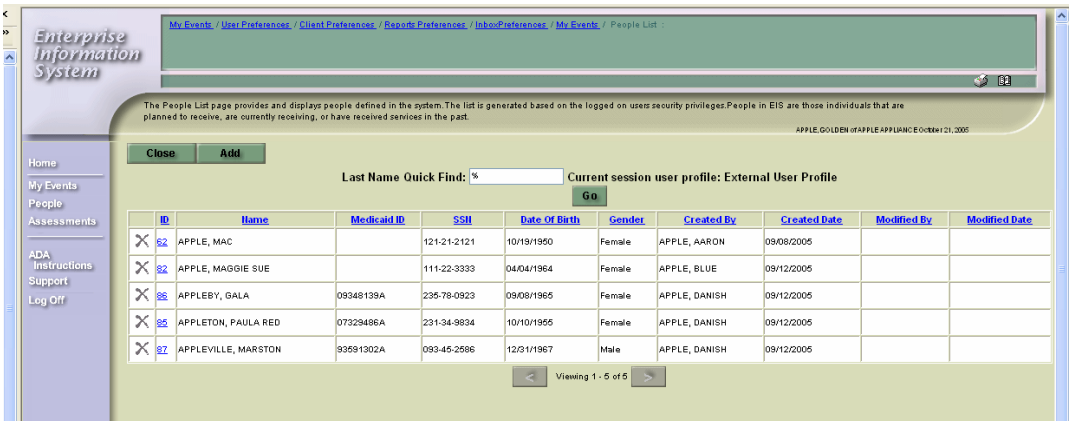
D. Inbox Preferences – The ***Inbox*** provides a place for you to receive system ***Ticklers***, if any, relevant to your work.



Accessing/Adding Clients

Accessing Existing Service Recipients in the EIS eNET-ME

- **Step 1:** Click on ***PEOPLE*** in the EIS eNET-ME menu on the left side of the page. This will take you to the ***People List*** page.



- **Step 2:** Click on the client ID of your choice to display demographics.

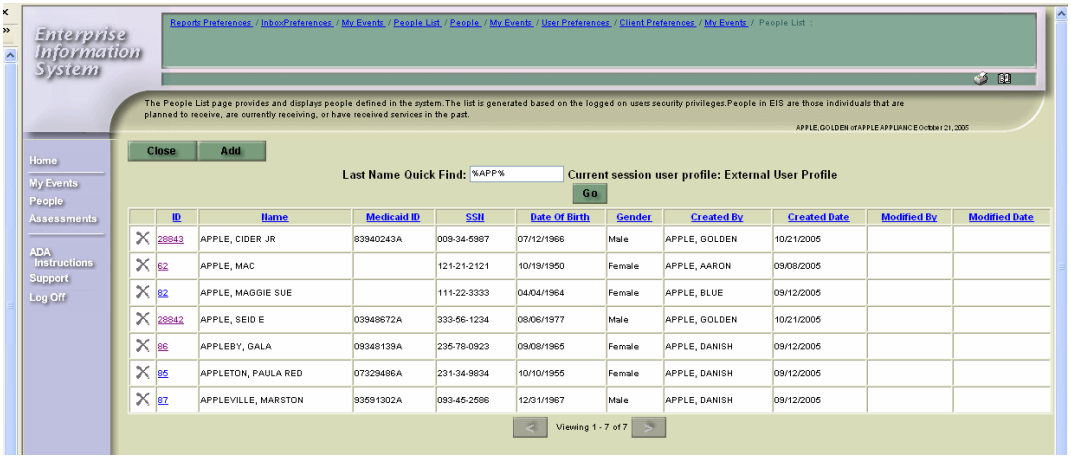
- **Step 3:** If you wish, you can now click on the ***Assessment*** component in the ***Menu*** on the left. This will take you to the Assessment List page for the client where you can see if any ISP Resource Data Summaries have already been done for the client or add a new one for the client.

Using *Quick Find*

If there is a long list of clients on the People List pages, you can use the *Last Name Quick Find* to find the person whose record you want to access. Quick Find uses the % character as a wild card. Below are examples of what to type to get the results you want.

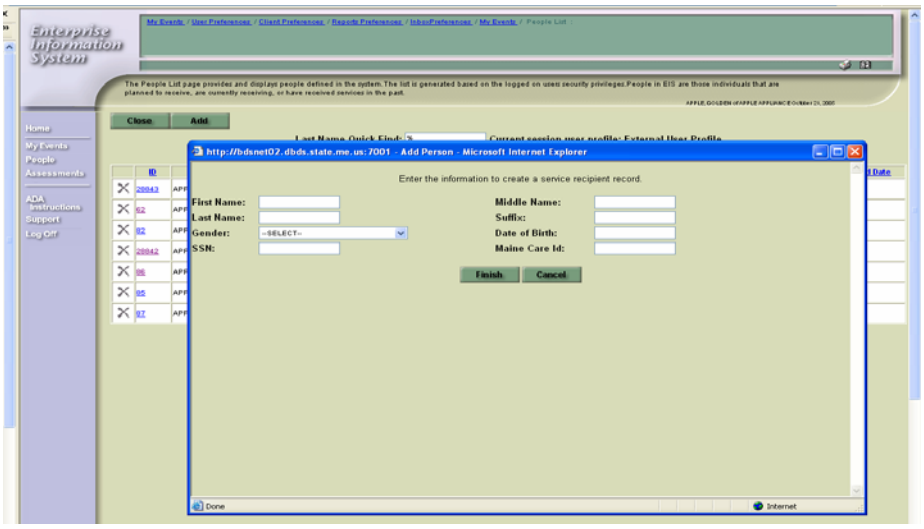
When the last name you are looking for

- contains the letters *APP* anywhere in the last name: %APP%.
- is *APPLE*: APPLE
- ends in APP: %APP
- starts with APP: APP%



Adding Service Recipients to the EIS eNET-ME

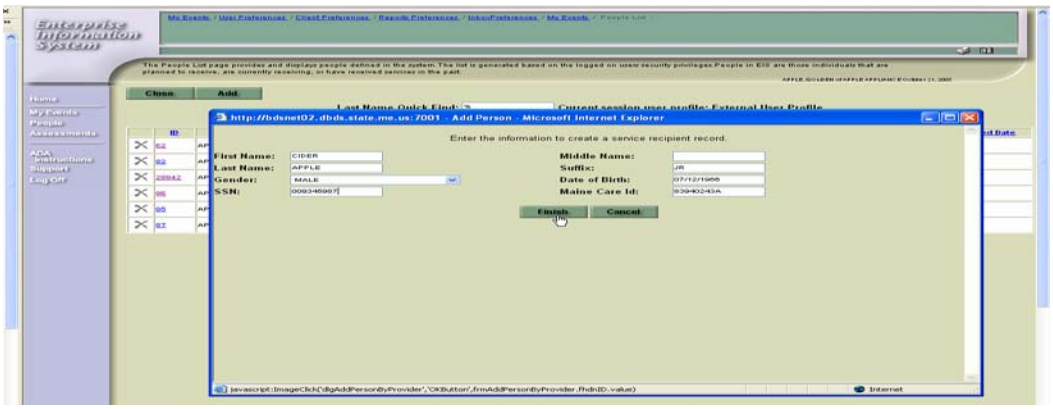
- **Step 1:** If a client does not already exist in the EIS e-NET-ME for your agency, you can add the client by clicking the ***ADD*** button in the upper left of the ***People List*** page. This will take you to the *Add Person* screen.



