

DISCHARGE/FURLOUGH REFERRAL

North Texas State Hospital

Print Date: 06/11/2021

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Client Name: WINSLOW, WILLIAM MAVERICK
Assigned ID: 130822
Date of Birth: 8/7/1960
Episode #: 3
Admit Date: 9/14/2017 Discharge Date:
Data Entry By: STAATS JR CHARLES R LBSW
Data Entry Date/Time: 6/11/2021 11:20 AM

Attending Physician: GUNN, JEANETTE C PMHP

REFERRAL

Discharge Readiness Date: 6/14/2021

Date of Referral: 6/14/2021

Draft/Final: Final

Staff Member Completing Discharge Arrangements: STAATS, CHARLES R JR LBSW

Is this Referral for a planned Discharge or Furlough: Discharge

Planned Discharge Date: 6/14/2021

Reason for Discharge: Released BY court

Released by Court: Modification of Inpatient Commitment

Additional Information:

On 05/27/2021, Tarrant County Judge, Nelda Cacciotti, signed an order that modified Mr. Winslow's inpatient commitment to include transitioning to an approved group home with the Home and Community Based Services program in Tarrant County. He will continue treatment in an outpatient setting and will receive medical and mental health services through the Tarrant County MHA. The court order has outlined conditions that Mr. Winslow will have to follow in order for the modified commitment to stand.

Type of Discharge/Furlough: DRE (Discharge; With Reassignment)

Participating Component: Home and Community Based Services - Tarrant County MHA

Advance Directive:

Discussed and patient declined or was unable to provide (e.g. factually incompetent, has LAR, is a minor)

Advance Directive Comment:

Mr. Winslow declined to establish an advanced directive.

Community Support Plan: Yes

Community Support Plan Date: 6/11/2021

Patient Referred to Nursing Home: No

Patient Released To: HCBS Group Home

Address: 2417 Slatton Dr. Grand Prairie, TX 75052

Phone Number: 214-725-8732

Patient to Reside With: HCBS Group Home

Address: 515 Meadow Brook Dr. Arlington, TX 76010

Phone Number: 214-725-8732

Destination Program Type: Community

Destination Code At Discharge (With CARE/BHIS Coding): Personal Care/Group Home (05/05)

Transportation Plan Developed: Yes

Treatment Team's Evaluation/Decision Regarding Patient's Ability to Travel Independently:

No, patient is not able to travel independently

Responsible for Transportation: Assigned Hospital Staff

Expected Departure Date and Time: Monday June 14, 2021 at 8:00AM

Arrival Destination: HCBS Group Home

Method of Transportation: Facility Vehicle

Additional Information - Transportation Plan:

NTSH transportation staff will transport Mr. Winslow to a group home in Grand Prairie, TX: 2417 Slatton Dr. Grand Prairie, TX 75052. Ede Ejuwa, Group Home manger 214-725-8732

Patient Consent Given to Forward Transportation Plan to Family: No

*Social Security
Administration
1-855-722-3499*

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Family Notified of Transportation Plan: No
Name of Family Member Notified: Patient has not signed consents
Transportation Plan Sent to Family: Not sent
Additional Information - Family Notification:
Patient has not signed consents

Physician's Orders with Discharge Medications Attached: Yes
Home Health Care Information List Attached: Yes
Aftercare Instructions and Appointments Reviewed with Patient/Family/LAR: Yes
Aftercare Instructions and Appointments Comments:

Your continuity of care will be provided by the Tarrant County MHA and Compass Community Care. You are being discharged to an HCBS group home in Grand Prairie, TX: 2417 Slatton Dr. Grand Prairie, TX 75052. You will later be transferred to an all male group home in Arlington, TX: 515 Meadow Brook Dr. Arlington, TX 76010. You will be given a one week supply of medications and a 30 day prescription. Please turn in your prescription to the group home manager, Ede Ejuwa, when you arrive on June 14/2021, and please continue to take your medications as prescribed.

