QUIET GROWTH BEHAVIORAL HEALTH — DISCHARGE PLAN

Quiet Growth Behavioral Health Main Campus
123 Mainstreet
Phoenix, AZ, 85355
(405) 578-5031

PATIENT IDENTIFICATION

Patient identification for discharge planning

First Name	Last Name	Date of Birth
George	Howard	Jul 18, 2001

Medical Record Number	Admission Date
MRN-00000020	Jun 30, 2026

Diagnoses

#	Code	Diagnosis	Category	Status
1	**F41.1**	Generalized Anxiety Disorder Primary	Mental Health	Active
2	**F32.1**	Major Depressive Disorder, Single Episode, Moderate severity, in partial remission	Mental Health	Active

TREATMENT GOAL DISCHARGE CRITERIA

For each treatment goal, define the desired outcome for discharge and current progress

Treatment Goal Discharge Criteria #1

Treatment Goal	Anxiety Symptom Reduction
Current Functioning Score	2
Desired Score for Discharge	5 — No Impairment: Fully independent, no support needed

Treatment Goal Discharge Criteria #2

Treatment Goal	Depression Symptom Maintenance
Current Functioning Score	3
Desired Score for Discharge	5 — No Impairment: Fully independent, no support needed

Treatment Goal Discharge Criteria #3

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Treatment Goal	Medication Adherence and Monitoring
Current Functioning Score	3
Desired Score for Discharge	5 — No Impairment: Fully independent, no support needed

Treatment Goal Discharge Criteria #4

Treatment Goal	Daily Activity Engagement
Current Functioning Score	2
Desired Score for Discharge	5 — No Impairment: Fully independent, no support needed

Treatment Goal Discharge Criteria #5

Treatment Goal	Patient-Stated Goal Clarification
Current Functioning Score	1
Desired Score for Discharge	5 — No Impairment: Fully independent, no support needed

DISCHARGE INFORMATION

Planned discharge date and disposition per R9-10-309.A.1.b

Is the anticipated discharge date known? Yes	**Anticipated Discharge Date** Sep 28, 2026
Discharge Disposition Not Yet Determined	**Recommended Next Level of Care** Intensive Outpatient Program (IOP)

MEDICAL NECESSITY & CONTINUED STAY

Clinical justification for current level of care per AHCCCS AMPM 320-V criteria

Is continued stay medically necessary?	Yes — Continued stay is medically necessary
Medical Necessity Narrative	George meets the AHCCCS AMPM 320-V criteria for continued care in a behavioral health residential facility due to the severity and persistence of generalized anxiety disorder compounded by moderate major depressive disorder in partial remission. The co-occurrence of chronic heavy alcohol use significantly exacerbates psychiatric symptoms, contributing to recurrent panic attacks, insomnia, and impaired emotional regulation. These conditions result in substantial functional impairments, including difficulty maintaining concentration, judgment deficits, and inability to perform consistent self-care or sustain employment. The complexity of these intertwined disorders and their impact on daily functioning necessitate 24-hour structured behavioral health services that provide continuous monitoring, medication management,

crisis intervention, and therapeutic support to ensure safety and stabilization.

A less restrictive setting would be insufficient to meet George's current needs due to the high acuity level and the risk of relapse or decompensation without intensive supervision and support. The combination of psychiatric symptoms and substance use disorder increases vulnerability to safety risks, including impaired decision-making and strained interpersonal relationships, particularly with close family members. While George benefits from strong social supports such as a spouse, mother, and AA sponsor, these natural supports alone cannot adequately address the severity of symptoms or provide the structured environment required for recovery at this time. The treatment focus remains on reducing symptom severity, enhancing coping skills, and achieving measurable improvements in daily functioning, including consistent self-care, emotional regulation, and engagement in outpatient services. Current barriers to community reintegration include ongoing psychiatric instability, residual substance use effects, medication side effects, and insufficient independent coping capacity, all of which justify continued residential care to promote sustained recovery and prevent relapse.

POST-DISCHARGE NEEDS & SUPPORTS

Current support systems and specific needs after discharge per R9-10-309.A.1.a

Current Supports

The resident is currently supported by a spouse or partner as indicated by the living situation and marital status. No other specific support persons or roles are documented in the provided data. Emergency contact information is referenced but not detailed.

Post-Discharge Needs

[object Object]

CRISIS & SAFETY PLAN

Patient-facing crisis plan and suicide-related information per R9-10-309.B

Warning Signs

Warning signs that may indicate a crisis is developing for George include increased expressions of suicidal thoughts or verbalizations without a clear plan, withdrawal from family or social supports despite previous family engagement, noticeable decline in participation or engagement in treatment activities, emergence of hopelessness or negative future-oriented statements, sudden changes in mood such as increased irritability or sadness, difficulty concentrating or increased rumination on self-harm, and any new onset of substance use behaviors or cravings if applicable, including associating with peers who use substances.

Coping Strategies

1. Utilize regular phone or in-person check-ins with the spouse, mother, or AA sponsor to maintain connection and receive emotional support during moments of distress.
2. Engage in daily spiritual or religious practices such as prayer or meditation to foster inner calm and reinforce resilience.
3. Develop a personalized list of grounding techniques, such as deep breathing or sensory focus exercises, to use when experiencing overwhelming symptoms.
4. Identify and plan for high-risk situations by creating a step-by-step action plan,

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	including reaching out to the support system or attending a recovery meeting if cravings or urges arise.
Crisis Hotline 988 (Suicide & Crisis Lifeline)	
Emergency Contact	John Johnson (spouse) (602) 555-0124

☑ Patient was admitted after suicide attempt or exhibits suicidal ideation

Suicide Assessment Results Provided to Patient/Representative (R9-10-309.B.2.a)	George has a history of one suicide attempt occurring in August 2023, with the most recent attempt dated 08/01/2023. Currently, George reports passive suicidal ideation without a plan or intent, resulting in an overall moderate risk level. Contributing risk factors include the previous suicide attempt, while no recent loss, family history, substance use, or access to means were identified. Protective factors include family support, though George is not currently engaged in treatment and lacks future orientation.

PATIENT PARTICIPATION

Patient/representative participation in discharge planning

☑ Participation in discharge planning requested from patient/representative

☑ Opportunity for participation provided to patient/representative

SIGNATURES

PATIENT SIGNATURE *

Patient acknowledgment of participation in discharge planning and receipt of discharge plan.



GEORGE HOWARD *Jun 30, 2026 7:52 AM UTC-7*

✓ *Electronically signed*

BEHAVIORAL HEALTH PROFESSIONAL SIGNATURE *

Signature of the Behavioral Health Professional.



SOFIA BROOKS, LCSW *Jun 30, 2026 7:52 AM UTC-7*

✓ *Electronically signed*

ELECTRONIC SIGNATURE VERIFICATION

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