- **Step 2:** Fill in all the basic demographic information

- **Step 3:** Once you've completely filled in the information, double-check to make **absolutely** sure that the spellings and all the information are correct.

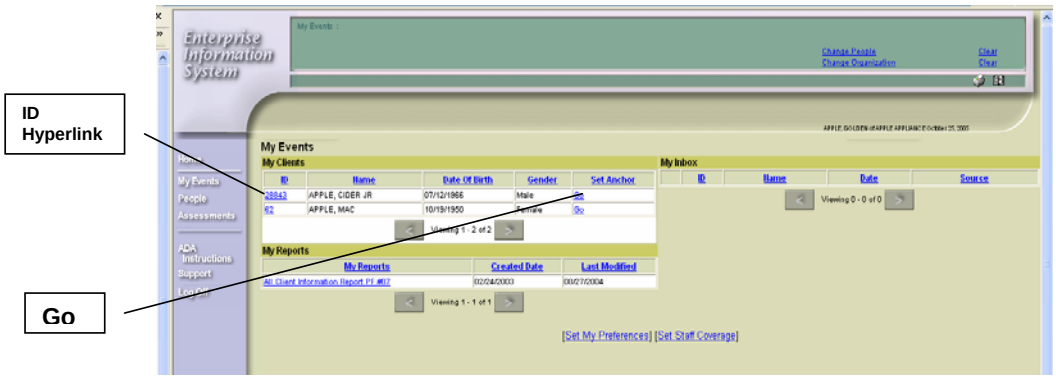
- **Step 4:** After you have confirmed the accuracy of the data, click on the ***FINISH*** button. This will add the person to your agency's list of clients. The person will now appear on the *People List* page for you and your organization.



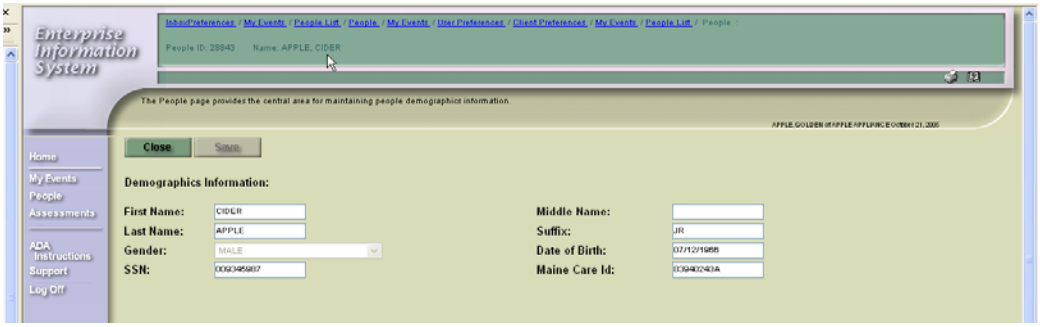
Completing the ISP Resource Data Summary Sheet for a Person

Anchoring on the Person & Completing the Form

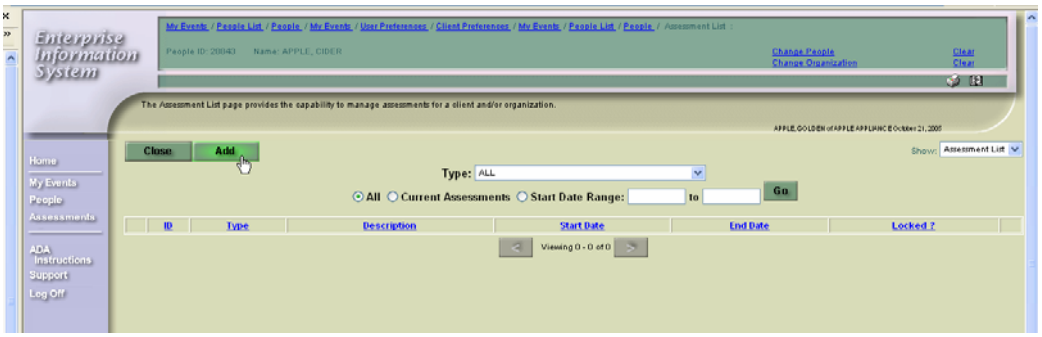
- **Step 1:** Open the person's record by clicking on the underlined ***ID*** hyperlink for that person on either the ***People List*** page or your ***My Events*** page.



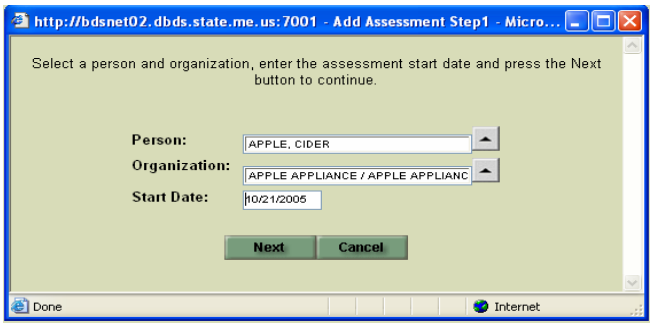
- **Step 2:** Click on ***Assessments*** in the ***EIS Menu*** on the left



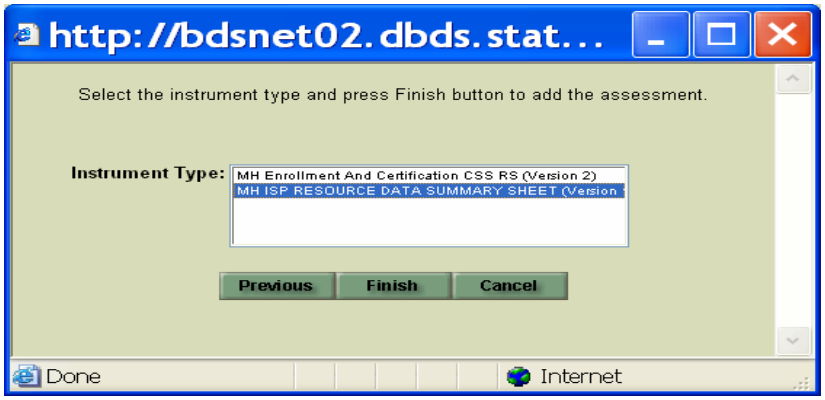
- **Step 3:** To conduct/add an ISP Resource Data Summary Sheet for the client, click on the ***ADD*** button. (Entry process for an initial ISP Resource Data Summary Sheet and also for an update/annual that is being entered into EIS eNET ME for the first time.)



