

**Los Angeles County Department of Mental Health  
Enriched Residential Care Program  
5x5 Assessment Tool**

**Client Name:** \_\_\_\_\_ **IBHIS ID:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Case Manager Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**PURPOSE:** The 5x5 Assessment Tool is used to assess a client’s appropriateness for placement into an Adult Residential Facility (ARF) or Residential Care Facility for the Elderly (RCFE) as well as to evaluate their level of vulnerability and need for enhanced supportive services from the ARF/RCFE operator. The outcome will also be used to determine eligibility for an Enhanced Rate through the Los Angeles County Department of Mental Health’s Enriched Residential Care Program.

**INSTRUCTIONS:** Answer the questions in the left column. For Sections B – F, this involves rating the client’s level of acuity from 1 - 5 for each category and providing a detailed justification for the rating in the right column.

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| <p><b>A. Why is placement in a licensed residential facility more appropriate for the client than other housing options?</b></p> <p><i>NOTE:</i> Justifications for all subsequent sections should also demonstrate the need for placement in a licensed residential facility.</p> | <p><b>Response:</b></p> |
|--|-------------------------|

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| <p><b><u>B. PHYSICAL HEALTH</u></b></p> <p><b>How would you rate the client’s physical health?</b><br/><i>(Check one box below.)</i></p> <p><input type="checkbox"/> 1. No impairment.</p> <p><input type="checkbox"/> 2. Minor or temporary health condition.</p> <p><input type="checkbox"/> 3. Stable significant medical or physical issue or chronic medical condition that is being managed.</p> <p><input type="checkbox"/> 4. Chronic medical condition that is not well-managed or significant physical impairments.</p> <p><input type="checkbox"/> 5. Total neglect of physical health; extremely impaired condition; serious health conditions with no regular follow up.</p> | <p><b>What is the justification for why you assigned this rating?</b></p> |
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**C. MENTAL HEALTH**

**How would you rate the client's mental health?**

*(Check one box below.)*

- 1. No mental health issues** – *No documented or reported history of mental illness **AND** does not show any symptoms of depression anxiety, mania or psychotic illness.*
- 2. Mild mental health issues** - *Reports symptoms but has good coping skills and able to function **OR** is receiving mental health services and does not appear highly symptomatic and has not had a psychiatric hospitalization for over a year.*
- 3. Moderate mental health issues** - *Reports symptoms that are moderately disrupting function but is receiving/interested in mental health services and has not had a psychiatric hospitalization in the past year.*
- 4. High mental health issues** - *Reports symptoms that are significantly disrupting function **OR** is clearly symptomatic and not interested in treatment and not taking mental health medications **OR** has a history of suicide attempts and has had a recent attempt in the past six months **OR** has had a psychiatric hospitalization or 5150 hold in the past six months.*
- 5. Severe mental health issues** - *Extreme symptoms that impair functioning (e.g., talking to self, severe delusions/paranoia, fearful/phobic, extreme depression or mania) regardless of engagement in mental health treatment or medication adherence **OR** actively suicidal or homicidal.*

**What is the client's mental health diagnosis?**

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**What is the justification for why you assigned this rating?**

**Possible Questions to Guide Your Justification:**

- What symptoms does the client experience that makes them unable to live independently or at home with family?
- What happens when the client lives independently or at home with family or does not receive enough support in their housing placement? Provide examples.

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**D. SUBSTANCE USE DISORDER (SUD)**

**How would you rate the severity of the client's SUD?**

*(Check one box below.)*

- 1. No or non-problematic substance use** - *No substance use or strictly social with no negative impact on functioning.*
- 2. Mild-risk SUD** - *Sporadic use of substances not affecting level of functioning; is aware of substance use risk; still able to meet basic needs.*
- 3. Moderate-risk SUD** - *90-180 days into addiction recovery **OR** substance use affecting ability to follow through on basic needs but no emergency room visit or hospitalization related to substance use within past six months; has some support available for SUD issues; some difficulty making progress toward goals.*
- 4. High-risk SUD** – *In the first 90 days of SUD treatment with high relapse potential or recent relapse that is impacting functioning **OR** substance use significantly impacting ability to function and self-care; not interested in treatment or unable to follow-through to get treatment **OR** emergency room visit or hospitalization for substance use related harm in past three months (e.g., withdrawal, overdose, abscess, heart problems, etc.).*
- 5. Severe-risk SUD** - *Active addiction with little or no interest in treatment or harm reduction **AND** obvious deterioration in functioning with severe symptoms of mental illness or clear cognitive damage or physical threat due to SUD.*