Family/Guardian Involved In Discharge Planning/Aftercare: Not Applicable
Patient/Family/Guardian Given Copy Of Community Support Plan/Referral: Yes
Patient/Family/Guardian Informed Regarding Aftercare Provider, Instructions To/About Location, And Whom To Contact If Problems Are Encountered: Yes
Patient was given Information for Emergencies Related to Inpatient stay: Yes
Patient was given Contact Information for Studies Pending at Discharge: Yes
Community Crisis Prevention Instructions:

Remove all firearms from home
Remove all other weapons from home
Supervision of medication recommended
For medical emergencies, call 911
If symptoms worsen, call crisis line

Additional Information - Community Crisis Prevention Instructions:

If you have a mental health crisis or mental health emergency, please call your local mental health hotline number at 1-800-621-8404.

Continue taking medications as prescribed. Attend all MHMR appointments that are scheduled. The group home staff will provide transportation to and from your appointments.

Additional Information - General Referral Instructions:

The patient/LAR was given a copy their Safety Plan, which is also included in the Continuity of Care Packet. It is highly recommended that the Safety Plan be utilized in the next level of care.

Mr. Winslow has received the Pfizer COVID-19 vaccination. He received the first dose on 12/18/2020 and the second dose on 01/04/2021. He was cooperative with injection and tolerated procedure well. At this time, Mr. Winslow is not displaying any signs or symptoms of the virus.

WARNING SIGNS OF SUICIDE

Anyone feeling despondent and considering suicide should contact a mental health professional or call a crisis hotline for help. Here are several suicide warning signs, according to the National Suicide Prevention Lifeline, which is funded by the U.S. Department of Health and Human Services.

- *Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- *Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- *Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person.
- *Feeling hopeless
- *Feeling rage or uncontrolled anger or seeking revenge

This information is Protected Health Information and as such is covered under the federal Health Insurance Portability Accountability Act (HIPAA) which defines the federal standards for the protection of health information.

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- *Acting recklessly or engaging in risky activities -- seemingly without thinking
- *Feeling trapped -- like there's no way out
- *Increasing alcohol or drug use
- *Withdrawing from friends, family and society
- *Feeling anxious, agitated, or unable to sleep or sleeping all the time
- *Experiencing dramatic mood changes
- *Seeing no reason for living or having no sense of purpose in life

NUMBERS TO CALL FOR HELP

- *Suicide and Crisis Center of North Texas: 214-828-1000
- *Contact Crisis Line: 972-233-2233
- *Adapt Community Solutions: 866-260-8000
- *National Suicide Prevention Lifeline: 800-273-TALK (8255)
- *National Domestic Violence Hotline: 1-800-799-7233
- *NAMI: 1-800-950-6264
- *211 Texas. Dial 2-1-1 or call 877-541-7905
- *Disability Rights Texas- 2222 west Braker Lane Austin, TX 78758 1-800-315-3876

For further medical record needs please contact Lisa Boring at 940-689-5220 or Austa Spearman at 940-689-5044

Tobacco Use: Yes

Tobacco Volume Used: 5 or more cigarettes a day or daily use of other products

Tobacco Timeframe of Use: Greater than 30 days

Tobacco Use Referral at Discharge:

The patient refused a referral for outpatient tobacco cessation counseling treatment.

Comments for other Tobacco Use Referral:

Texas Quitline: 1-877-YES-QUIT Funded by the Department of State Health Services. Services provide free and confidential counseling services, support and information from trained professionals.

Does the patient have a diagnosed substance use disorder?: Yes

A Referral to Drug Treatment: was made prior to discharge

Comments for Drug Treatment Referral:

The Tarrant County MHA will be providing Mr. Winslow substance abuse treatment while enrolled in the HCBS program.

NATIONAL SUICIDE HOT LINE: 1-800-273-TALK (1-800-273-8255)

Disability Rights Texas -- 2222 West Braker Lane -- Austin, TX 78758 -- 1-800-315-3876

AFTERCARE APPOINTMENTS

EUD65909.00001

<u>Type of Appointment</u>	<u>Appointment Date/Time</u>	<u>Provider Name</u>	<u>Address/Phone</u>	<u>Contact Name/ Phone</u>
Behavioral Health - MHA	7/13/2021	MHMR of Tarrant County Component Code: 200 (Component), 2001 (Destination)	3840 N. Hulen Street, North Tower Fort Worth, TX 76107 (817) 569-4300 MHA 24 Hour Crisis Phone: (800) 866-2465 or (817) 335	Ede Ejuwa 214-725-8732

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Additional Info: Patricia Boisse, MHA Liaison for Tarrant County MHA, was contacted on 06/11/2021 and informed of Mr. Winslow's discharge to the HCBS group home on 06/14/2021.