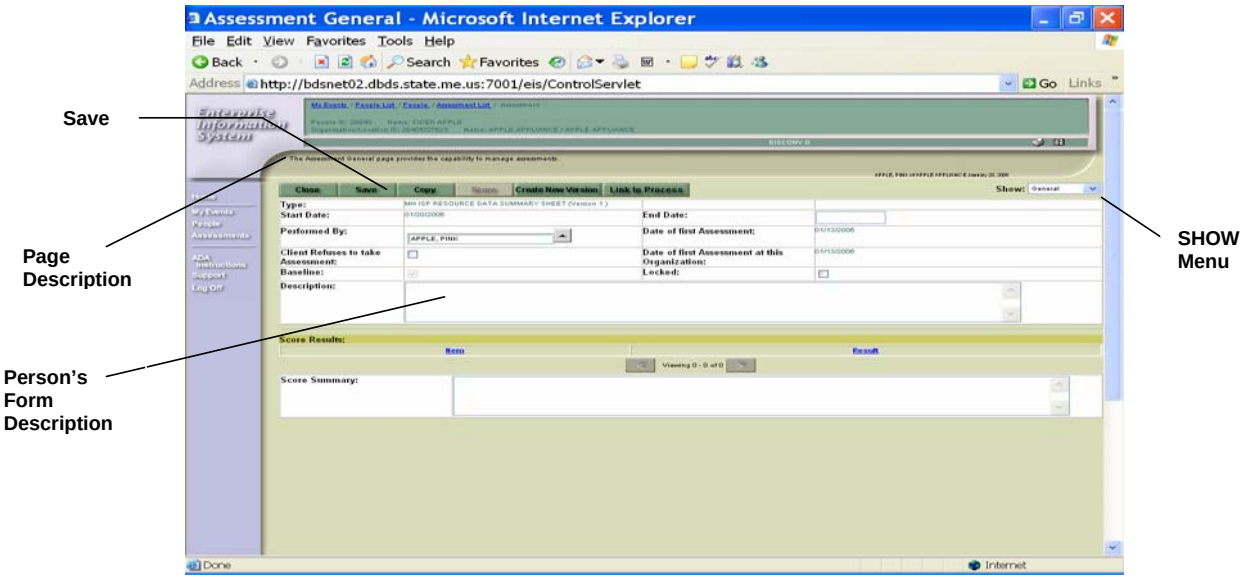
- **Step 4:** Check the information in the dialog box to make sure you have the correct client and your correct organization information.
  - Edit the information if necessary.
  - Click ***NEXT.***



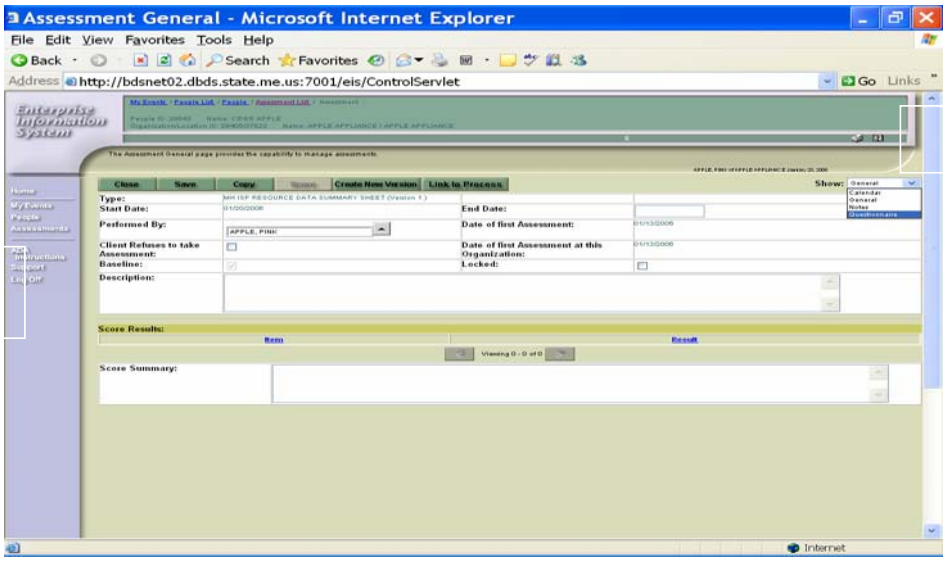
- **Step 5:** On the *Add Assessment Step 2* Page:
  - Select instrument you want to use.
  - Click on ***FINISH.***



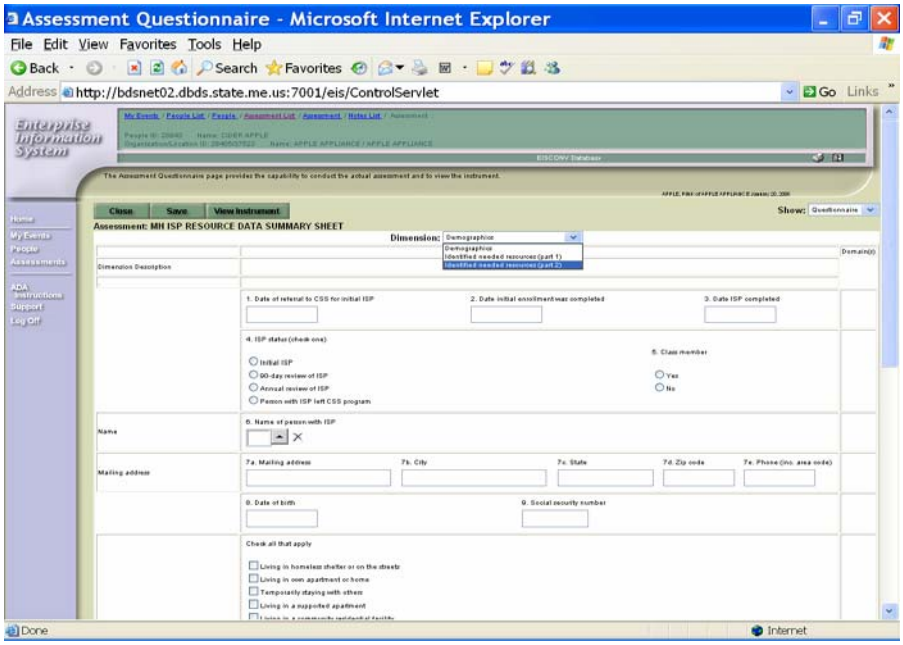
- **Step 6:** On the *General Page*
  - Select a person in the ***PERFORMED BY*** field. This is the person who completed/conducted the form/assessment.
  - Enter the ***START DATE*** for the Form/Assessment. This is usually the date the form/assessment was completed/conducted.
  - Type a description for the form/assessment in ***DESCRIPTION***. (Client full names should not be used in descriptions for the form/assessment. The first name or initials can be used if necessary.
  - Click the ***SAVE*** button.



