

SERVICE REVIEW VERSION 1

DEMOGRAPHICS

Underage Children Living With This Parent?

- 1 Child
- 2 Children
- 3 or More
- None

Marital Status

- Divorced
- Married/Domestic Partner
- Separated
- Single
- Widow/Widower

Educational Status:

- College Degree
- GED
- High School Diploma
-

Class Member

- LOCUS Composite Score (7-35): ____
- LOCUS SUBSCALE SCORES:
 - Risk of Harm 1-5 ____
 - Functional Status 1-5 ____
 - Co-Morbidity 1-5 ____
 - Level of Stress 1-5 ____
 - Level of Support 1-5 ____
 - Treatment and Recover Hx 1-5 ____
 - Attitude and Engagement 1-5 ____
- Date of LOCUS: ____/____/____
- Level of Care: 1-6 ____ (indicate if in ICM, ICI, ACT, etc.)
- Eligibility — confirm current data)

DSM IV Dx (all Axes)

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

Date of diagnostic assessment ____/____/____

II. LOCUS DOMAINS

A. LOCUS Domain: Risk of Harm

1. **Suicidal**
- Attempts
 - Has Hx
 - Ideation
 - Interest
 - Means
 - Not Present
 - Plans

Comments: _____

2. **Homicidal:**
- Attempts
 - Has Hx
 - Ideation
 - Interest
 - Means
 - Not Present
 - Plans

Comments: _____

3. **Hallucinations:**
- Auditory
 - Has Hx
 - Not Known/Hard to Tell
 - Not Present
 - Tactile
 - Visual

Comments: _____

4. **Psychosis:**
- Delusional
 - Has Hx
 - Not Known/Hard to Tell
 - Not Present
 - Other
 - Paranoid
 - Unable to Care for Self

Comments: _____

5. **Community Risk:**
- Assaultive
 - Criminal Behavior
 - Fire Setting
 - Has Hx
 - History of Arrest, Jail,
 - Not Criminally Responsible; Title 15
 - Not Present
 - Order of Protection against Consumer
 - Other _____
 - Repeated Disturbances in Community
 - Sexual Predatory Behavior
 - Threat to Others

Comments: _____

Clinical Advisor LOCUS rating 1 2 3 4 5
(For Internal Use Only)

B. LOCUS DOMAIN - Functional Status

6. Symptoms:

- Aggression
- Anxiety
- Appetite Change
- Depression
- Energy Level Change
- Impulsive
- Isolation
- Mania or Hypomania
- Other _____
- Poor Judgment
- Sleep Difficulties
- Thoughts Disordered

Comments: _____

7. Degree of Conflict in Interpersonal Relationships

- Minimal (Occasional Disputes, Resolved Quickly, Seeks Out Other People, Adequate Social Skills)
- Moderate
- No Concern
- Severe (Severely Argumentative/Provocative, Alienates Potential Friends, Can't Manage Roommates, Avoids Other People, Very Poor Social Skills)

Comments: _____

8. Does Appearance/Hygiene/Dress Fall Below Community Norms

- All of the Time
- Most of the time
- None of the Time
- No Concern
- Some of the Time

Comments: _____

9. Degree of Competence in Role Responsibilities (Job/School/Parenting, Daily Life Functioning, etc.)

- All of the Time
- Has guardian, conservator
- Most of the Time
- None of the Time
- Some of the Time

Comments: _____

10. Is Consumer Working? Yes No

Comments: _____

11. Does CSW Specifically Discuss Employment Strategies with the Consumer? Yes No

Comments: _____

12. **If Consumer is Working:**

Employment

- At a Sheltered Workshop**
- Competitive, Full-time With Job Coach**
- Competitive, Full-time Without Job Coach**
- Competitive, Part-time With Job Coach**
- Competitive, Part-time Without Job Coach**
- Managed Work Site, Part-time With Job Coach** (working at business site in segregated setting, i.e., with other employees with disabilities)
- Managed Work Site, Full-time With Job Coach**
- Not Working**
- Working, Other**

Comments: _____

12. **Contact with the Rehabilitation Counselor/Employment Specialist/Job Coach?**

- Consumer has Refused Permission for Contact
- Other _____
- Sharing Treatment Plans
- Telephone Contact
- Treatment Team Meetings
- Visit Worksite