Brian Sosebee, Tarrant County MHA-HCBS Manager, has scheduled a medical appointment for you at JPS on July 13, 2021. This appointment will establish you with a primary care physician to address any medical needs in the future.

**Community Support Plan
For Recommended Aftercare Services**

The Community Support Plan below was developed as the result of the NTSB Recovery Team's determination that William Winslow no longer needs inpatient recovery and is ready for discharge. The Recovery Team, in collaboration with Tarrant County MHMR, has determined that the following recommended services should be sufficient to maintain the individual in the community. Below is a summary of the individual's status and progress toward functioning in the community.

Individual's Strengths and Weaknesses:

Illness/Behavior:	Since his admission to the North Texas State Hospital – Wichita Falls Campus, Mr. Winslow has not shown any signs of physical or verbal aggression. Currently, Mr. Winslow is stable with respect to his mood. His beliefs regarding involvement in the US Armed Forces and other Government agencies persist. He is on court ordered medications and is medication compliant, attends scheduled programming, and maintains grounds privileges. He is not manifesting thoughts of hurting himself or others. He has not displayed, or denied experiencing, any auditory/visual hallucinations or mood instability. He is displaying behavior that is consistent with a community setting that provides supportive services.
Substance Abuse:	He has attended COPSD groups and successfully graduated from the class. When he was attending, he actively participated in class/group discussions and completed homework as assigned. Mr. Winslow voluntarily discusses his alcohol abuse history and what he has learned. He has demonstrated an understanding of how alcohol use has exacerbated his psychiatric symptoms in the past and can negatively affect psychotropic medications. Additionally, he has demonstrated an understanding of community support groups and their benefits for dual-diagnosed people. He has communicated effective ways to avoid relapse and understands his triggers for drinking.
Recovery participation and compliance:	Mr. Winslow has demonstrated a willingness to follow his recovery plan, and actively participates in his Recovery Team meetings. He attends and actively participates in scheduled activities and groups, including Competency Restoration, Active Lifestyles, and Social Skills. He has an understanding of the medications he currently takes, the important side effects to watch for, and the importance of staying on prescribed psychotropic medications. He does not believe he has a mental illness

	but has voiced a willingness to continue taking prescribed psychotropic medications after his discharge from this facility.
Self-Awareness:	He has made good use of his therapeutic classes to understand his triggers, warning signs, avoiding relapse, reduce stress, and how to successfully integrate into community living.
Understands signs of illness:	He understands the importance of medication compliance within the community and states he will comply as long as there is a court order for a medication regimen. His prescribed psychotropic medications have shown to improve mood but have shown no improvement in dissolving certain beliefs, regardless of medication or dosage.
Lifestyle adjustment/Stress management:	He has demonstrated that to maintain psychiatric stability as well as sobriety he needs to be mindful of the people he engages with, along with places and things that could foster a relapse. He indicated the Recovery Management team should provide a suitable support system for him as he transitions back into the community.
Concern about becoming ill and plans of action for becoming ill:	He understands consuming alcohol has exacerbated his condition in the past and caused poor decision making and judgement. He has voiced minimal concerns about potential alcohol relapses in the community but stated he is willing to contact the MHA, Recovery Management team, and/or peer support personnel in the event he begins to have thoughts or urges to drink.
Relationship of illness to crime:	Due to Mr. Winslow's beliefs, he has been unable to engage in a meaningful discussion about the alleged offense as he has voiced discrepancies documented in the police report. Specifically, he reports holding a special government appointment and that his charge and hospitalization were orchestrated by political opponents.
Acceptance of responsibility for crime:	He has not expressed responsibility for the offense and the symptoms involved. He stated when he is in the community, things will be different because he will stay busy working and adhere to his treatment plan.

Community Needs Assessment for the type and level of community services and supports that will be needed to maintain the patient in the community.