Step 7: Select and click on ***QUESTIONNAIRE*** in the ***SHOW*** menu on the General Page.



- **Step 8: Section I General Information/Demographics --** This takes you to the first section (dimension) of the form in the ***Questionnaire*** which contains the general information about the client, including demographics. The ***Dimension*** drop-down field is how you can go to/switch between the different sections of the ISP Resource Data Summary.
  - Complete all the fields in Section I as defined below.
  - Click ***Save***.



➢**Step 9: Section II Needed Resources--** The second section (dimension) of the form in the *Questionnaire* contains the needed resource sections 14a – 14g

- Highlight and click on ***Section II*** in the ***Dimension*** field.
- Complete the fields in Section II for the needed resources for the ISP Resource Data Summary .
- Click ***Save.***

➢ **Step 10: Section III Part 2 Needed Resources -** The second section (dimension) of the form in the *Questionnaire* contains the needed resource sections 14h – 14n

➢ Select and click on *Section III* in the ***Dimension*** field.

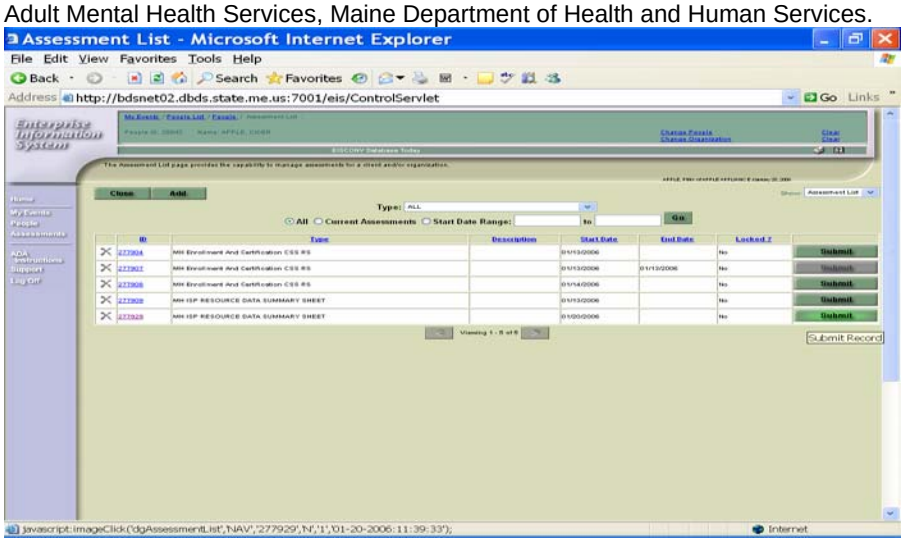
- Complete the fields in Section III. for the needed resources for the ISP Resource Data Summary
- Click ***Save***

Submitting the ISP Resource Data Summary

After you have completed the ISP Resource Data Summary and thoroughly double-checked to make sure that the information in it is accurate:

- **Step 1:** Return to the client's ***Assessment List*** page by one of the following --
  - clicking on ***Assessment List*** in the pathway in the header,
  - clicking on ***Assessment*** in the Menu on the left, or
  - clicking on the ***Close*** button in the upper left of the screen.

- **Step 2:** Click on the ***Submit*** button for the specific assessment you wish to officially submit to Adult Mental Health Services, Maine Department of Health and Human Services.



Printing the ISP Resource Data Summary

- **Step 1:** Click on the ***General*** page in the ***Show*** menu in the upper right-hand corner of the screen.

- **Step 2:** Click on the ***Printer*** icon on the right side of the System Alert/Message area.

- **Step 3:** Click on the Format you want the form printed in. The PDF (Acrobat) is the default setting because it is easier to use and view.

- **Step 4:** Click the ***OK*** button.

- **Step 5:** Click on the ***Printer*** icon in the upper left of the print window.

- **Step 6:** Click on the ***OK*** button. The form will then print. (*Before you click on the **OK** button, if you wish, you can set any specific formatting or other printing directions you want.*)

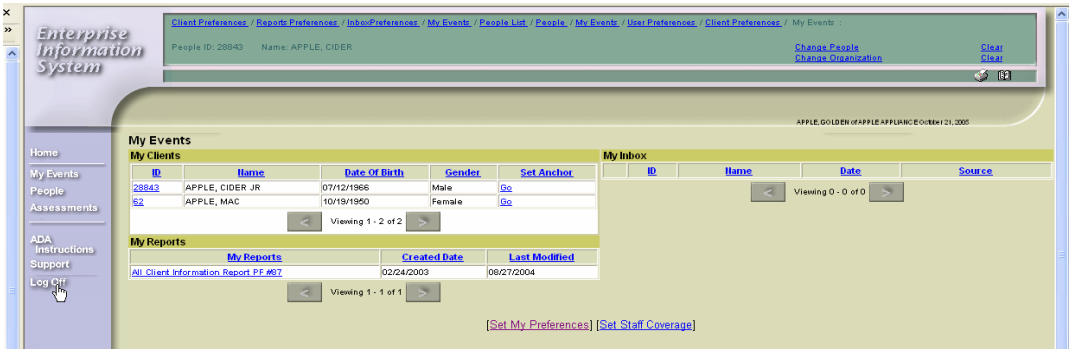
Creating a New Version of the ISP Resource Data Summary

You can create a new version of the prior form and its data, when you need to submit, for example, a *90 day review or annual update* to an assessment you have already submitted. This can only be done if you are the one who completed that originating/baseline form. Re-versioning of the baseline form is generally used when the answers have changed comparatively little. This allows you to save time and effort in re-entering data that has not changed. It also automatically puts an end date on the originating/prior form. This *End Date* will be one day before the *Start Date* of the new form.

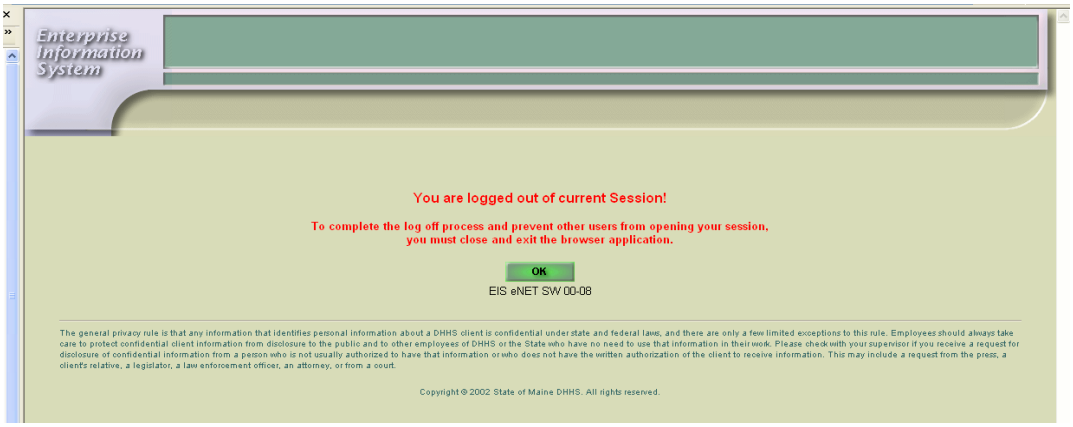
- **Step 1:** Go to the ***General Page*** of the ISP Resource Data Summary form you want to version.
- **Step 2:** Click the ***CREATE NEW VERSION*** button.
- **Step 3:** Type in the ***START DATE.***
- **Step 4:** Click ***OK***.
- **Step 5:** If you need to change the ***PERFORMED BY*** field, click the ***SELECT NEW*** button and select/highlight the correct staff person. Click ***OK***.
- **Step 6:** In ***DESCRIPTION***, type in information regarding the new version. For example, "*This is a 90 day review.*
- **Step 7:** Click the ***SAVE*** button.

