



**Department of Health and Human Services
Office of Adult Mental Health Services
Service Review Tool – Version 2**

I. 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:

- Associates Degree
- Certificate Program
- College Degree
- GED
- High School Diploma

- Class Member Yes No

- **LOCUS Composite Score (7-35):** _____
- **Date of LOCUS:** ____/____/____
- **Level of Care: 1-6**____ (indicate if in ICM, ICI, ACT, etc.)

DSM IV Dx (all V Axes)

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

// Risk of Harm

1. Suicidal:

- Attempts
- Has Hx
- Ideation
- Interest
- Means
- Not Present
- Plans

2. Homicidal:

- Attempts
- Has Hx
- Ideation
- Interest
- Means
- Not Present
- Plan

3. Hallucinations:

- Auditory
- Unknown at this time
- Not Present
- Tactile
- Visual
- Olfactory
- Other

4. Psychosis:

- Delusional
- Has Hx
- Unknown at this time
- Not Present
- Other
- Paranoid

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

III. Functional Status

6. Symptoms:

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

7. How well does the Consumer Function Within Interpersonal Relationships?

- Excellent (Occasional Disputes, Resolved Quickly, Seeks Out Other People, Adequate Social Skills)
- Good
- Fair
- Poor (Severely Argumentative/Provocative, Alienates Potential Friends, Can't Manage Roommates, Avoids Other People, Very Poor Social Skills)

8. Does the Consumer's Appearance/Hygiene/Dress Fall Below Community Standards?

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

9. Consumer's 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

10. How Does The 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 _____

11. Is The Consumer Employed? Yes No

12. If the Consumer is Employed:

- 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
- Working, Other

13. If consumer is not employed:

- Attending school
- Homemaker/parenting
- Not interested in employment
- Retired
- Volunteer Work
- Vocational Training Program
- Unable to work due to MH issues
- Unable to work due to physical issues

14. Has the Consumer Been Referred to a Vocational Program?

- Yes
- No
- On wait list
- Refused

IV. Co-Morbidity

15. What are the Consumer's Current Major Medical/Health Issues?

- Arthritis
- Cancer
- Cardiovascular Disease
- Cholesterol Issues
- Chronic Pulmonary Disease
- Dementia
- Dental Needs
- Diabetes
- Gastrointestinal Problems
- Head/Brain Injury/
- Hypertension
- Other _____
- None
- Seizure Disorder
- Chronic Pain
- Fibromyalgia
- Chronic Fatigue Syndrome
- Obesity
- Smoking
- Eating Disorder

16. If the Consumer is 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

17. Consumer's Regular Source of Medical Care:

- Don't Know
- Emergency Room
- Primary Care Physician
- None
- Other _____

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

19. Does the Consumer have a History of Substance Abuse or Dependence Issues?

- Yes
- Don't Know
- No

20. If yes, please check all that apply:

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

21. Does the Consumer have a Current Substance Abuse or Dependence Issues?

- Yes
- Don't Know
- No

22. If yes, please check all that apply:

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

23. Has a Referral Been Made?

- Consumer Refused
- No
- Yes

24. If Yes, Where?

- AA/NA/Other Self-Help Group
- Inpatient Detox
- Intensive Outpatient Treatment (IOP)
- Partial Hospitalization Program (PHP)
- Residential Program
- Other _____
- Substance Abuse Counseling (Individual/Group)
- On Wait List

25. Is the Consumer Engaged/Involved in a Recovery Program?

- Other _____
- AA/NA/Other Self-help group
- Outpatient Individual Therapy
- Outpatient Group Therapy

26. Barriers to the Consumer's Involvement in SA Programming:

- Distance to Programming
- Local Programs are Full
- Other
- Appropriate Program does not exist in Consumer's Community
- Transportation
- Denies substance abuse as a problem
- Refuses Treatment

- Variable Attendance at Substance Abuse Program
- None

V. Level of Stress & Support

27. Consumer's Living Situation

- Does Not Like Living Situation
- Evicted/Threat of Eviction
- Has Destroyed Property
- Homeless Any Time in last year
- 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 in last year
- Moved 3+ Times in last year
- No Appropriate/Affordable Housing Units Available in Community
- Other _____
- Stable Housing Situation
- On Wait List for Housing

28. Consumer's Housing:

- 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
- Other: _____
- Residential Treatment Facility
- Shelter
- SRO (Single Room Occupancy Unit)
- Supported Housing

29. Is the consumer experiencing other life stressors?

- Financial
- DHHS Involvement
- Significant change in overall health
- Significant Losses
- Legal Involvement

30. Does the Consumer have a Reported 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
- Sexual Abuse
- Terrorism
- Witness to assault/trauma
- Victim of assault
- Unknown
- Consumer chooses not to discuss

31. What Kind of Natural Support Network Does the 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

32. Does the Consumer Participate in Community Activities?

- Art/Craft/Music Activities
- Church
- Nature/Outdoor Group
- None
- Other _____
- Recreational Activities/Sports
- Special Interest Group/Political Group

VI. Treatment and Recovery History

33. Consumer's Number of Crisis Requiring Intervention in the Past Year?

- 1
- 2
- 3 or More
- None

34. Crisis #1 - Please Indicate the Nature of the Crisis:

- 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

35. How was the Consumer Assessed? (Indicate all the apply)

- 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

36. What Was the Resolution?

- 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

37. Crisis #2 - Please Indicate the Nature of the Crisis:

- 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

38. How was the Consumer Assessed? (Indicate all the apply)

- 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

39. What Was the Resolution? (Indicate all that apply)

- 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

40. Crises #3 - Please indicate the Nature of the Crisis:

- 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

41. How was the Consumer Assessed? (Indicate all the apply)

- 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

42. What Was the Resolution?

- 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

43. Consumer's 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)

44. Did Consumer Participate in Developing the Crisis Plan?

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

45. Number of Psychiatric Hospitalizations in the Past year:

- 1
- 2
- 3 or More
- None

46. Number of Consumer Detoxes or SA Hospitalizations in the Past year:

- 1
- 2
- 3 or More
- None

47. If the crisis resulted in the consumer being hospitalized what was the CSW /Residence Involvement in the admission?

- Participated in the ISP Discharge Planning Process
- Forwarded the Consumer's ISP to the Hospital
- None
- CSW was Notified Only After Discharge
- Other _____
- Phone Contact
- Discharge Treatment Planning
- Hospital Visit

VII. Attitude and Engagement

48. Does the Consumer Keep Scheduled Appointments with CSW?

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

49. If the Consumer is Not Keeping Scheduled Appointments Is That due to:

- Consumer having difficulty organizing his/her time and Schedules
- Lack of Engagement
- Lack of Transportation
- Other _____

50. Does the Consumer Participate in Treatment/Support Activities?

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

51. Is the Consumer Able to Develop Trusting Relationships With Treatment Providers?

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

52. 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

53. 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

VIII. CURRENT TREATMENT

54. Consumer's 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 _____

55. Does the Consumer Have any Unmet Needs?

- Yes No

If Yes, List Corresponding Goal Area(s): _____

56. How many CSWs Has the Consumer Had in the Past year?

- 1
 2
 3
 4 or More

57. How Often Has CSW Been in Contact with the Consumer in the Past 90 days?

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

58. Who Currently Prescribes the Consumers Psychotropic Medications?

- None
 Other _____
 Problems with Finding/Accessing a Psychiatrist/Prescriber
 Psychiatrist/Prescriber at Same Agency
 Psychiatrist/Prescriber at Other Agency
 Private Practitioner
 PCP

59. Does the CSW have contact with the 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

60. 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
 Medication Costs Problematic
 Other _____
 CM Does Not Know
 Consumer takes medications more than prescribed
 Consumer takes medications less than prescribed
 Consumer seeks multiple prescribers

61. List medications and list dosages, if known:

IX. SUMMARY OF CLINICAL ADVISOR REVIEW

a. Does Consumer Meet Clinical Criteria for Eligibility Regardless of Class Member Status?

Yes No

b. Are the Symptoms/Behaviors Consistent with Diagnosis?

Yes No

c. Does the Consumer Exhibit Symptoms/Behaviors that Indicate a Need for a Medication Assessment?

Yes No Already receiving MD services

d. Do the Areas of Need Identified in This Review Match the Goals in the Consumer's ISP?

Yes No Partially

e. Has there been Progress made Towards Goals Since the Last Review?

No

Mild

Moderate

Good

Excellent

f. 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 # _____

g. Is the appropriate Level of Care being provided to the consumer at this time?

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

No – Consumer prefers to be served at a lower level of care

No – Higher Level of Care does not exist in the consumer's community

Comments: _____

Other Interventions Needed? Yes No

Case Referred to Supervisor? Yes No

Reason: _____

Case Referred to Mental Health Team Leader? Yes No

Date of Next Review:

30 Days-date: _____

60 Days-date: _____

90 Days-date: _____

180 Days-date: _____

365 Days-date: _____

CA Clinical Summary:

Goals for next review:

November 15, 2005