Housing:	The recommendation is supportive placement in an HSBS-AMH approved group home to ensure medication and outpatient recovery compliance. MHMR of Tarrant County and the Provider Agency will make these arrangements regarding appropriate placement.
Financial:	Mr. Winslow does not currently have a monthly income; however, he has recently applied for SSI benefits along with Medicaid and is awaiting the decision from the SSA.
Employment:	<p>Mr. Winslow reports employment with the "Nuclear Regulatory Administration, Defense Security Office, Marine Corp Intelligence, and the Department of Defense."</p> <p>While at this facility, Mr. Winslow has held two Client Worker Program jobs but was unable to continue working due to physical limitations and complaints. He may benefit from a referral to DARS for obtaining employment upon returning to the community.</p>
Physical:	Mr. Winslow currently receives treatment for the following medical issues and will need to follow up regularly with a PCP: Hypertension, Hypothyroidism, constipation, Vitamin D deficiency, chronic back pain, GIRD, hyperlipidemia, shortness of breath, seasonal allergies, and benign prostatic hyperplasia. Please see the attached list for a compressive list of all Axis I, II, and III diagnoses.
Transportation:	He would receive transportation assistance through the HCBS program, via the Provider Agency and/or the Recovery Management entities. Mr. Winslow could access public transportation with minimal or no assistance, if needed. He can walk short distances without difficulty but may struggle walking long distances. If these methods are unavailable, he would need assistance commuting to appointments and services. He would be able to safely travel in a vehicle and comply with transportation rules without difficulty.
Mental illness and medication monitoring/support:	He will need medication follow-up and monitoring of his medications. He may also benefit from intensive case management to ensure his needs are being met and to provide any needed rehabilitative skills training. He is aware and willing to receive these services.

Substance abstinence support:	He has a history of alcohol abuse. See substance abuse section above for more info. He would benefit from counseling and/or attending AA groups, 12 step groups, or other substance abuse groups in the community.
Social support:	He is easily engaged in conversation and conforms to social norms without difficulty. He can initiate conversation with others and connect through small talk, similar interests, or current events.
Language or other communication:	He is fluent in English and able to communicate well with others. He does not require an interpreter.
Cultural:	He reports no specific cultural needs. He was born in Chicago, IL and has lived in Texas for a better part of his life. He reports having a normal upbringing with celebrations of birthdays and holidays.
Education:	He has reported graduating from high school and attended two different colleges: The University of Michigan and the University of Arizona. He stated that he gained about 2 years of college credits. He reported that his major field of study was telecommunications, television, and multimedia.
Family:	Currently, he does not have any family support. According to Mr. Winslow, his father died before he was incarcerated. He reports having 2 brothers and a half-sister that he has not communicated with since before his arrest and incarceration. He stated his mother is still alive and currently living with his youngest brother and is doing well.
Legal:	Mr. Winslow has a pending charge of Aggravated Assault with a Deadly Weapon out of Tarrant County. He has prior charges that include DWI and Theft by Check.
Other:	<ol style="list-style-type: none"> 1. Court ordered medications, if possible, to ensure psychiatric medication compliance. 2. Court ordered supervision of medication compliance where staff have to witness that he takes his prescribed oral psychiatric medication, if any. 3. Limited access to items that he might use to harm others. 4. Enrollment in an Alcohol abuse treatment program 5. Enrollment in an Anger management program to help him manage any negative emotions that might result

	<p>from experiences related to his transition to the community 6. He would require supervision to prevent any unauthorized departures.</p>
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<p>Are additional services required in the community to facilitate a successful placement? If so state the services required.</p>	<p>No additional services needed at this time.</p>
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<p>Recommended discharge placement:</p>	<p>The recommendation is a supportive placement such as a licensed personal care or group home to ensure medication and outpatient recovery compliance. The MHMR of Tarrant County will make these arrangements regarding an appropriate placement.</p>
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Future plans:	He is agreeable to living in a structured setting, such as an approved group home through the HCBS-AMH program.
Accepts community outpatient recovery restrictions:	He understands and accepts that he will need to comply with the regulations of the court and guidance from the Provider Agency and Recovery Management entities. He has demonstrated he can successfully transition to a community and outpatient setting with medication and treatment monitoring.