Logging off the EIS eNET-ME

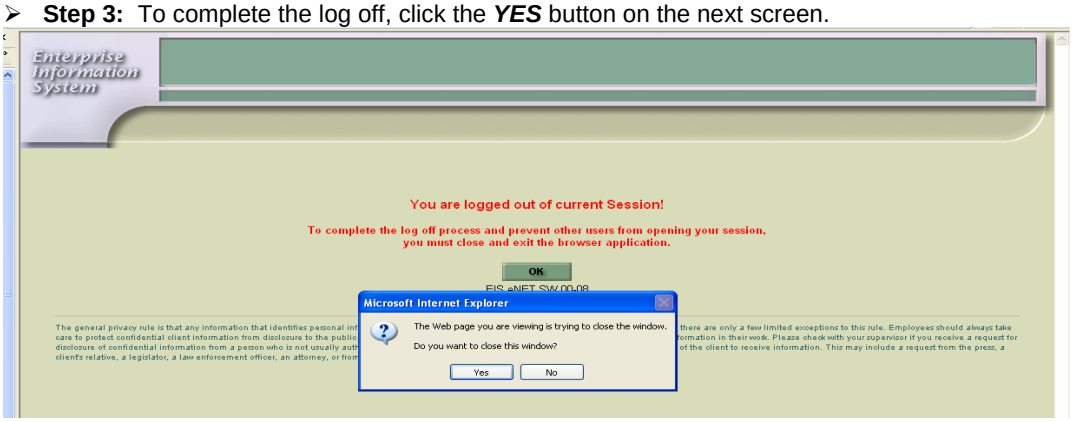
- **Step 1:** From any screen in the EIS eNET-ME, click the ***Log Off*** button at the bottom of the Menu on the left-hand side of the page. (***Do not*** *click on the* ***X*** *button in the upper right-hand corner of your screen !)*



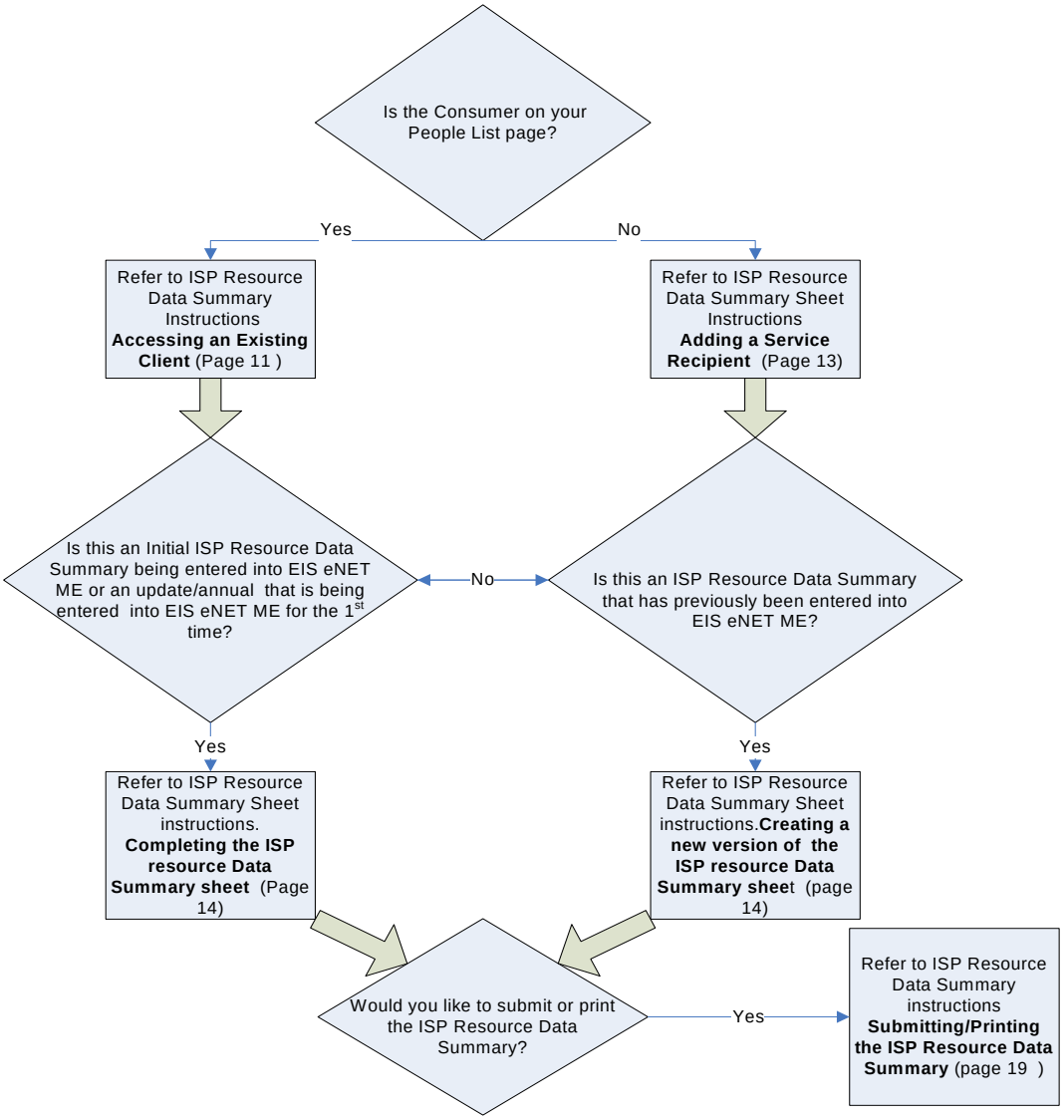
- **Step 2:** To continue the log off, click the ***OK*** button.



- **Step 3:** To complete the log off, click the ***YES*** button on the next screen.



