



MANAGED MENTAL HEALTH CARE  
 ORGANIZATION FOR COOS, CURRY, JACKSON,  
 JOSEPHINE AND KLAMATH COUNTIES  
 550 NE E Street Grants Pass, OR 97526  
 Phone: 541-955-9565 • Fax: 541-955-8290

# ISA PROGRESS REVIEW

Medicaid ID (XX999999XX if non-Medicaid):		Referral Date: (MM/DD/YYYY)
County: <input type="checkbox"/> Coos <input type="checkbox"/> Curry <input type="checkbox"/> Jackson <input type="checkbox"/> Josephine <input type="checkbox"/> Klamath		
Last Name	First Name:	Case Number
Date of Birth (MM/DD/YYYY)	New Client <input type="checkbox"/> Yes <input type="checkbox"/> No	
Initial Date of Determination (MM/DD/YYYY) Note: This is the date of initial CASII determination		
Submission Type <input type="checkbox"/> First Submission <input type="checkbox"/> Submission Update <input type="checkbox"/> Last Submission		Date Closed: (MM/DD/YYYY)
Term Type <input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Termination w/out Clinic Agreement <input type="checkbox"/> Treatment is Complete <input type="checkbox"/> Client refuses services/treatment <input type="checkbox"/> Client moved out of catchment area <input type="checkbox"/> Client Incarcerated <input type="checkbox"/> Client Deceased		
Child's Current Residence <input type="checkbox"/> With biological or adoptive family member <input type="checkbox"/> In long-term foster care placement <input type="checkbox"/> In temporary foster care placement <input type="checkbox"/> In therapeutic foster care <input type="checkbox"/> In residential treatment center <input type="checkbox"/> Other residence type <input type="checkbox"/> Designation Deferred    Description of Other Residence		
Number of Changes of Residence within Last 90 Days		
Did the caretaker participate in most recent Child and Family Team Meeting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Designation Deferred		
Rate the caregivers social network in the past 30 days <input type="checkbox"/> Caregiver has NO family or social network that could help in raising the child <input type="checkbox"/> Caregiver has SOME family or friend social network that MAY BE ABLE to help with raising the child <input type="checkbox"/> Caregiver has SOME family or friend social network that ACTIVELY HELPS with raising the child <input type="checkbox"/> Caregiver has SIGNIFICANT family or friend social network that ACTIVELY HELPS with raising the child <input type="checkbox"/> Caregiver's social network unknown <input type="checkbox"/> Rating Deferred		
Does the child have formal supports at school? <input type="checkbox"/> Yes, on IEP <input type="checkbox"/> Yes, on 504 Plan <input type="checkbox"/> No formal support plan <input type="checkbox"/> Designation Deferred		
Indicate the frequency with which the following statement is true "Over the past 20 scheduled school days, the child has been producing schoolwork of acceptable quality for his or her ability level" <input type="checkbox"/> N/A <input type="checkbox"/> Never <input type="checkbox"/> Less than 10% <input type="checkbox"/> From 10 to 50% <input type="checkbox"/> 51 to 80% <input type="checkbox"/> More than 80% <input type="checkbox"/> Rating Deferred		

Does the child have a History of running away? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many times, in the last 20 days, did the child run away?	
Is there Evidence of Substance Abuse over the past 30 Days? <input type="checkbox"/> No evidence of substance abuse over the past 30 days, or no history of substance abuse <input type="checkbox"/> Suspicion of substance abuse <input type="checkbox"/> Clear evidence of substance abuse that is interfering with child's ability to function in at least one role or setting <input type="checkbox"/> Clear evidence of substance dependence, and/or child requires detoxification <input type="checkbox"/> Rating deferred		
Rate History of and Risk for Delinquency: <input type="checkbox"/> No history of delinquency <input type="checkbox"/> History of delinquency, but not in past 30 days <input type="checkbox"/> Recent acts of delinquency (in past 30 days) <input type="checkbox"/> In past 30 days, severe acts of delinquency that place others at risk of significant loss or injury or place child at risk of adult sanctions <input type="checkbox"/> Rating deferred		
Rate History of and Risk for Self Harm: <input type="checkbox"/> No history of behavior that would place the child at risk for physical harm to self, or that has resulted in physical harm to self <input type="checkbox"/> History of behavior (but NOT in past 30 days) that places child at risk for physical harm to self, or that has resulted in physical harm to self <input type="checkbox"/> Within the past 30 days, child has engaged in behavior that has placed the child in danger of or has resulted in, physical harm to self <input type="checkbox"/> Child has engaged in behavior within the past 30 days that has placed the child at immediate risk of death <input type="checkbox"/> Rating deferred		
Rate History of and Risk for Harm to Others <input type="checkbox"/> No history of behaviors that pose danger to others <input type="checkbox"/> History (but not in past 30 days) of homicidal ideation, physically harmful aggression, or fire setting that has put self or others in danger of harm <input type="checkbox"/> Homicidal ideation, physically harmful aggression, or dangerous fire setting in the past 30 days (but not in past 24 hours) <input type="checkbox"/> In past 24 hours, homicidal ideation w/plan, physically harmful aggression, dangerous fire setting, or command hallucinations involving harm of others <input type="checkbox"/> Rating deferred		
Name of Person Completing the Review:	Date Review Completed:	