Signatures:

Recovery Team Members:

Physician:	<i>Z. Syed MD</i>	Date:	12/3/2020
Psychologist:	<i>Theresa J. ... Psy.D</i>	Date:	12-3-20
Nurse:	<i>Shirley ... RN</i>	Date:	12-4-20
Social worker:	<i>[Signature]</i>	Date:	12/04/2020
APRN PMHNP-BC	<i>Geannette ...</i>	Date:	12/3/20

Tarrant County LMHA

COC:	E-signature <i>Alice Taylor</i>	Date:	12-3-20
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I have read and agree to comply with the above/attached:

Patient:	<i>W. M. ... 4256</i>	Date:	12-07-2020
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DIAGNOSIS

Type of Diagnosis: Update

Diagnosis Date: 12/2/2019

Diagnosis Time: 08:00

Ranking	Class	Code (9)	Description	Details
Primary	Axis I	F25.0 (295.70)	Schizoaffective disorder, bipolar type	Active POA: No DX by: GUNN,JEANETTE C PMHNP
Secondary	Axis I	F10.10 (305.00)	Alcohol abuse	Active POA: Yes DX by: LE,THU T MD Remarks: History of
Secondary	Axis I	F10.20 (303.90)	Alcohol dependence	Active DX by: LE,THU T MD Remarks: Labs 09/15/2017
Secondary	Axis II	Z03.89 (V71.09)	No diagnosis on Axis II	Active POA: Yes DX by: LE,THU T MD
Secondary	Axis III	K59.00 (564.00)	Constipation	Active Onset: 3/6/2019 POA: No DX by: BREWER,JUDITH FNP-C Remarks: DX MEDICAL 3/6/19
Secondary	Axis III	E55.9 (268.9)	Vitamin D deficiency	Active DX by: CARREON,ROSARIO C MD
Secondary	Axis III	E66.3 (278.02)	Overweight	Active Onset: 8/15/2018 POA: No DX by: GUNN,JEANETTE C PMHNP
Secondary	Axis III	M70.61 (726.5)	Trochanteric bursitis of both hips	Resolved Onset: 5/16/2018 Resolve POA: No DX by: SHOUKRY,EMAD E MD Remarks: MEDICAL 5/16/18
Secondary	Axis III	M54.9 (724.5)	Chronic back pain	Active Onset: 10/15/2019 POA: No DX by: BREWER,JUDITH FNP-C Remarks: DX MEDICAL 10/15/19
Secondary	Axis III	E53.8 (266.2)	Vitamin B 12 deficiency	Resolved Onset: 5/29/2018 Resolve POA: No DX by: SHOUKRY,EMAD E MD Remarks: MEDICAL 5/29/18
Secondary	Axis III	H53.9 (368.9)	Visual disturbance	Resolved Onset: 6/26/2018 Resolve POA: No DX by: GARRETT-PRICE,IVORY C MD Remarks: DX Medical 6/26/2018
Secondary	Axis III	D64.9 (285.9)	Anemia	Resolved Onset: 7/23/2018 Resolv POA: No DX by: ONYEKERE,NKECHI Y FNP-BC Remarks: MEDICAL 7/23/18

