

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
Full Service Partnership (FSP) Baseline
Older Adult: Ages 60+

ADMINISTRATIVE INFORMATION

DMH#	<input type="text"/>	Assessment Date	<input type="text"/>
Client First Name	<input type="text"/>	Provider Number	<input type="text"/> (4 characters)
Client Last Name	<input type="text"/>	Partnership Date	<input type="text"/>
Client DOB	<input type="text"/>	Partnership Service	<input type="text"/>
		Coordinator (Last Name)	<input type="text"/>

Program Name (select one)

Programs with an asterisk have ended as of 6/30/21

- | | | |
|------------------|------------------------------------------------|------------------------|
| Adult FSP | Assisted Outpatient Treatment FSP (AOT-LA-FSP) | Homeless FSP |
| Older Adult FSP* | Integrated Mobile Health Team FSP (IMHT-FSP) | Housing FSP-MHSA* |
| | Forensic FSP (F-FSP)* | Housing FSP-Measure H* |

Who referred the client? (select one)

- | | |
|---------------------------------------------------------------------------|--------------------------------------------------------|
| Acute Psychiatric/State Hospital | Other County/Community Agency |
| Emergency Room | Primary Care/Medical Office |
| Faith-based Organization | School |
| Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent) | Self |
| Friend/Neighbor (i.e., unrelated other) | Significant Other (e.g., boyfriend/girlfriend, spouse) |
| Homeless Shelter/Emergency Shelter | Social Services Agency |
| Jail/Prison | Street Outreach |
| Mental Health Facility/Community Agency | Substance Abuse Treatment Facility/Agency |
| Other | |

PROGRAM INFORMATION

In which additional program(s) is the client CURRENTLY involved? (check all that apply)

- AB2034 Program
- Governor's Homeless Initiative (GHI) Program
- MHSA Housing Program

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Name _____ DMH# _____

Agency _____ Provider# _____

Los Angeles County - Department of Mental Health

LIVING ARRANGEMENTS					
RESIDENTIAL TYPE	TONIGHT (as of 11:59 PM the day OF partnership) (check one in this column)	YESTERDAY (as of 11:59 PM the day BEFORE partnership began) (check one in this column)	DURING THE PAST 12 MONTHS indicate the TOTAL:		PRIOR TO THE LAST 12 MONTHS (check all that apply)
	Number of Occurrences	Number of Days (Column must = 365 days)			
GENERAL LIVING ARRANGEMENT					
With adult family member(s) other than parents					
In an apartment or house alone/with spouse/partner/minor children/other dependents/roommate (must hold lease or share in rent/mortgage)					
With one or both biological/adoptive parents					
Single Room Occupancy (SRO) (must hold lease)					
SHELTER/HOMELESS					
Emergency Shelter					
Homeless (includes people living in their cars)					
Temporary Housing (includes people living with friends but paying no rent)					
HOSPITAL					
Acute Medical Hospital					
Acute Psychiatric Hospital/ Psychiatric Health Facility (PHF)					
State Psychiatric Hospital					
RESIDENTIAL PROGRAM					
Alcohol or Substance Abuse Residential Rehabilitation Center					
Crisis Residential Housing					
Institution for Mental Disease (IMD)					
Long-Term Residential Program					
Mental Health Rehabilitation Center (MHRC)					
Skilled Nursing Facility (physical)					
Skilled Nursing Facility (psychiatric)					
Transitional Residential Program					

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FULL SERVICE PARTNERSHIP BASELINE - OLDER ADULT

LIVING ARRANGEMENTS *continued*

RESIDENTIAL TYPE	TONIGHT (as of 11:59 PM the day OF partnership (check one in this column))	YESTERDAY (as of 11:59 PM the day BEFORE partnership began) (check one in this column)	DURING THE PAST 12 MONTHS indicate the TOTAL:		PRIOR TO THE LAST 12 MONTHS (check all that apply)
			Number of Occurrences	Number of Days (Column must = 365 days)	
JUSTICE PLACEMENT					
Jail					
Prison					
SUPERVISED PLACEMENT					
Assisted Living Facility					
Group Living Home					
Licensed Community Care Facility (Board and Care)					
Sober Living Home					
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)					
OTHER					
Other					
Unknown					

Total Days:

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	<p>Los Angeles County - Department of Mental Health</p>

FINANCIAL		
SOURCES OF FINANCIAL SUPPORT Indicate all the sources of financial support used to meet the needs of the client.	DURING THE PAST 12 MONTHS (check all that apply)	CURRENT (check all that apply)
Client's Wages		
Client's Spouse/Significant Other's Wages		
Savings		
Other Family Member/Friend		
Retirement/Social Security Income		
Veteran's Assistance (VA) Benefits		
Loan/Credit		
Housing Subsidy		
General Relief (GR)/General Assistance (GA)		
Food Stamps		
Temporary Assistance for Needy Families (TANF)/CalWORKs		
Supplemental Security Income/State Supplementary Payment (SSI/SSP) Program		
Social Security Disability Insurance (SSDI)		
State Disability Insurance (SDI)		
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)		
Other		
No Financial Support		

