



**DIMENSION I: RISK OF HARM**

Considers person's risk of harm to self or others resulting from:

Suicide

Homicide

Includes harm stemming from behaviors or lapses in self-care associated with psychiatric symptoms or substance use.

Can consider past behaviors, but recent pattern of behaviors take precedence.

Persons with chronic histories of risk behaviors scored = 3 (Moderate) if current behavior is no change from baseline.

Minimal Risk (1)	Low Risk Harm (2)	Moderate Risk of Harm (3)	Serious Risk of Harm (4)	Extreme Risk of Harm (5)
No current s/h ideation combined with no hx of such ideation and no significant distress.	No current s/h ideation, plans, intent, or severe distress. But may have had transient, passive thoughts recently.	Current s/h ideation without plans, intent, past history.	Current s/h ideation combined with past hx but without means or intention	Current s/h behavior or intent with plans, means combined with command hallucinations or delusions and hx of past attempts that is not chronic or impulsive in nature.
		No current s/h ideation, but extreme distress combined with hx of s/h behavior.		
		Hx of chronic, impulsive s/h behavior or threats & current expression does not represent change from baseline.	History of impulsive s/h behavior with current expressions or behavior representing elevation from baseline.	Repeated hx of violence toward self, others or other harmful behaviors while intoxicated in a person with pattern of substance abuse.
		Hx of substance use resulting in harmful behaviors without current evidence of such behavior.	Recent pattern of substance use resulting in clearly harmful behaviors with no ability to abstain.	
Clear ability to care for self now & in past.	Hx of self-neglect with no current evidence of such behavior.	Some evidence of self-neglect or inability to care for oneself.	Clear inability to care for oneself or be aware of environment.	Extreme inability to care for oneself or be aware of environment resulting in deterioration in physical condition or injury.

**Dimension II: Functional Status**

Considers person's ability to fulfill social responsibilities, including:

- Ability to interact with others
- Maintain vegetative status
- Capacity for self care.

Rate compared to ideal functioning given client's limitations or to baseline functioning prior to onset of illness.

Persons with chronic deficits without any acute changes are scored = Moderate impairment (3).

Persons whose functioning stabilizes in a protected environment are score = Moderate impairment (3)

Consider only impairments due to a psychiatric or substance abuse problem.

Minimal Impair. (1)	Low Impairment (2)	Moderate Impairment (3)	Serious Impairment (4)	Extreme Impairment (5)
Evidence of conflict, argument, hostility, in social interactions, but still able to maintain meaningful relationships	Conflicted, withdrawn, alienated relation., but does not include impulsive, abusive behavior toward others. Chronic problems in relation., engaging in constructive activities, & maintaining responsibilities	Serious deterioration in social interactions with consistent conflictual, disrupted relations, which may include impulsive, abusive behavior toward others.	Extreme deterioration in social interaction which may include chaotic communication, threatening behaviors, or little control of impulsive, abusive behavior toward others.	Complete withdrawal from social interaction.
Recent, minor disruption in self-care	Frequent neglect of hygiene, appearance from usual standard.	Withdrawal or avoidance of most social interaction.	Complete neglect of hygiene, inability to feed self & provide for personal safety, which impact client's physical condition.	Complete withdrawal from social interaction.
Transient impairment in functioning in response to clear stressor.	Minor, consistent difficulty performing to usual standard at work, educ., parent., but able to remain in role.	Significant disruption in vegetative functioning such as sleep, eating, activity level, & sexual interest, which do not threaten physical functioning.	Serious disruption in vegetative functioning such as weight change, disrupted sleep, or fatigue, which threaten physical functioning.	Extreme disruption in vegetative functioning leading to impaired psychical functioning.
	Significant disruption of ability to perform to usual standard at work, education, parenting. This may occur on some occasions.	Cannot perform to usual standard at work, education, parenting. This disruption occurs frequently or for extended periods.	Cannot maintain personal, social responsibility in work, education, parental roles.	
	Recent improvement in func. while in protected setting.			

**DIMENSION III: MEDICAL, ADDICTIVE, AND PSYCHIATRIC CO-MORBIDITY**

Considers complications to treatment posed by co-existing medical, substance abuse, or additional psychiatric d/o. Generally, do not consider history of co-existing disorders unless they may be reactivated by the current situation.