Comments: _____

13. **Is Consumer Involved in Volunteer, Internship, or Vocational Training?** Yes No

Comments: _____

If Not Working:

14. **Is Consumer Interested in Working?** Yes No

Comments: _____

15. **Has Consumer been Referred to Vocational Rehabilitation?** Yes No

Comments: _____

16. **Has Consumer been referred to Another Vocational Assistance Program?** Yes No

Comments: _____

Clinical Advisor LOCUS rating 1 2 3 4 5
(For Internal Use Only)

III. C. LOCUS DOMAIN-Co-Morbidity

17. What Are The Current Major Medical/Health Issues?

- Back Problems/Arthritis/Mobility Issues
- Cancer
- Cardiovascular Disease
- Cholesterol Issues
- Chronic Pulmonary Disease
- Cognitive/Developmental/Learning Disability/ADHD
- Dementia
- Dental Needs
- Diabetes
- Gastrointestinal Problems
- Head/Brain Injury/Tumor/Encephalitis
- Hypertension
- Other _____
- None
- Seizure Disorder

Comments: _____

17b. Consumer's Regular Source of Medical Care:

- Don't Know
- Emergency Room
- Health Center
- Hospital Outpatient Clinic
- Medical Practice
- None
- Other _____

Comments: _____

18. Coordination Between your Agency and the Consumer's PCP?

- CM/Resident Attendant Accompanies Consumer to Medical Appointments
- Consumer Could Benefit from Assistance with Healthcare Needs but Refuses
- Consumer is Able to Effectively Manage His/Her Own Coordination of Health Care
- Consumer Refused Permission for Any Contact/Involvement
- Discuss Health Care Issues with Consumer as Needed
- Family/Natural Support System Coordinate/Assists with Healthcare Needs
- Other _____
- None
- Phone Contact with Medical Practice

Comments: _____

19. Are There Any Health Risk Behaviors?

- None
- Obesity/Overweight
- Other _____
- Sexually Risky Behaviors
- Smoking

Comments: _____

20. If Smoking, What is Your Involvement?

- Encourage, Advise to Decrease or Quit Smoking.
- Other
- Refer Consumer for Nicotine Replacement Therapy.
- Refer Consumer to Smoking Cessation Activities in the Community.
- Refer Consumer to Smoking Cessation Group in Agency.
- Specifically Discuss and Support Smoking Reduction Strategies during Appointments,

- None

Comments: _____

21. Health/Wellness Programs in the Community Consumer is Engaged in?

- Diabetes Education
- Movement/Walking Groups
- None
- Nutritional Support/Education
- Other _____
- Weight Loss Groups
- YMCA/YWCA/Health Club

Comments: _____

Substance Abuse

22. Does Consumer have a Substance Abuse or Dependence Issues?

- Definitely Yes
- Don't Know
- No
- Possibly, but not Certain

Comments: _____

23. Does CSW Actively Engage in Discussing or Planning around Substance Abuse Issues?

- Yes No

Comments: _____

24. What Have Been the Substance Abuse Issues for Consumer?

- Alcohol
- Cocaine/Crack
- Marijuana
- Opiates/Pain Killers (Heroin, Oxycontin, Oxycodone, Hydrocodone, etc.)
- Other _____
- Other Street Drugs
- Sedative/Hypnotics

Comments: _____

25. Has a Referral Been Made?

- Client Refused
- No
- Yes

Comments: _____

26. If Yes, Where?

- 30-90 Day Residential Program
- AA/NA/Other Self-Help Group
- Aftercare
- Inpatient Detox
- Intensive Outpatient Treatment (IOP)
- Long Term Residential Care
- Other _____
- Substance Abuse Counseling (Individual/Group)

Comments: _____

27. What is the Coordination between Your Agency and the Agency Providing SA Treatment?

- Coordination Refused by Consumer
- Goal Plan Exchanged
- Other _____
- None Phone Contact
- Treatment Team Meetings

Comments: _____

28. Is the Consumer Engaged/Involved in Recovery?

- Other _____
- Refuses/Denies Participation
- Regular Attendance/Participation at Substance Abuse Programming
- Variable Attendance at Substance Abuse Programming