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DAILY ACTIVITIES/VOCATIONAL/EDUCATIONAL LEVEL

GRADE LEVEL INFORMATION

Highest Level of Education Attained (**select one**)

- | | |
|----------------------------------------------------|---------------------------------------------------------------------|
| No High School Diploma/No GED | Associate's Degree (e.g. A.A., A.S.)/Technical or Vocational Degree |
| GED Coursework | Bachelor's Degree (e.g., B.A., B.S.) |
| High School Diploma/GED | Master's Degree (e.g., M.A., M.S.) |
| Some College/Some Technical or Vocational Training | Doctoral Degree (e.g., M.D., Ph.D.) |

EDUCATIONAL SETTINGS DURING THE PAST 12 MONTHS

Indicate how many weeks the client was enrolled at each of the following educational settings DURING THE PAST 12 MONTHS.

**Number of Weeks
(Column must = 52 weeks)**

Not in school of any kind

High School/Adult Education

Technical/Vocational School

Community College/4-year College

Graduate School

Other

CURRENT EDUCATIONAL SETTING

Check all that apply

Not in school of any kind

High School/Adult Education

Technical/Vocational School

Community College/4-year College

Graduate School

Other

Does one of the client's CURRENT recovery goals include any kind of education AT THIS TIME? Yes No

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Los Angeles County - Department of Mental Health

DAILY ACTIVITIES/VOCATIONAL/EDUCATIONAL LEVEL *continued*

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL)

For each area of functioning listed below, check the description that applies: (The word 'assistance' means supervision, direction or personal assistance).

Bathing - either sponge bath, tub bath or shower (select one)

- Receives no assistance (gets in and out of tub by self, if tub is usual means of bathing).
- Receives assistance in bathing only one part of the body (such as back or leg).
- Receives assistance in bathing more than one part of the body (or not bathed).

Dressing - gets clothes from closets and drawers, including underclothes, outer garments and uses fasteners (including braces, if worn) (select one)

- Gets clothes and gets completely dressed without assistance.
- Gets clothes and gets dressed without assistance, except for assistance in tying shoes.
- Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed.

Toileting (select one)

- Goes to "toilet room", cleans self, and arranges clothes without assistance (may use object to support such as cane, walker, or wheelchair and may manage night bedpan or commode, emptying same in AM).
- Receives assistance in going to the 'toilet room' or in cleansing self or in arranging clothes after elimination or in use of night bed pan or commode.
- Doesn't go to room termed 'toilet' for the elimination process.

Transfer (select one)

- Moves in and out of bed as well as in and out of chair without assistance.
- Moves in and out of bed or chair with assistance.
- Doesn't get out of bed.

Continence (select one)

- Controls urination and bowel movement completely by self.
- Has occasional "accidents".
- Supervision helps keep urine or bowel control; catheter is used, or person is incontinent.

Feeding (select one)

- Feeds self without assistance.
- Feeds self except for getting assistance cutting meat or buttering bread.
- Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids.

Walking (select one)

- Walks on level platform without assistance.
- Walks without assistance but uses a single, straight cane.
- Walks without assistance but uses two points for mechanical support such as crutches, a walker, or two canes (or wears a brace).
- Walks with assistance.
- Uses wheelchair only.
- Not walking or using wheelchair.

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DAILY ACTIVITIES/VOCATIONAL/EDUCATIONAL LEVEL *continued*

House-Confinement (select one)

- Has been outside of residence 3 or more days DURING THE PAST 2 WEEKS.
- Has been outside of residence only 1 or 2 days DURING THE PAST 2 WEEKS.
- Has not been outside of residence IN THE PAST 2 WEEKS.

For each area of functioning listed below, select the description that applies:	Without Help	With Some Help	Completely Unable To Do
Can the client use the telephone?			
Can the client get to places out of walking distance?			
Can the client go shopping for groceries?			
Can the client prepare their own meals?			
Can the client do their own housework?			
Can the client do their own handyman work?			
Can the client do their own laundry?			
If the client takes medication (or if the client had to take medication) could they take it on their own?			
Can the client manage their own money?			