**What is the justification for why you assigned this rating?**

**Possible Questions to Guide Your Justification:**

- What is the client's substance use history?
- What are their substances of choice and when was their most recent use?
- How does the client's substance use lead to the client being unable to live independently or with family?

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**E. LIFE SKILLS**

**How would you rate the client's life skills?**

*(Check one box below.)*

- 1. Excellent communication/self-advocacy skills** - *Cognitively intact; able to communicate effectively and excellent problem-solving and interpersonal skills; good judgement; no behavioral or personality disorders.*
- 2. Minor issues with communication/self-advocacy** - *Cognitively intact; good communication skills and decision-making ability but may need occasional redirection to solve problems.*
- 3. Moderate issues with communications/self-advocacy with somewhat challenging interpersonal skills** - *May have some cognitive decline; frequently needs help with communicating effectively; frequently needs help solving problems; has behavioral issues/poor coping skills but usually redirectable and responsive to behavioral intervention.*
- 4. Significant issues with communication/interpersonal skills which require intensive support/redirection** - *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.*
- 5. Severe cognitive/communication deficits; extremely poor coping skills with very challenging behavior** - *Severe dementia or cognitive dysfunction (due to developmental delay, head trauma, prolonged drug use or mental illness) that endangers client's health and wellbeing **OR THREE OR MORE OF THE FOLLOWING:** Poor communication skills; poor judgement/insight that puts client or others in harm's way; very poor problem-solving skills that puts client or others in harm's way; very poor coping skills that puts client or others in harm's way; very poor interpersonal skills or behaviors with inability to create or maintain supportive or therapeutic relationships.*

**What is the justification for why you assigned this rating?**

**Possible Questions to Guide Your Justification:**

- What happens when the client attempts to problem-solve independently?
- How does the client get along with others?
- Is the client able to advocate for their own needs? What happens when they attempt to advocate for their own needs?
- Would the client be able to make good decisions if they were living independently or at home with family?

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**F. ACTIVITIES OF DAILY LIVING (ADLs) /  
INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)**

**How would you rate the client's ADLs/IADLs?**

*(Check one box below.)*

- 1. No difficulty meeting basic needs** – *Able to do all ADLs and IADLs without difficulty; mostly able to use services to get food and clothing, takes care of hygiene, manages own finances, etc.*
- 2. Mild difficulty meeting basic needs** - *Some difficulty staying on top of basic needs but usually can do for self.*
- 3. Moderate difficulty meeting basic needs** - *Needs moderate assistance with ADLs/IADLs but can remain independent with minimal In-Home Supportive Services (IHSS) support.*
- 4. High difficulty meeting basic needs** - *Needs significant assistance with ADLs/IADLs but can remain independent with maximal IHSS or caregiver support; doesn't wash regularly; goes through garbage/eats rotten food; frequently out of money and needs representative payee.*
- 5. Severe difficulty meeting basic needs** - *Unable to perform one or more ADLs/IADLs making independent living unsafe **OR** unable to perform three or more IADLs such as unable to access food, very poor hygiene, unable to manage finances.*

**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 housework, doing laundry and using a telephone.

**What is the justification for why you assigned this rating?**

**Possible Questions to Guide Your Justification:**

- Can the client independently complete their ADLs/IADLs?
- If the client is unable to complete their ADLs/IADLs, what kind of help is needed (e.g., prompting, physical assistance, monitoring, etc.)? What happens when the client does not receive this help?

**REFERRAL DISPOSITION**

*(TO BE COMPLETED BY DMH ERC PROGRAM ADMINISTRATION ONLY)*

Is client approved for ERC?     Yes, client is approved     No, specify reason: \_\_\_\_\_

ERC Staff Signature: \_\_\_\_\_ Referral Date: \_\_\_\_\_

ERC Staff Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_