Comments: _____

28a. Barriers to Involvement in SA Programming

- Distance to Programming
- Local Programs are Full
- Other
- Reliability of Rides with Others
- Reliability of Vehicle
- Transportation

Comments: _____

29. Changes in Substance Abuse in the Past Six Months?

- Increase
- No Periods of Sobriety
- No change
- Occasional Use/Abuse
- Relapses Regularly
- Total Abstinence/Sobriety

Comments: _____

Clinical Advisor LOCUS rating 1 2 3 4 5

D.1/E.1 LOCUS DOMAINS – Level of Stress & Support

30. Housing:

- Does Not Like Living Situation
- Evicted/Threat of Eviction
- Has Destroyed Property
- Homeless Any Time in Past Six Months
- Housing Distant from Health, Psychiatric and Community Resources
- Housing is Substandard/Unsafe
- Interpersonal Difficulties with Other Residents/Tenants
- Likes Living Situation
- Moved 1 to 2 Times Past Six Months
- Moved 3+ Times past Six Months
- No Appropriate/Affordable Housing Units Available in Community
- Other _____
- Stable Housing Situation

Comments: _____

31. Living Situation:

- Assisted Living Facility
- Boarding/Rooming House
- Congregate Housing
- Group Home
- Lives Alone
- Lives Alone with In Home Supports
- Lives with Family or Friends
- Nursing Home
- On Wait List for Independent Housing
- Other: _____
- Residential Treatment Facility
- Shelter
- SRO (Single Room Occupancy Unit)
- Supported Housing

Comments: _____

33. How Does Consumer Manage Finances:

- Manages Finances on Own All of the Time
- Manages Finances With Assistance
- Manages Finances Most of the Time
- Manages Finances Some of the Time
- Unable to Manage Finances Some of the Time
- Unable to Manage Finances Most of the Time
- Has Conservator/Representative Payee
- Other _____

Comments: _____

34. Does CSW Actively Engage in Discussion/Planning About Managing Finances?

- Yes No

Comments: _____

35. Does Consumer have a History of Trauma?

- Accident with Severe Physical Injury
- Active Duty Combat
- Criminal Victimization
- Disaster (Fire/Flood/Tsunami/Earthquake)
- Domestic Violence
- Emotional Abuse
- None
- Other _____
- Physical Abuse
- Ritual Abuse
- Terrorism
- Witness to assault/trauma
- Victim of assault

Comments: _____

36. Is Consumer Currently Experiencing Symptoms Related to Trauma? Yes No

37. If Yes, Does CSW Actively Engage in Discussion and Planning Around Treatment for Trauma Issues?

- No Yes
- Not Currently an Issue

Comments: _____

38. What Kind of Natural Support Network Does Consumer Have?

- At Least One Friend
- Church/Spiritual Group
- Clubhouses/Social Club
- Family Supports
- Friends/Family Not Supportive to Treatment/Recovery
- Other _____
- None
- Peer Support Worker
- Self-Help Group

Comments: _____

40. Does the Consumer Participate in Community Activities?

- Art/Craft/Music Activities
- Church
- Nature/Outdoor Group
- None
- Other _____
- Recreational Activities/Sports
- School/Classes/Adult Education
- Special Interest Group/Political Group
- Volunteer Work

Comments: _____

Clinical Advisor LOCUS rating-Level of Stress: 1 2 3 4 5

Clinical Advisor LOCUS rating-Level of Support: 1 2 3 4 5

E LOCUS DOMAINS-Treatment and Recovery History

41. # of Crisis Requiring Intervention in the Past Six Months?