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Los Angeles County - Department of Mental Health

DAILY ACTIVITIES/VOCATIONAL/EDUCATIONAL LEVEL <i>continued</i>			
EMPLOYMENT DURING THE PAST 12 MONTHS	Number of Weeks (Column must = 52 weeks)	Average Number of Hours per Week	Average Hourly Wage
<p>Indicate how many weeks the client was employed in each of the following settings DURING THE PAST 12 MONTHS.</p> <p>Competitive Employment Paid employment <u>in the community in a position that is also open to individuals without a disability.</u></p>			
<p>Supported Employment Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</p>			
<p>Transitional Employment/Enclave Paid jobs <u>in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.</u></p>			
<p>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business) Paid jobs <u>open only to program participants with a disability.</u></p> <ul style="list-style-type: none"> • <i>A Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. • <i>A Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. • <i>An Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. 			
<p>Non-paid (Volunteer) Work Experience Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.</p>			
<p>Other Gainful/Employment Activity Any informal employment activity that increases the client's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution).</p>			
<p>Unemployed</p>			

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DAILY ACTIVITIES/VOCATIONAL/EDUCATIONAL LEVEL <i>continued</i>		
<u>CURRENT EMPLOYMENT</u>	Average Number of Hours per Week	Average Hourly Wage
Unemployed: Check if the client is Unemployed at this time.		
Competitive Employment Paid employment in the community in a position that is also open to individuals without a disability.		
Supported Employment Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.		
Transitional Employment/Enclave Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.		
Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business) Paid jobs open only to program participants with a disability. <ul style="list-style-type: none"> • A Sheltered Workshop usually offers sub-minimum wage work in a simulated environment. • A Work Experience (Adjustment) Program within an agency provides exposure to the standard expectations and advantages of employment. • An Agency-Owned Business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. 		
Non-paid (Volunteer) Work Experience Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.		
Other Gainful/Employment Activity Any informal employment activity that increases the client's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution).		
Does one of the client's CURRENT recovery goals include any kind of employment AT THIS TIME?		Yes No

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PHYSICAL HEALTH		
Does the client have a primary care physician CURRENTLY?	Yes	No
Did the client have a primary care physician DURING THE PAST 12 MONTHS?	Yes	No
Did the client visit a primary care physician or another doctor for physical health reasons IN THE PAST 12 MONTHS?	Yes	No

SUBSTANCE ABUSE		
Is the client CURRENTLY receiving substance abuse services?	Yes	No
In the opinion of the Partnership Service Coordinator, does the client CURRENTLY have an active co-occurring mental illness and substance use problem?	Yes	No
In the opinion of the Partnership Service Coordinator, has the client EVER had a co-occurring mental illness and substance use problem?	Yes	No

EMERGENCY INTERVENTION			
<u>EMERGENCY ROOM/CRISIS STABILIZATION</u>			
IN THE LAST 12 MONTHS, identify how many times the client received services in an emergency room for:	Physical Health	Psychiatric	Substance Abuse
	_____	_____	_____
IN THE LAST 12 MONTHS, identify how many times the client received services in a crisis stabilization/urgent care center for:		Psychiatric	Substance Abuse
		_____	_____
	Total Services	_____	
<u>PSYCHIATRIC MOBILE RESPONSE TEAM OR 24/7 CRISIS RESPONSE TEAM</u>			
Was the client seen by a Psychiatric Mobile Response Team or 24/7 Crisis Response Team WITHIN THE LAST 12 MONTHS?	Yes	No	How many times? _____
Did any of the Psychiatric Mobile Response Team or 24/7 Crisis Response Team calls result in a hospitalization?	Yes	No	How many times? _____

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LEGAL

ARREST INFORMATION

(If the client was not arrested enter 0 in the following box.)

Indicate the number of times the client was arrested DURING THE PAST 12 MONTHS:

Was the client arrested anytime PRIOR TO THE LAST 12 MONTHS? Yes No

PROBATION INFORMATION

Is the client CURRENTLY on probation? Yes No

Was the client on probation DURING THE PAST 12 MONTHS? Yes No

Was the client on probation anytime PRIOR TO THE LAST 12 MONTHS? Yes No

PAROLE INFORMATION

Was the client on any kind of parole DURING THE PAST 12 MONTHS? Yes No

Was the client on any kind of parole anytime PRIOR TO THE LAST 12 MONTHS? Yes No

CONSERVATORSHIP INFORMATION

Is the client CURRENTLY on conservatorship? Yes No

Was the client on conservatorship DURING THE LAST 12 MONTHS? Yes No

Was the client on conservatorship anytime PRIOR TO THE LAST 12 MONTHS? Yes No

CUSTODY INFORMATION

Indicate the total number of children the client has who are CURRENTLY:
(If the client has no children enter 0 in the following boxes.)

Number placed on W & I Code 300 Status (dependent of the court):

Number placed in Foster Care:

Number legally Reunified with the client:

Number Adopted Out:

PAYEE INFORMATION

Does the client CURRENTLY have a payee? Yes No

Has the client had a payee IN THE LAST 12 MONTHS? Yes No

Did the client have a payee anytime PRIOR TO THE LAST 12 MONTHS? Yes No

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