Consider withdrawal states from substances to be medical co-morbidity for scoring purposes.

Persons whose substance use, medical condition stabilizes in a protective setting scored = 3 (Moderate)

Consider only co-morbid between domain, not co-morbidity within domain (e.g., two psych dx; two substance abuse dx)

No Co-Morbidity (1)	Minor Co-Morbid (2)	Moderate Co-Morbidity (3)	Major Co-Morbidity (4)	Severe Co-Morbidity (5)
No evidence of medical problems, substance abuse, or additional psychiatric disturbance.	Medical condition that is not life threatening or debilitating that has no impact on psychiatric problem.	Medical condition exists or potential to exist that will require significant medical mgmt.	Medical condition exists or likely to exist that will require intensive, but not constant, medical mgmt.	Significant medical condition that is poorly controlled or potentially life threatening without medical mgmt.
	Presenting psychiatric disorder may adversely affect medical condition.	Presenting psychiatric disorder may adversely affect medical condition.	Presenting psychiatric problem exacerbates medical condition.	Presenting psychiatric problem places client in imminent danger from complications associated with medical problem.
		Medical condition exists that may affect the course of presenting psychiatric problem.	Medical condition that is detrimental to course & outcome of presenting psychiatric problem.	Uncontrolled medical condition severely exacerbates, prolongs, or affects ability to recover from presenting psychiatric problem.
Hx of substance abuse without any current or recent use. Substance abuse is not impacting presenting d/o.	Occasional substance misuse with no current signs of abuse that does not impact psych problem. Psych sx do not impact course of substance abuse disorder.	Ongoing, episodic substance abuse with current or potentially negative impact on course of presenting psych problem. Somewhat debilitating psych sx that affect course & recovery from substance abuse problem.	Uncontrolled substance abuse that poses a threat to health if it continues or is barrier to recovery from presenting psych problem.	Severe, uncontrolled substance dependence combined with intense withdrawal or continued use despite worsening of psych condition or other areas of life. Acute psych sx that seriously interfere with functioning & that prevents recovery from or exacerbates substance abuse problem.
	Recent substance abuse with detrimental effects on psych problem that has been contained by participation in protected setting.			

**DIMENSION IV A : RECOVERY ENVIRONMENT, LEVEL OF STRESS**

Environmental factors that contribute to onset, maintenance of addiction or mental illness, including:

Interpersonal conflict

Life transitions

Losses

Worries about health & safety

Inability to manage role responsibilities

For clients in residential settings, base ratings on environment encountered upon discharge.

Low Stress (1)	Mild Stress (2)	Moderate Stress (3)	High Stress (4)	Extreme Stress (5)
No significant disruption in interpersonal interactions.	Some ongoing interpersonal conflict, alienation.	Discord, alienation in family or other important relationships.	Disruption of family due to illness, death, divorce, separation of parent & child, conflict, abuse.	Enduring, disturbing acute traumatic stress that disrupts ability to cope with minimal demands. Examples: abuse by family member, witness to violence by humans or natural disaster, persecution by dominant group, sudden death of loved one.
No change or transition requiring adjustment.	Some potential for exposure to drugs & alcohol.	Easy exposure & access to alcohol or drug use.	Difficulty avoiding drug use & encouragement to use.	Unable to avoid exposure to drug use & encouragement to use.
Material needs met without cause for concern.	Adjustment required in response to change in house members, new job, new school.	Significant disruption of life due to job loss, legal problems, or move.	Severe disruption of life due to imminent incarceration, lack of permanent shelter, or immersion in alien culture.	Incarceration or lack of shelter.
Home environment poses no threat or risk of harm.	Recent onset of transient but temporarily disabling illness.	Concern associated with sustained loss of health.	Recent onset of disabling or life threatening illness.	Severe pain or imminent loss of life due to illness or injury.
Client feels demands consistent with capacity to perform.	Some distress caused by inability to maintain material well being.	Recent loss or deterioration in material well being.	Inability to meet basic needs for physical, material well being.	Chronic inability to meet basic needs for physical, material well being.
No recent major losses.	Conflict in or near home.	Danger in or near home.	Episodes of victimization and threats of direct violence near home.	Chaotic & constantly threatening environment.
	Discomfort due to perceived pressure to perform, obligations	Client perceives that obligations, pressure to perform surpass abilities.	Client perceives that obligations & pressure to perform in environment are overwhelming.	
	Some distress due to loss of friend etc.	Recent loss or deterioration in interpersonal relationships.		

**DIMENSION IV B: RECOVERY ENVIRONMENT, SUPPORT**

Environmental factors that support a client's efforts to recover from mental illness & substance abuse, including:

Adequate material resources

Relationships with family members and other supportive members of the community.

Includes relationships with treating providers

For clients in residential settings, base ratings on environment encountered upon discharge.

High Support (1) Abundant sources of support with enough time & interest to provide emotional or material support.	Supportive (2) Sources of support not abundant, but capable & willing to help when needed.	Limited Support (3) A few sources of support exist that may be capable of help if needed.	Minimal Support (4) Few actual or potential sources of emotional or material support	No Support (5) No source of emotional or material support
ACT or similar program available to client.**	Professional supports effectively engaged.**	Limited engagement with professional sources of support.		
	Some sources of support are available to participate in tx & capable to make needed changes.	Sources of support have incomplete ability to participate in tx or effect needed changes.		
		Usual sources of support are ambivalent, alienated, difficult to access, or have limited resources to offer.	Usual sources of support display little motivation or willingness to offer help, are dysfunctional, or hostile to client.	
		Resources only partially used when available.	Sources of support are unable to provide sufficient resources.	
			Client unwilling to use supports in a constructive manner.	

\*\* Selection of these criteria pre-empt higher ratings

**DIMENSION V: TREATMENT AND RECOVERY HISTORY**

Recovery is defined as a period of stability and good control of symptoms.  
Recent experiences in treatment take precedence over past experiences.

Full Response (1)	Significant Resp. (2)	Moderate Resp to Tx (3)	Poor Response to Tx (4)	Negligible Resp to Tx (5)
Previous tx successful in controlling presenting problem.	Previous, current tx successful in controlling most sx when intensive or repeated tx given.	Minimal effort or motivation in past tx with no significant success or recovery period.	Previous or current tx has not achieved complete remission or control of sx, even with intense or repeated exposure to tx.	Minimal response to past or current tx, even with intense exposure to tx in highly structured settings.
Extended periods of recovery with few, limited periods of relapse, even without repeated tx.	Recovery has been achieved for moderate periods of time with little support.	Previous or current tx has not achieved complete remission or control of sx.	Attempts to maintain gains achieved in intense tx have had limited success.	No significant improvement in symptoms or functioning despite intense tx exposure.
		Partial recovery has been maintained for moderate periods of time, but only with strong professional or peer support.		
		Equivalent response to treatment and ability to maintain a significant recovery.		
There has been no prior experience with tx or recovery.				

**DIMENSION VI: ENGAGEMENT**

Considers client's understanding of illness and the purpose of treatment.  
 Considers client's ability to engage in treatment and recovery process by focusing on:

- Acceptance of illness
- Motivation for change
- Ability to trust others
- Ability to take advantage of tx opportunities
- Ability to take responsibility for recovery

Optimal (1)	Positive (2)	Limited Engagement (3)	Minimal Engagement (4)	Unengaged (5)
Complete understanding of illness & its affect on functioning.	Significant awareness & understanding of illness & attempts to understand its affect on functioning.	Some variability in awareness or understanding of illness & disability.	Rarely able to accept awareness of illness & disability.	No awareness or understanding of illness and disability.
Understands personal role & responsibility in successful recovery plan.	Understands personal role & responsibility in recovery.	Limited ability to accept responsibility for recovery.	Does not accept any responsibility for recovery.	Inability to understand what recovery is and contributions of personal behavior to condition.
Enthusiastic toward tx, trusting	Positive attitude toward tx, develops trusting relationship	Relates to tx with difficulty & establishes few trusting relationships.	Relates poorly to tx providers with limited ability to trust another.	Unable to actively engage is tx and has no current capacity to relate or trust another.
Able to utilize available tx resources.	Makes independent use of tx resources.	Does not use available resources independently or only in times of extreme need.	Will avoid contact with tx resources.	Extremely avoidant, frightened, guarded.
Strong desire to change.	Willingness to change.	Limited desire or commitment to behavior change.	No desire to change behavior.	



## **Directions for Completing FSP Referral Sheet**

**This referral sheet is located on the MH Shared Drive under ARM Adult Resource Management. Once you are in that file, click on "FSP". Then click on "FSP Referral Sheet". This sheet is needed in order to have someone considered for one of the Adult or Older Adult/Medically Fragile FSP slots. The following are important points to remember in the process:**

- **All referrals should be approved by a Unit Chief or Supervisor to insure that there is joint agreement about the need for this service.**
- **You may wonder what the difference is between "Underserved" and Unserved".**

**Underserved – anyone who meets the basic criteria for this program who you have been working with for 90 days or more.**

**Unserved - anyone else who meets the basic criteria and who meets any of the following criteria:**

- \* **is new to our Mental Health System**
  - \* **has only been open to Access or ARM with Outreach and Support**
  - \* **has been opened to our system for less than 90 days**
  - \* **has been closed to our system for more than 6 months**
- **Please attach a copy of the VAX Episode Display indicating where the person has been open during the past five years. On the referral form, indicate that the places where he/she is open are in agreement with the FSP referral.**
  - **If you have any questions about completing the Referral Packet, you can call Terry Wilcox-Rittgers at 573-2932 or Diane Dworkin at 573-2615.**
  - **Please pony or fax all Referral Sheets to Terry Wilcox-Rittgers at MLH327/572-9347.**
  - **The FSP staff should contact you if your referral has been accepted and they are ready to engage your candidate.**

**FSP ADULT - FSP OLDER/MEDICAL ADULT**  
(CIRCLE ONE OR BOTH ABOVE)

Client Name \_\_\_\_\_ M/F # \_\_\_\_\_ / / \_\_\_\_\_  
(circle) MH# D.O.B. Ethnicity

Current Facility/Location \_\_\_\_\_ English Speaking/other \_\_\_\_\_

Conservator \_\_\_\_\_  Yes  No  
Conservator approved Reason if "No"

Other VAX Openings Approval and By Whom: \_\_\_\_\_

Reason for Inclusion: \_\_\_\_\_

Diagnoses: I: \_\_\_\_\_

II: \_\_\_\_\_

III: \_\_\_\_\_

Current LOCUS( and date): \_\_\_\_\_ / / \_\_\_\_\_ Underserved or Unserved (circle one)

Medical Issues: \_\_\_\_\_

Hx of Med Compliance  Yes  No \_\_\_\_\_

Dual Dx Issues: \_\_\_\_\_

Personal Goals: \_\_\_\_\_

Other Issues/Concerns/Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_ Dept/Org: \_\_\_\_\_ Phone: \_\_\_\_\_  
(print name)

Supervisor: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(print name)

+++++  
FOR ARM DEPARTMENT USE ONLY IN THIS SECTION:

Region approved      Referral Packet Requested \_\_\_/\_\_\_/\_\_\_       Referral Packet Received \_\_\_/\_\_\_/\_\_\_



## Occupational Therapy Assessment of Independent Living Skills

### Standardized Assessment Tool -

***Independent Living Scales-ILS*** (Loeb, P.A., Psychological Corp., 1996). The ILS measures cognitive skills required for independent living and provides guidelines for appropriate living arrangements. The items, which target situations relevant to independent living, require the examinee to do problem solving, to demonstrate knowledge and to perform certain tasks. An individual's performance helps to identify needed support services, adaptations or instruction. The ILS, which was originally developed for use with older adults, has been found appropriate in the evaluation of adults with psychiatric diagnosis, mental retardation, traumatic brain injury, or dementia. Additionally, the ILS may be used to assess individuals who have been institutionalized. The following list recaps the areas assessed by each of the five subscales:

- **Memory/Orientation** assesses general awareness of surroundings, orientation to time and place, and short-term memory. Examples: *"What city are we in?"*; *Recall of a short shopping list, given a 5 minute exposure.*
- **Managing Money** assesses the ability to perform monetary calculations, count change, pay bills, take precautions with money and to demonstrate a basic understanding of social security, insurance and taxes. Examples: *"How are you supported financially?"*; *"Tell me two reasons why it is important to pay your bills"*
- **Managing Home and Transportation** assesses the ability to use the telephone, utilize public transportation and maintain a safe home. Examples: *"What might you do if your both your lights and TV went off at the same time?"*; *"Show me how you call the operator"*
- **Health and Safety** assesses the individual's awareness of personal health, ability to handle medical emergencies, and take appropriate safety precautions. Examples: *"If you accidentally cut your hand and it was bleeding badly, what would you do?"* *"What are two dangers of staying in bed all the time?"*
- **Social Adjustment** assesses mood and attitude toward self and toward social relations. Examples: (person must state if they agree, agree slightly or disagree with this statement): *I often think of killing myself;* *What are three things you value in life"*

Two additional factors (problem solving & performance) derived from some of the subscales include evaluation of abstract reasoning and judgment and the ability to perform simple everyday tasks.

### **Sample write-up of the interpretation of an ILS:**

**MEMORY/ORIENTATION:** CT scored in the moderate range on this subscale. He was oriented to time, day of the week, address and phone number. However, he made an error reading a clock. His immediate recall was fair; he remembered 3 out of 5 items on a shopping list. His delayed recall was better; he remembered three out of three details about an appointment after a 15 minute lapse time. He was also able to identify a missing object from a group of objects after a 5 minute delay.

**MANAGING MONEY:** CT's score on the money management subscale was in the low range. He indicated that he has always received help managing his finances from either his conservator or his mother. Although he named Social Security benefits as his source of income, he was not able to explain what they are. CT made errors counting change and writing checks. He also had trouble estimating the cost of a loaf of bread. CT named money management as one of the areas he hopes to work on with staff. He sees it as an important part of his independence.

**MANAGING HOME AND TRANSPORTATION:** The score in this subscale was in the moderate range indicating that CT has many of the skills needed to take care of an apartment. He demonstrates experience and competence in using the bus, using the phone, and map reading. He made errors in the items related to using the mail system and using taxicabs. With regard to getting repairs made, CT knew that he should call the landlord to help deal with these kinds of problems.

**HEALTH AND SAFETY:** CT's score for this subscale was also in the moderate range. He demonstrated how to call the police in an emergency, but in some cases he showed a tendency to call for help before assessing a situation first by himself. His personal hygiene is appropriate, and in most cases he knew when to see a doctor to take care of his health. He named a reasonable plan for remembering to take medication and he knows the importance of understanding what the side effects are.

**SOCIAL ADJUSTMENT:** The scores for social adjustment are in the moderate range. CT has friends and family whom he sees regularly. He "somewhat agrees" when asked if he always feels down or is often angry with others. He also only "somewhat agrees" when asked if he would be missed if he weren't around anymore. However, he says that he looks forward to tomorrow and was able to name a few goals for his future including "getting a job and having a new beginning".

**PROBLEM SOLVING:** CT scored in the low range in this subscale, indicating that he would have difficulty responding to unexpected situations that arise. He had a limited sense of the potential consequences of his actions. When asked to name two reasons why it is important to pay bills, he could only think of one. His lack of experience also affected this score. For example, he did not know how to get checks or money orders if he needed them, and he saw nothing wrong with getting into a cab and saying "take me to my daughter-in-law's house".

PERFORMANCE/INFORMATION: CT scored in the low range in this area. He lacks the experience needed to perform many tasks such as addressing letters and writing out checks. With experience, his performance of living skills tasks should improve.

COMMENTS AND RECOMMENDATIONS: CT's ILS Full Scale score is in the high end of the low range. He has minimal experience living on his own, but he is eager to make the transition to independent living. CT will benefit from education and demonstration of basic problem solving at home and procedures to follow in an emergency. Although CT will have a payee, he expressed interest in learning how to manage his money. CT is willing to work with the ACT team to improve his living skills and appears to be a good candidate for the FSP program. Daily contact from the ACT team is critical.