

**Enriched Residential Facility
5X5 Assessment Tool**

Client Name: _____ **IBHIS ID:** _____ **DOB:** _____

Case Manager Name: _____ **Agency:** _____ **Email:** _____

Purpose: The 5x5 Assessment will be used to assess a client’s appropriateness for placement into an Adult Residential Facility or Residential Care Facility for the Elderly and their level of vulnerability and associated need for supported services by the facility operator. The outcome will also be used to determine eligibility for an Enhanced Rate through Department of Mental Health’s Enriched Residential Care Program.

Instructions:
Circle the number in the left column that corresponds with your client’s level of acuity in each category. Provide a detailed description of impairments that support/justify the rating in the right column.

<p>A. Physical Health: (circle one)</p> <ol style="list-style-type: none"> 1. No Impairment 2. Minor or Temporary Health condition 3. Stable significant or physical issues or chronic medical condition that is being managed 4. Chronic medical conditions that is not well-managed or significant physical impairments. 5. Total neglectful of physical health; extremely impaired by condition, serious health conditions with no regular follow up. 	<p>Summary Description:</p>
<p>B. Mental Health: (circle one)</p> <ol style="list-style-type: none"> 1. No mental health issues- <i>Denies any history of mental illness, symptoms of depression anxiety, mania, or psychotic illness.</i> 2. Mild MH issues- <i>Reports symptoms but has good coping skills and/or able to function. Is receiving MH services.</i> 3. Moderate MH issues- <i>reports having symptoms that are moderately disrupting function and receiving/interested in MH services.</i> 	<p>Summary Description:</p>

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<p>4. High MH issues- <i>Reports having symptoms that significantly disrupt function and/or not interested in treatment and not taking medications, and/or having history or SI attempts in past 6 months.</i></p> <p>5. Severe MH issues- <i>Extreme symptoms that impair functioning (e.g. talking to self, severe delusions/paranoia; fearful/phobia regardless if engagement in MH treatment or medication adherence. OR actively suicidal or homicidal.</i></p>	
<p>C. SUD: (circle one)</p> <p>1. No or non-problematic substance use- <i>No SUD or strictly social with no negative impact on functioning.</i></p> <p>2. Mild SUD- <i>Sporadic use of substances not affecting level of functioning; is aware of SUD; still able to meet basic needs most of the time.</i></p> <p>3. Moderate SUD- <i>90-180 days into addition recovery OR SUD affecting ability to follow through on basic needs; has some support available for SUD issues. Some difficulty making progress goals.</i></p> <p>4. Significant issues with communication/ interpersonal skills which require intensive support/redirection- <i>Significant cognitive decline; often needs help with communication or navigation; needs help with problem solving with poor coping skills; poor judgement with frequent negative consequences; behavioral issues that often persist despite redirection that make therapeutic alliance challenging.</i></p> <p>5. Severe cognitive/communication deficits; extremely poor coping skills with very challenging behavior. – <i>Active addiction with little or no interested in treatment or harm reduction efforts AND Obvious deterioration in functioning with severe symptoms of mental illness or clear cognitive</i></p>	<p>Summary Description:</p>

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<p>D. Life Skills</p> <ol style="list-style-type: none">1. Excellent communication/self-advocacy skills- <i>Cognitively intact; able to communicate effectively and excellent problem solving skills, good judgement; no behavioral or personality disorders.</i>2. Minor issues with communication/self-advocacy- <i>Cognitively intact; good communication skills and good decision making ability but may need occasional redirection.</i>3. Moderate issues with communications/self-advocacy with somewhat challenging skills- <i>May have some cognitive decline; frequently needs help with communicating effectively with others; frequently needs help solving problems; has behavioral issues/poor coping skills; but usually re-directable and responsive to behavioral intervention.</i>4. Significant issues with communication/interpersonal skills which require intensive support/redirection- <i>Significant cognitive decline; often needs help with communication or navigation; needs help with problem-solving more often than not; poor coping skills; poor judgment with frequent negative consequences; behavioral issues that often persist despite redirection that make therapeutic alliance challenging.</i>5. Severe cognitive/communication deficits; extremely poor coping skills with very challenging behavior- <i>Severe dementia or cognitive dysfunction (due to developmental delay, head trauma, prolonged drug use) that endangers client's health and wellbeing</i> <u>OR TWO OF THE FOLLOWING:</u> <i>Poor Communication skills, Poor judgement/insight that put client in harm's way, very poor problem solving skills, Very poor coping skills that put client in harm's way, poor inter-personal skills or behaviors with inability to create or maintain supportive or therapeutic relationships</i>	<p>Summary Description:</p>
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<p>E. ADL/IADL's</p> <ol style="list-style-type: none">1. No difficulty meeting basic needs- <i>Mostly able to use services to get food, clothing, takes care of hygiene, manages own finances, etc.</i>2. Mild Difficulty meeting basic needs- <i>Some difficulty staying on top of basic needs but usually can do for self.</i>3. Moderate difficulty meeting basic needs- <i>Needs moderate assistance with ADLs but can remain independent with minimal IHSS support.</i>4. High difficulty meeting basic needs- <i>Needs significant assistance with ADLs but can remain independent with maximal IHSS or care giver support; doesn't wash regularly; goes through garbage/eats rotten food, frequently out of money and needs rep payee.</i>5. Severe difficulty meeting basic needs- <i>unable to perform 1 or more ADL's making independent living unsafe OR unable to access food on their own, very poor hygiene, unable to manage finances.</i> <ul style="list-style-type: none">• <i>Note: There are six basic ADLs: eating, bathing, getting dressed, toileting, transferring and continence. IADLs are activities related to independent living and include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, doing laundry, and using a telephone.</i>	<p>Summary Description:</p>
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