ISP Resource Data Summary Decision Tree



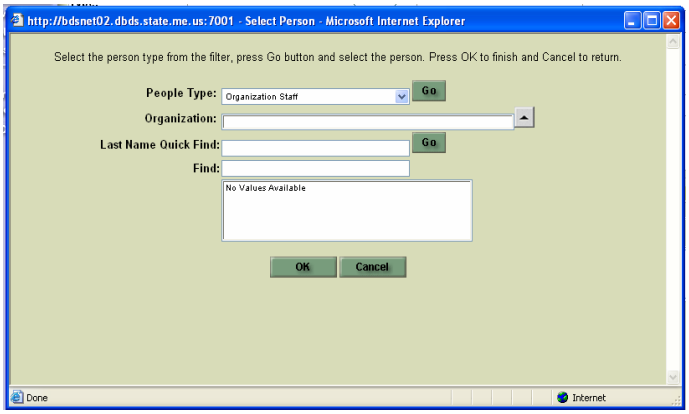
APPENDIX A

Selecting a *Performed By* Staff Person

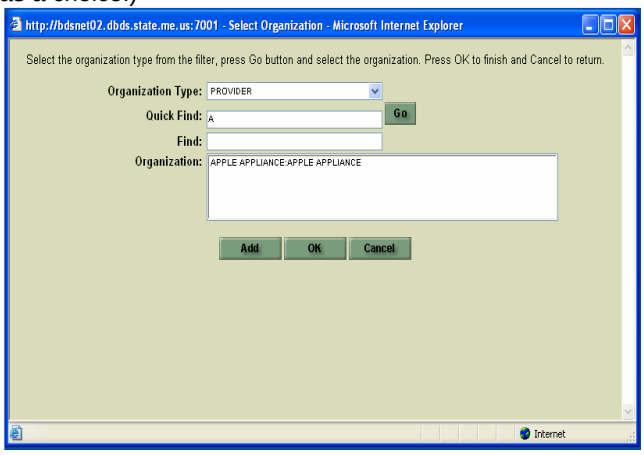
Selecting a Staff Person for the *Performed By* Field

On the *General Page*, select a person in the ***PERFORMED BY*** field. This is the person who completed/conducted the form/assessment.

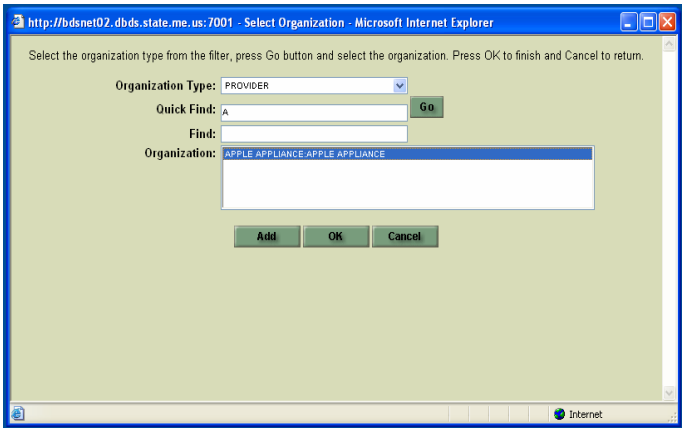
- **Step 1:** Click on the arrow to the right of the ***PERFORMED BY*** field.
- **Step 2:** This takes you to the Organization Staff & Organization identification screen. Click on the arrow by the Organization field.



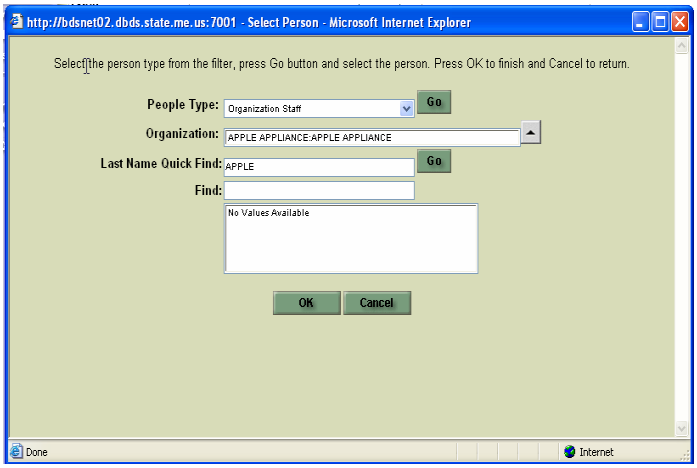
- **Step 3:** You are now on the Organization selection screen. Type in your agency's name in the ***Quick Find*** and click on the ***GO*** button. *Quick Find* here uses the same search rules as elsewhere in the application. (However, because you currently have access only to your own agency, you can just simply type in the first letter of your agency's name, and only your agency will be returned as a choice.)



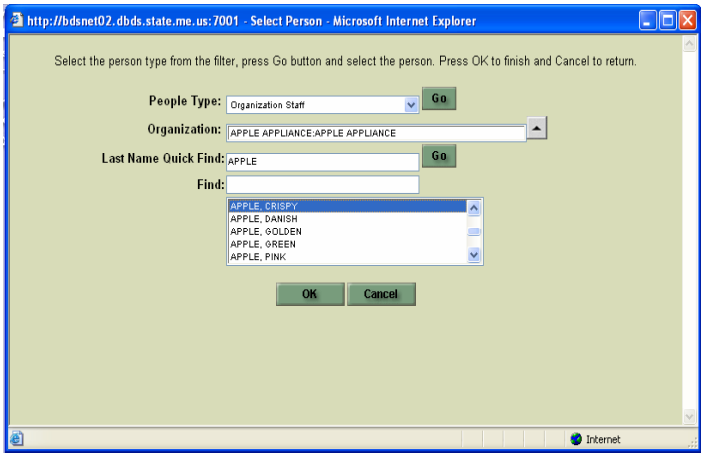
- **Step 4:** Highlight your agency's name and click on the ***OK*** button.



