

**Department of Mental Health
Adult Community Clinical Services**

Frequently Asked Questions

**Comprehensive Assessment
Clinical Formulation – Interpretive Summary**

Question 1: What are the guidelines for the completion of the Clinical Formulation – Interpretive Summary section of the Comprehensive Assessment?

Answer 1: The Clinical Formulation – Interpretive Summary portion of the Comprehensive Assessment is not a duplication of earlier content, but a summary and analysis that blends the findings and opinions of the assessor(s) with the preferences of the person served into a concise and clear synthesis. The Clinical Formulation – Interpretive Summary establishes medical necessity for rehabilitative services and provides a clear rationale for why some, but not necessarily all, assessed needs have priority status for the person’s Community Service Plan goal development. Assessed needs are prioritized according to the person’s service preferences in general, but also may include needs that pose significant barriers to the person’s safety or significantly impede the achievement of his/her personal or life goals (e.g. Employment, Housing, Relationships, and Education).

The Clinical Formulation – Interpretive Summary must be completed by the Licensed Practitioner of the Healing Arts (LPHA) within 45 days of enrollment and annually thereafter or at any time a new need is assessed and will be addressed on a modified Community Service Plan.

A concise formulation includes the following:

- A brief (one-two sentence) summary of the person served, describing the current reason(s) for referral to ACCS services, from the perspective of both the person and staff.
- One sentence naming each of the Prioritized Assessed Needs to be described.
- For each Prioritized Assessed Need describe the:
 - origin and contributing factors for the problem/way(s) in which the assessed need limits community functioning, emphasizing the significance of the problem in relation to the person’s life goals and/or cultural perspective and the need for rehabilitative services;
 - internal (e.g. motivation) and external (e.g. CORI, resources) barriers to making progress toward resolving the need;
 - supports and strengths present that will promote progress toward resolving the need.
- a brief summary of pertinent current and/or past risk and how it is being addressed if not currently identified as a prioritized assessed need that will be addressed in the Community Service Plan.