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				DX by: ANENE, CYNTHIA O DNP FNP-BC Remarks: MEDICAL 10/25/18
Secondary	Axis III	M25.511 (719.41)	Chronic right shoulder pain	Resolved Onset: 1/3/2019 Resolved: POA: No DX by: GARRETT-PRICE, IVORY C MD Remarks: MEDICAL 1/3/19
Secondary	Axis III	I20.9 (413.9)	Angina pectoris, unspecified	Resolved Onset: 11/8/2018 Resolved: POA: No DX by: TURNER, TONYA M NP Remarks: EKG 11/8/18
Secondary	Axis III	K21.9 (530.81)	GERD (gastroesophageal reflux disease)	Active Onset: 1/17/2019 POA: No DX by: BREWER, JUDITH FNP-C Remarks: MEDICAL 1/17/19
Secondary	Axis III	Z88.9 (V15.09)	Multiple allergies	Resolved Onset: 11/10/2018 Resolved: POA: No DX by: GUNN, JEANETTE C PMHNP
Secondary	Axis III	E03.9 (244.9)	Hypothyroidism	Active Onset: 12/17/2018 POA: No DX by: GUNN, JEANETTE C PMHNP
Secondary	Axis III	R06.02 (786.05)	SOB (shortness of breath)	Active Onset: 1/29/2019 POA: No DX by: BREWER, JUDITH FNP-C Remarks: DX MEDICAL 1/29/19
Secondary	Axis III	T78.40XA (995.3)	Allergic reaction	Resolved Onset: 2/4/2019 Resolved: POA: No DX by: BREWER, JUDITH FNP-C Remarks: DX MEDICAL 2/4/19
Secondary	Axis III	R21 (782.1)	Rash	Resolved Onset: 2/8/2019 Resolved: POA: No DX by: BREWER, JUDITH FNP-C Remarks: DX MEDICAL 2/8/19
Secondary	Axis III	E87.1 (276.1)	Hyponatremia	Resolved Onset: 2/22/2019 Resolved: POA: No DX by: BREWER, JUDITH FNP-C Remarks: DX Medical 2.22.19
Secondary	Axis III	M54.9 (724.5)	Back pain	Resolved Onset: 3/19/2019 Resolved: POA: No DX by: BREWER, JUDITH FNP-C Remarks: DX Medical 3/19/19
Secondary	Axis III	S91.319A (892.0)	Laceration of skin of foot	Resolved Onset: 7/30/2019 Resolved: POA: No DX by: BREWER, JUDITH FNP-C Remarks: DX MEDICAL 7/30/19
Secondary	Axis III	R68.2 (527.7)	Dry mouth	Active Onset: 12/2/2019 POA: No DX by: GUNN, JEANETTE C PMHNP
Secondary	Axis III	J30.2 (477.9)	Seasonal allergies	Active Onset: 9/9/2019 POA: No DX by: GUNN, JEANETTE C PMHNP
Secondary	Axis III	R09.1 (511.0)	Pleurisy	Resolved Onset: 10/16/2019 Resolved: POA: No

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Secondary	Axis III	R01.1 (785.2)	Heart murmur	Resolved Onset: 2/12/2018 Resolved POA: No DX by: JOHNSON,KIMBERLI N MD Remarks: MEDICAL 11/2/17
Secondary	Axis III	K08.9 (525.9)	Poor dentition	Resolved Onset: 2/12/2018 Resolved POA: No DX by: JOHNSON,KIMBERLI N MD Remarks: MEDICAL 2/12/18
Secondary	Axis III	R05 (786.2)	Cough	Resolved Onset: 2/28/2018 Resolved POA: No DX by: GUNN,JEANETTE C PMHNP
Secondary	Axis III	M54.17 (724.4)	Left lumbosacral radiculopathy	Resolved Onset: 5/16/2018 Resolved POA: No DX by: SHOUKRY,EMAD E MD Remarks: L5-S1 (Medical 5/16/18)
Secondary	Axis III	R06.00 (786.09)	Dyspnea	Resolved Onset: 5/16/2018 Resolved POA: No DX by: SHOUKRY,EMAD E MD Remarks: MEDICAL 5/16/18
Secondary	Axis III	J03.90 (463)	Acute tonsillitis	Resolved Onset: 5/29/2018 Resolved POA: No DX by: SHOUKRY,EMAD E MD Remarks: MEDICAL 5/29/18
Secondary	Axis III	M70.21 (726.39)	Olecranon bursitis, right elbow	Resolved Onset: 5/29/2018 Resolved POA: No DX by: SHOUKRY,EMAD E MD Remarks: MEDICAL 5/29/18
Secondary	Axis III	Z00.00 (V70.0)	Annual physical exam	Resolved Onset: 9/6/2018 Resolved POA: No DX by: GARRETT-PRICE,IVORY C MD Remarks: MEDICAL 9/6/18
Secondary	Axis III	E78.5 (272.4)	Hyperlipidemia	Active Onset: 9/6/2018 POA: No DX by: GARRETT-PRICE,IVORY C MD Remarks: MEDICAL 9/6/18
Secondary	Axis III	H54.7 (369.9)	Decreased vision	Resolved Onset: 9/13/2018 Resolved POA: No DX by: BREWER,JUDITH FNP-C Remarks: MEDICAL 9/13/18
Secondary	Axis III	K08.89 (525.9)	Pain, dental	Resolved Onset: 9/24/2018 Resolved POA: No DX by: GUNN,JEANETTE C PMHNP
Secondary	Axis III	M62.830 (724.8)	Muscle spasm of back	Resolved Onset: 9/27/2018 Resolved POA: No DX by: BREWER,JUDITH FNP-C Remarks: MEDICAL 9/27/18
Secondary	Axis III	R03.0 (796.2)	Elevated blood pressure reading	Resolved Onset: 10/3/2018 Resolved POA: No DX by: ANENE,CYNTHIA O DNP FNP-BC Remarks: MEDICAL 10/3/18
Secondary	Axis III	R42 (780.4)	Vertigo	Resolved Onset: 10/25/2018 Resolved POA: No