- 1 3 or More
 2 None

42. What Sort of Crisis Was it? (For Multiple Crises, Check Multiple Boxes)

- Death/Loss
 Deterioration of Self-Care
 Drug/Alcohol Relapse from Period of Sobriety
 Financial
 Housing/Homelessness
 Mental Health/Deterioration
 Other _____
 Physical Health/Deterioration
 Suicidal/Homicidal
 Trauma

Comments: _____

43. If Yes, Was the Consumer Assessed? (For Multiple Crises, Check Multiple Boxes)

- Call/Involve Crisis Team
 Call/Involve Police
 Call/Involve Psychiatrist/Therapist
 Consumer Brought to ER
 Face to Face in CSW/Professional Office
 Face to Face in Home or Community Location
 Face to Face in Jail
 No, Consumer Managed it Alone or with Natural Supports
 None
 Other _____
 Peer Counselor
 Telephone Only

Comments: _____

44. If So, What Was the Resolution? (For Multiple Crises, Check Multiple Boxes)

- Additional Staff Added While Consumer Stayed in Residence
 Additional In Home Supports
 Current Providers Increased Support to Consumer During Crisis
 Crisis Stabilization
 Check-in Calls by Crisis Team
 Jail
 Inpatient Hospitalization
 Natural Supports to Stay with Consumer
 None
 Other _____
 Stayed in Emergency Room Until Crisis Passed/Discharged

Comments: _____

45. Consumer Crisis Plan:

- Advanced Stage of Crisis Symptoms Identified
 Consumer Refused
 Contingency Plan for Children/Pets
 Early Warning Signs/Symptoms Identified
 Family, Friends, Peers are Identified to be Involved/Not Involved
 Has Not Been Offered a Crisis Plan
 History of Suicide/Homicide Attempts
 Identified Person to Call in Organization/Agency
 None
 Notification of Other Professionals, Agencies to Notify
 Other _____
 Place of Assessment Identified (ER, etc)

Comments: _____

46. Did Consumer Participate in Developing the Crisis Plan?

- Did Not Participate
- There Was No Crisis Plan
- Yes

Comments: _____

49. # of Consumer Psychiatric Hospitalizations in the Past Six Months?

- 1
- 2
- 3 or More
- None

Comments: _____

50. # of Detox or SA Hospitalization in the Past Six Months?

- 1 3 or More
- 2 None

51. CSW /Residence Involvement in Hospitalization?

- Discharge Planning
- Hospital Included ISP in Planning
- None
- Notified Only After Discharge
- Other _____
- Phone Contact
- Treatment Planning
- Visit

Comments: _____

Clinical Advisor LOCUS rating 1 2 3 4 5

F. LOCUS DOMAINS - Attitude and Engagement

52. Does Consumer Keep Scheduled Appointments with CSW Manager?

- All of the Time
- Most of the Time
- None of the Time
- Some of the Time

Comments: _____

53. If Not Keeping Scheduled Appointments, Is That Because of:

- Consumer Has Trouble Organizing Time and Schedules
- Lack of Engagement
- Lack of Transportation
- Other _____

Comments: _____

54. Does Consumer Participate in Treatment/Support Activities?

- All of the Time
- Most of the Time
- None of the Time
- Some of the Time

Comments: _____

55. Is Consumer Able to Develop Trusting Relationships?

- All of the Time
- Most of the Time
- None of the Time
- Some of the Time

Comments: _____

56. Does the Consumer Actively Work Towards His/Her Individualized Recovery?

- All of the Time
- Most of the Time
- None of the Time
- Some of the Time

Comments: _____

57. Does the Consumer Accept Personal Responsibility for His/Her Recovery from Mental Illness?

- All of the Time
- Most of the Time
- None of the Time
- Some of the Time

Comments: _____

Clinical Advisor LOCUS Rating 1 2 3 4 5

LOCUS Summary

Clinical Advisor Total LOCUS Score I (7-35)	# _____
Clinical Advisor Assessed Level of Care	# _____
Provider Total LOCUS Score	# _____
Provider Assessed Level of Care	# _____
LOCUS Date	mm/dd/yyyy

CURRENT TREATMENT
(Clinical Advisors to Consult ISP)

Consumer ISP Goal Areas:

- 1. Housing
- 2. Financial
- 3. Education
- 4a. Social/Recreation/Peer: Family .
- 4b. Social/Recreation/Peer: Cultural/Gender
- 4c. Social/Recreation/Peer: Recreational/Social
- 4d. Social/Recreation/Peer: Peer Support:
- 5. Transportation
- 6. Health Care:
 - a. Dental
 - b. Eye Care
 - c. Hearing Health
 - d. Medical

- 7. Vocational
- 8. Legal
- 9. Living Skills
- 10. Substance Abuse
- 11. Mental Health:
 - a. Trauma
 - b. Emotional/Psychological
 - c. Psych/Medications
 - d. Crisis

- 12. Spiritual
- 13. Outreach
- 14. Other _____

Comments: _____

Do These Goals Accurately Reflect Consumer's Needs and Abilities?