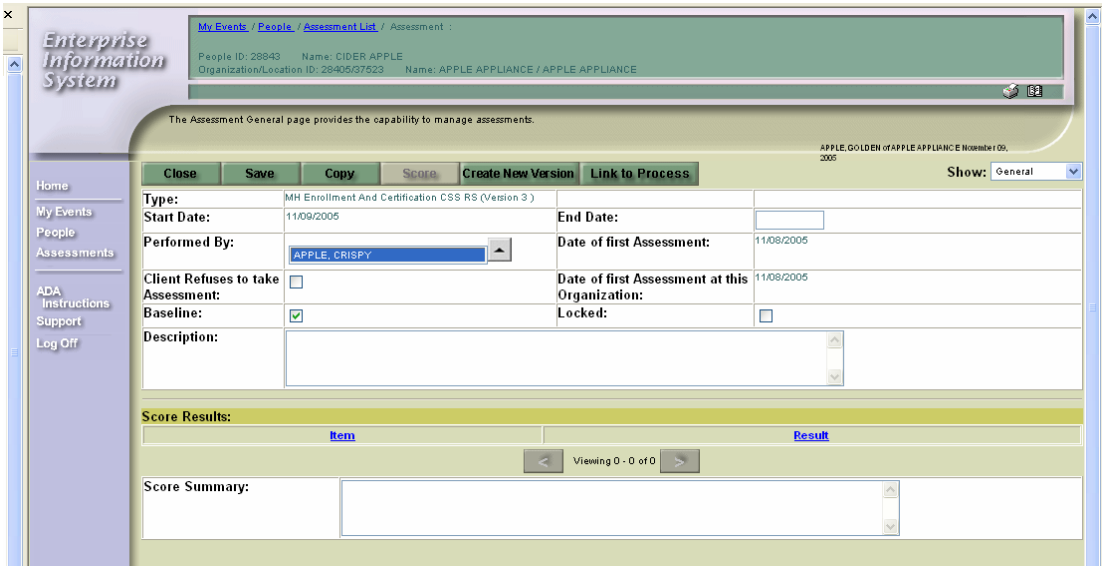
Step 5: This takes you back to the first Organization Staff screen. You will see that your selected Organization/agency is now showing. In ***Quick Find***, <u>type</u> in the last name of the staff person you are looking for in your agency (or any part of the last name, using the Quick Find rules, depending on the results you want).



Step 6: This brings up all the staff persons for the *Find* description you entered. Highlight the name of the staff person you want to have entered in the ***Performed By*** field and click on the ***OK*** button.



Step 7: You are now back on the General Page. Note that the staff person you selected is now in the ***Performed By*** field. You can now return to the regular instructions for entering the form information.



APPENDIX B

REQUEST FOR CHANGE TO SUBMITTED EIS eNET-ME DATA

Guidelines and Process for Requesting a Change in EIS eNET-ME Data

The process for requesting EIS eNET-ME data changes is as follows:

1. The change request must be made on the proper departmental request form.

2. It must be exact in detailing the precise data to be changed and in giving the reason(s) for the change.

3. The request form must carry the signatures of the eNET user requesting the change and the proper authorizing person, as identified by the agency.

4. The signatures must be dated.

5. The properly completed form should then be forwarded to the Office of Information Technology-EIS, #11 SHS, 47 Independence Drive, Greenlaw Bldg., Ground Floor, Room 4, Augusta, Maine 04333-0011.

6. The designated OIT staff person making the change must complete the following steps:

    a. Confirm the precise information to be changed and, if appropriate, the identity of the person or organization whose record is being amended. Since the request form -- by design -- carries only the eNET-ME system identification number, this verification is critical to assure the accuracy of the change. Data may not be changed without proper verification.
    b. Identify and assure that the change will not have an inappropriate and/or adverse impact on other eNET data prior to changing any data.
    c. Document his/her actions on the request form,
    d. Return a copy of the request form, with the disposition completed, to the person requesting the change, and
    e. Maintain the completed request/disposition form in an organized, central, and secure site within the office.

7. If the OIT staff person has any questions or concerns regarding the change, which remain unresolved after discussion with the person and/or supervisor requesting the change, these concerns should be addressed with the authorizing person and/or OIT-EIS Manager, as appropriate. These concerns and resolution must be documented and attached to the request/disposition form.

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

REQUEST FOR CHANGE TO SUBMITTED DATA IN EIS eNET-ME

Specific data to be changed:	**eNET People/Organization System ID:**
eNET Component:	
Page/Screen:	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
Reason for change (detailed explanation is required)**:**	
_____	
_____	
_____	
_____	
_____	
_____	

Requested by: eNET User Name (Print): _____

_____ _____
eNET User Name (Signature) Date

Authorized by: Agency Authorizing Name & Title (Print): _____

_____ _____
Authorizing Name (Signature) Date

Disposition: (DHHS only)
_____
_____
_____
_____
_____
_____
_____ _____
OIT Staff Person (Signature) Date

APPENDIX C

Individualized Support Plan (ISP) Resource Data Summary

1. Date of Referral to Community Support Services (CSS) for Initial ISP: __ / __ / __*mm/dd/yyyy*

2. Date Initial Enrollment Was Completed : __ / __ / __*mm/dd/yyyy*

3. Date ISP Completed: __ / __ / __*mm/dd/yyyy*

4. ISP Status: *check one*
- ☐ 4a. Initial ISP
- ☐ 4b. 90-Day Review of ISP
- ☐ 4c. Annual Review of ISP
- ☐ 4d. Person with ISP Left CSS program

Individualized Support Plan (ISP) Resource Data Summary Dropdown L

6. Name of Person with ISP: 6a. First Name: 6b. Middle Initial: 6c. Last Name:		**7. Contact Information for Person with ISP:** 7a. Address: (*Where mail goes)* 7b. City: 7c. State: 7d. Zip Code: 7e. Phone (including Area Code):	**8. Date of Bir with ISP:** __/__ *mm/dd/yy*
10. Current Living/Housing Situation of Person with ISP: *Check all items that apply at the time the ISP Resource Data Summary is completed.* **See List A:** **Current Living/Housing Situation of Person with ISP**		**11. Current Vocational/Employment Status of Person with ISP:** *Check all items that apply at the time the ISP Resource Data Summary is complete* **See List B:** **Current Vocational/Employment Status of**	
12. Name of CSW Completing This Form: 12a. First Name: : 12b. Last Name:		**13. Lead CSS Agency:** 13a. Name of Agency: 13b. Site: 13c. Program: *check one* ☐ 13c-i. CSW ☐ 13c-ii. ACT ☐ 13	
14. Needed Resource(s) Identified for Person with ISP: *Place a date in section 15 for all the needed resource(s) that have been identified in the person's ISP that the person does not yet receive..* * See List C: Needed Resources	**15 Date needed resource identified** ___/___/____ mm/dd/yyyy	**16. Date Person with ISP Receives Needed Resource:** ___/___/____ mm/dd/yyyy **For each needed resource (identified in section 14) fill in the date the person first received the resource. If the person has not received the needed resource leave this blank.**	**17. Identified box i longe**

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List A:

Living/Housing Situation of Person with ISP

Section 10 of ISP Resources Data Summary

Check one or more of the following living/housing situations that apply to the person with the ISP at the time the ISP Resources Data Summary is completed.

□ 10a. Living in a Homeless Shelter or on the Streets
□ 10b. Living in Own Apartment or Home
□ 10c. Temporarily Staying with Others
□ 10d. Living in a Supported Apartment
□ 10e. Living in a Community Residential Facility
□ 10f. Living in a Residential Treatment Facility (group home living arrangement)
□ 10g. Living in a Nursing Home
□ 10h. Living in an Assisted Living Facility
□ 10i. Currently in a Residential Crisis Unit
□ 10j. Currently Hospitalized (Specify whether in Riverview Psychiatric Center,Dorothea Dix Psychiatric Center, or other Psychiatric Inpatient unit/Facility)
□ 10k Currently hospitalized for medical reasons
□ 10l. Incarcerated in a State Prison or County Jail
□ 10m. Has Rent Subsidy
□ 10n. Other (briefly describe)

Current Vocational/Employment Status of Person with ISP

Section 11 of ISP Resources Data Summary

Check one or more of the following vocational/employment statuses that apply to the person with the ISP at the time the ISP Resources Data Summary is completed.

□ 11a. Volunteer Work
□ 11b. Sheltered/Enclave Work
□ 11c. Currently Receiving Vocational Rehabilitation Services
□ 11d. Self-Employed
□ 11e. Competitively Employed Full-Time (32 or more hours per week)
□ 11f. Competitively Employed Part-Time (less than 32 hours per week)
□ 11g. Working with Supports Full-Time (32 or more hours per week)
□ 11h. Working with Supports Part-Time (less than 32 hours per week)
□ 11i. Not Employed—Not Looking for Work
□ 11j. Not Employed—Looking for Work
□ 11k. Other (briefly describe)

List C: Needed Resources
Section 14 of ISP Resource Data Summary

AMHS will track needed resources for each overall category, as well as for each subcategory within each category Select the category and the appropriate subcategory for the needed resource(ies).Include the date of referral for each subcategory checked.

□ 14a. Mental Health Services

- □ 14a-i. Assertive Community Treatment (ACT)
- □ 14a-ii. Community Integration Services
- □ 14a-iii. Dialectical Behavioral Therapy
- □ 14a-iv. Family Psycho-Educational Treatment Service
- □ 14a-v. Group Counseling
- □ 14a-vi. Individual Counseling
- □ 14a-vii. Inpatient Psychiatric Facility
- □ 14a-viii. Intensive Case Management
- □ 14a-ix. Intensive Community Integration Service
- □ 14a-x. Psychiatric Medication Management
- □ 14a-xi. Other Mental Health Services (briefly describe)

□ 14b. Mental Health Crisis Planning Resources

- □ 14b-i. Development of Mental Health Crisis Plan
- □ 14b-ii. Development of Mental Health Advance Directives
- □ 14b-iii. Other Mental Health Crisis Planning Resources (briefly describe)

□ 14c. Peer, Recovery, and Support Resources

- □ 14c-i. Peer Recovery Center
- □ 14c-ii. Recovery Workbook Group
- □ 14c-iii. Social Club
- □ 14c-iv. Peer-Run Trauma Recovery and Empowerment Group
- □ 14c-v. Wellness Recovery and Action Planning
- □ 14c-vi. Family Support
- □ 14c-vii. Other Peer, Recovery, and Support Resources (briefly describe)

14d. Substance Abuse Services

- □ 14d-i. Outpatient Substance Abuse Services
- □ 14d-ii. Residential Treatment Substance Abuse Services
- □ 14d-iii. Other Substance Abuse Services (briefly describe)

□ 14e. Housing Resources

- □ 14e-i. Supported Apartment
- □ 14e-ii. Community Residential Facility
- □ 14e-iii. Residential Treatment Facility (group home living arrangement)
- □ 14e-iv. Assisted Living Facility
- □ 14e-v. Nursing Home
- □ 14e-vi. Residential Crisis Unit
- □ 14e-vii. Rent Subsidy (Section 8, BRAP, or Shelter Plus)
- □ 14e-viii. Other Housing Resources (briefly describe)

□ 14f. Health Care Resources

- □ 14f-i. Dental Services
- □ 14f-ii. Eye Care Services

- □ 14f-iii. Hearing Services
- □ 14f-iv. Physical Therapy
- □ 14f-v. Physician/Medical Services
- □ 14f-vi. Other Health Care Resources (briefly describe)

□ 14g. Legal Resources

- □ 14g-i. Advocates
- □ 14g-ii. Guardian (private)
- □ 14g-iii. Guardian (public)
- □ 14g-iv. Other Legal Resources (briefly describe)

□ 14h. Financial Security Resources

- □ 14h-i. Assistance with Managing Money
- □ 14h-ii. Assistance with Securing Public Benefits (e.g. SSI, TANF, Food Stamps, General Assistance, MaineCare)
- □ 14h-iii. Representative Payee
- □ 14h-iv. Other Financial Security Resources (briefly describe)

□ 14i. Education Resources

- □ 14i-i. Adult Education (Other than GED)
- □ 14i-ii. GED
- □ 14i-v. Literacy Assistance
- □ 14i-iii. Post High School Education (including 2-year and 4-year courses of study)
- □ 14i-i. Tuition Reimbursement Related to Employment Goals
- □ 14i-vi. Other Education Resources (briefly describe)

□ 14j. Vocational/Employment Resources

- □ 14j-i. Benefits Counseling Related to Employment
- □ 14j-ii. Club House/transitional and/or peer vocational support
- □ 14j-iii. Competitive Employment (no supports)
- □ 14j-iv. Supported Employment
- □ 14j-v. Vocational Rehabilitation
- □ 14j-vi. Other Vocational/Employment Resources (briefly describe)

□ 14k. Living Skills Resources

- □ 14k-i. Daily Living Support Services
- □ 14ki-ii. Day Support Services
- □ 14k-iii. Occupational Therapy
- □ 14k-iv. Skills Development Services
- □ 14k-v. Other Living Skills Resources (briefly describe)

□ 14L. Transportation Resources

- □ 14L-i. Transportation to ISP-identified services
- □ 14L-ii. Transportation to other ISP-identified activities
- □ 14L- iii After hours transportation (evenings/weekends)
- □ 14L-iv. Other Transportation Resources (briefly describe)

14m. Personal Growth/Community Participation Resources

- 14m-i. Avocational Activities
- 14m-ii. Recreation Activities
- 14m-ii. Social Activities
- 14m-iv. Spiritual Activities
- 14m-v. Other Personal Growth/Community Participation Resources (briefly describe)

14n. Other Resources (briefly describe)

APPENDIX D

14e. Housing Resources

- 14e-i. Supported Apartment (Typically a stand-alone/independent apartment setting with own kitchen, bath, bedroom(s)—often has rent supports and access to Section 17 Services)
- 14e-ii. Community Residential Facility (Typically a care & supervision arrangement that provides 24/7 staff availability as needed in either a group home or independent apartment setting in close proximity to a group home/office—may have access to Section 17 and/or 97 services)
- 14e-iii. Residential Treatment Facility (Typically a 24/7 intensive treatment/recovery focused program that is professionally staffed in a group home living arrangement—typically funded by Section 97 Services)
- 14e-iv. Assisted Living Facility (Typically a 24/7 apartment or group home environment with limited capacity to meet other medically necessary needs)
- 14e-v. Nursing Home (Typically a 24/7 intensive medically oriented group home environment)
- 14e-vi. Residential Crisis Unit (24/7 staffed, short stay/interval unit or bed, typically in lieu of a hospital or other more intensive setting)
- 14e-vii. Rent Subsidy (Section 8, BRAP, Shelter Plus Care, Project Based Housing)
- 14e-viii. Other Housing Resources (briefly describe)