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Secondary	Axis III	I10 (401.9)	Hypertension, uncontrolled	Active Onset: 3/6/2019 POA: No DX by: BREWER, JUDITH FNP-C Remarks: DX MEDICAL 3/6/19
Secondary	Axis III	K40.90 (550.90)	Inguinal hernia	Resolved Onset: 10/10/2017 Resolved POA: Yes DX by: DEWBRE, LAMONTE L FNP Remarks: MEDICAL 10/10/17
Secondary	Axis III	Z00.00 (V70.0)	Routine general medical examination at a health care facility	Resolved Resolved: 6/25/2018 POA: Yes DX by: LE, THU T MD
Secondary	Axis III	Z79.899 (V58.69)	Encounter for long-term (current) use of other medications	Active Onset: 1/23/2019 POA: Yes DX by: GUNN, JEANETTE C PMHNP Remarks: EKG 1/23/19
Secondary	Axis III	B35.3 (110.4)	Tinea pedis of both feet	Resolved Resolved: 2/28/2018 POA: No DX by: BONDOC, ROSARIO M MD Remarks: Medical 09/14/2017
Secondary	Axis III	G62.9 (356.9)	Peripheral neuropathy	Resolved Onset: 5/29/2018 Resolved POA: No DX by: SHOUKRY, EMAD E MD Remarks: MEDICAL 5/29/18
Secondary	Axis III	R19.09 (789.39)	Mass of right inguinal region	Resolved Resolved: 4/5/2018 POA: No DX by: BONDOC, ROSARIO M MD Remarks: Medical 09/14/2017
Secondary	Axis III	R60.0 (782.3)	Edema of right lower extremity	Resolved Resolved: 2/27/2018 POA: No DX by: BONDOC, ROSARIO M MD Remarks: Medical 09/14/2017
Secondary	Axis III	K02.9 (521.00)	Dental caries	Resolved Resolved: 6/25/2018 POA: No DX by: JOHNSON, KIMBERLI N MD Remarks: MEDICAL 2/12/18
Secondary	Axis III	S41.109A (884.0)	Open wound of arm	Resolved Resolved: 2/28/2018 POA: No DX by: BONDOC, ROSARIO M MD Remarks: MEDICAL 9/28/17
Secondary	Axis III	R58 (459.89)	Multiple ecchymoses of both upper arms	Resolved Resolved: 2/28/2018 POA: No DX by: BONDOC, ROSARIO M MD Remarks: MEDICAL 9/28/17
Secondary	Axis III	S40.021A (923.9)	Contusion of both upper extremities	Resolved Resolved: 2/28/2018 POA: No DX by: BONDOC, ROSARIO M MD Remarks: MEDICAL 9/28/17
Secondary	Axis III	Z98.890 (V45.89)	Status post right inguinal herniorrhaphy	Resolved Onset: 11/6/2017 Resolved POA: No DX by: JOHNSON, KIMBERLI N MD Remarks: MEDICAL 11/6/17