- Yes No Partially

Comments: _____

How many CSWs Has the Consumer Had in the Past Six Months?

- 1
- 2
- 3
- 4 or More

How Often Has CSW Been in Contact with Consumer In the Past Six Months?

- More Than Twice Weekly
- Twice Weekly
- Weekly
- Bi-Weekly
- Every Three Weeks
- Monthly
- Bi-Monthly
- Every Three Months
- Less Than Every Three Months
- Other

Comments: _____

Medication Management (For Psychotropic Medications)

- Multiple Prescribers (list categories)_____
- None
- Other _____
- Problems with Finding/Accessing a Psychiatrist/Prescriber
- Psychiatrist/Prescriber at Same Agency
- Psychiatrist/Prescriber at Other Agency/Private

Comments: _____

CM Relation to Prescriber of Psychotropic Medications:

- Consumer Refused Release of Information
- Difficult to Connect by Phone
- Face to Face Contact Available
- None
- Other _____
- Telephone Contact
- Treatment Team Meetings

Comments: _____

Consumer's Medication Issues

- Consumer Engages in Substance Abuse While Taking Medications
- Consumer Does Not Take Medications
- Consumer has Difficulties with Taking Medications as Prescribed
- Consumer has Problems with Side Effects
- Consumer has a Stable Medication Regimen
- Consumer Opposed/Reluctant to Take Medications
- Consumer is Working Cooperatively at Finding Optimal Medications
- Consumer Needs Education Regarding Medications
- Consumer Opposed/Reluctant to Take Medications
- Medication Costs Problematic
- Other _____
- CM Does Not Know

Comments: _____

General

Comments: _____

(THIS SECTION IS ON ANOTHER SCREEN AT THE END OF FLEXCARE!!)

Mental Health Services: Provider: Frequency/Duration

- Psychiatric Education/Monitoring
- Community Integration
- Intensive Community Integration
- Assertive Community Treatment
- Intensive Case Management
- Daily Living Support
- Skills Development
- Day Supports
- Specialized Groups
- Residential Treatment (PNMI)
- Community Residential (PNMI)
- Supported Housing (PNMI)

Comments: _____

SUMMARY OF CLINICAL ADVISOR REVIEW

a. Does Consumer Meet *Clinical* Criteria for Eligibility Regardless of Class Member Status? Yes No

Comments: _____

b. Are the Symptoms/Behaviors Consistent with Diagnosis? Yes No

Comments: _____

c. Are the Medications Consistent with the Diagnosis? Yes No

Comments: _____

d. Does the Consumer Exhibit Symptoms/Behaviors that Indicate a Need for a Medication Assessment? Yes No

Comments: _____

e. Does Consumer Actively Participate in Treatment and Support Services? Yes No

Comments: _____

f. Do the Areas of Need Identified in This Review Match the Goals in the Consumer's ISP? Yes No Partially

Comments _____

g. Is There Progress Towards Goals Since the Last Review?

- No
- Some
- Moderate
- Very Good
- Excellent

h. Does Locus Level Match Community Support Level of Care Provided?

- No- a Higher Level is Appropriate
- No- a Lower Level is Appropriate
- No- Less Frequent Intervention is Appropriate
- No- a More Frequent Intervention is Appropriate
- Yes

Comments: _____

Community Integration (Level 3) Intensive Community Integration (Level 4) ICM (Level 4) ACT (Level 5)
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i. Does Locus Level Match PNMI Level of Care Provided?

- No- a Higher Level is Appropriate
- No- a Lower Level is Appropriate
- No- Other Interventions Needed
- Yes

Comments: _____

Other Interventions Needed? Yes No

Comments: _____

Case Referred to Mental Health Team Leader Yes No

Reason: _____

Case Referred to Regional MD Yes No

Date of Next Review:

- 30 Days-date: _____ 60 Days-date: _____ 90 Days-date: _____
- 180 Days-date: _____ 365 Days-date: _____

Goals for Next Service Review:

