

Name: _____

- Seriously disruptive to family and/or community.
 - Pervasively or imminently dangerous to others' bodily safety.
 - Regularly engages in assaultive behavior.
 - Has been arrested, incarcerated, hospitalized or at risk of confinement because of dangerous behavior.
 - Persistently neglectful or abusive towards others in the person's care.
 - Severe disruption of daily life due to frequent thoughts of death, suicide, or self-harm, often with behavioral intent and/or plan.
 - Affective disruption causes significant damage to the person's education, livelihood, career, or personal relationships.
- 2(c) **Dysfunction in Role Performance** - Person's capacity to perform the present major role function in society school, work, parenting or other developmentally appropriate responsibility.
- Frequently disruptive or in trouble at work or at school.
 - Frequently terminated from work or suspended/expelled from school.
 - Major disruption of role functioning.
 - Requires structured or supervised work or school setting.
 - Performance significantly below expectation for cognitive/developmental level.
 - Unable to work, attend school, or meet other developmentally appropriate responsibilities.

3. Risk of Deterioration

- The individual does not currently meet any one of the above functional criteria 2(a) through 2(c) but may be expected to deteriorate to such a level without treatment.
- A qualifying diagnosis with probable chronic, relapsing and remitting course.
- Co-morbidities (like mental retardation, substance dependence, personality disorders, etc.)
- Persistent or chronic factors such as social isolation, poverty, extreme chronic stressors (life-threatening or debilitating medical illnesses, victimization, etc.)
- Other** (past psychiatric history; gains in functioning have not solidified or are a result of current compliance only; court-committed; care is complicated and requires multiple providers; etc.)

If the assessor concurs with the above statement, document

reason: _____

4. The above noted Functional Criteria ratings are suggested based upon the following information regarding this person's functioning: (Provide a description of both the positive (confirming) findings and negative ("rule-out") findings of the functioning of this person)

Assessor's Name (print) / Signature

Credentials/Position

Date

Name: _____

II. Final SMI Eligibility Determination

- SMI** - All of the available information supports the conclusion that the above individual has a qualifying diagnosis (1) AND either meets one or more functional criteria (2) OR is at risk of deterioration (3) and therefore meets ADHS/DBHS clinical criteria for Serious Mental Illness (SMI).
- Not SMI** - The above individual does not meet ADHS/DBHS clinical criteria for SMI.

Clinical rationale for final determination:

Reviewer Name (print) / Signature

Credentials/Position

Date