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Diagnoses

- Axis I Schizoaffective disorder, bipolar type
 - Alcohol abuse
 - Alcohol dependence, in remission
- Axis II No diagnosis on Axis II
- Axis III Constipation
 - Vitamin D deficiency
 - Overweight
 - Trochanteric bursitis of both hips
 - Chronic back pain
 - Vitamin B 12 deficiency
 - Visual disturbance
 - Anemia
 - Hypertension, uncontrolled
 - Inguinal hernia
 - Routine general medical examination at a health care facility
 - Encounter for long-term (current) use of other medications
 - Tinea pedis of both feet
 - Peripheral neuropathy
 - Mass of right inguinal region
 - Edema of right lower extremity
 - Dental caries
 - Open wound of arm
 - Multiple ecchymoses of both upper arms
 - Contusion of both upper extremities
 - status post right inguinal herniormaphy
 - Heart murmur
 - Poor dentition
 - Cough
 - Left lumbosacral radiculopathy
 - Dyspnea
 - Acute tonsillitis



NORTH TEXAS STATE HOSPITAL
Susan Jouett, LCSW
Director of Social Work Services

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COMMUNITY BASED LONG TERM CARE SERVICES

Many communities provide services and programs to help seniors and people with disabilities with a variety of personal activities. Services may include Meals-on-Wheels, transportation services, personal care, chore services, adult day care and a variety of activities in senior centers. These services are usually free or at a low cost to individuals who qualify. Local organizations, called Area Agencies on Aging, coordinate these services to promote the independence and dignity of older adults. Your local community Area Agency on Aging, can be found by visiting the Eldercare Locator at <https://eldercare.acl.gov/Public/index.aspx>. You may also call 1-800-677-1116 from 8am to 7pm, Monday – Friday.

Your State Medicaid program may pay for home health services including skilled nursing care, home health care, personal care, chore services and medical equipment. You must qualify for Medicaid to receive these services. Visit <https://www.medicare.gov/> to view and compare available skilled nursing facilities and home health services in your local community. North Texas State Hospital does not have any contracts or business relationships with home health agencies or Medicare skilled nursing facilities.

The patient or the patient’s legally authorized representative (LAR) has the freedom to choose among participating Medicare providers. North Texas State Hospital respects the patient’s and family’s preferences when they are expressed. The hospital does not limit the qualified providers that are available to the patient.

The following community-based services may be available in your community:

Home Health Care	This service is for people who need in-home, professional health care services, such as skilled nursing care, physical therapy, occupational therapy, or speech-language therapy for a limited period of time, when prescribed by their physician, to treat, or aid in the recovery from, an illness or injury.
Home Care	This service is for people who need non-skilled help in their home with activities of daily living such as eating, dressing, bathing, using the bathroom, and transferring from a bed or chair. Home care aides may also perform homemaker services, such as meal preparation and light household chores such as dusting and vacuuming floors. Some agencies also offer homemaker and chore services for seniors who need help primarily with routine household activities such as meal preparation, cleaning and performing heavy chores.



TEXAS
Health and Human
Services

Texas Health and Human Services Commission

Dr. Courtney N. Phillips
Executive Commissioner

NORTH TEXAS STATE HOSPITAL
James E. Smith, LCSW, DCSW
Superintendent

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Dear Patient & Support Person:

As you leave North Texas State Hospital, we want to provide you with as much information as possible regarding available community resources. This information includes the Discharge/Furlough Referral form provided to you by your Unit Social Worker. The Discharge/Furlough Referral form provides specific details of the discharge plan you and your Treatment Team developed while you were in the hospital.

In the spirit of providing additional information, we are providing this Continuity of Care Packet along with your Discharge/Furlough Referral form. Included in this packet are telephone numbers and websites for the National Suicide Prevention Hotline, the National Alliance for the Mentally Ill, as well as information on how to locate Mental Health Authorities across the state. We have also included some basic information regarding the types of services available to older adults including the link to the Medicare website. This website allows you to view and compare available skilled nursing facilities and home health services in your local community. A handout regarding the importance of hand hygiene and recommended guidelines for patients who have been diagnosed with Tuberculosis, Human Immunodeficiency Virus, Hepatitis C or Multi - Drug Resistant Organism is also included.

We hope you find this information useful in your transition from the hospital and that this packet helps make the transition smoother for you and your support person.

Sincerely,


James E. Smith, LCSW, DCSW
Superintendent