CALIFORNIA DEPARTMENT OF Mental Health

**OLDER ADULT PAF 3/3/06**

## FULL SERVICE PARTNERSHIP

# Older Adult Partnership Assessment Form

***FOR AGES 60+ YEARS***

## PARTNERSHIP INFORMATION

**County Number** | **CSI County Client Number** | **Partnership Date (mmddyyyy)** - -

**Partner's First Name** | **Partner's Last Name**

**Provider Site ID** | **Full Service Partnership Program ID** | **Partnership Service Coordinator ID**

**Partner's Date of Birth (mmddyyyy)** - -

**In which programs is the partner CURRENTLY involved?** (mark all that apply)

- O AB2034
- O Governor's Homeless Initiative (GHI)

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**Who referred the partner?** (mark one)

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

# RESIDENTIAL INFORMATION

***(includes hospitalization and incarceration)***

| Setting | TODAY | YESTERDAY (as of 11:59 p.m. the day BEFORE partnership) | DURING THE PAST 12 MONTHS indicate the TOTAL: # Occurrences | DURING THE PAST 12 MONTHS indicate the TOTAL: # Days (must = 365) | PRIOR TO THE LAST 12 MONTHS (mark all that apply) |
|---|---|---|---|---|---|
| **GENERAL LIVING ARRANGEMENT** | | | | | |
| 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 | ○ | ○ | | | ○ |
| With adult family member(s) other than parents | ○ | ○ | | | ○ |
| Single Room Occupancy (must hold lease) | ○ | ○ | | | ○ |
| **SHELTER / HOMELESS** | | | | | |
| Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) | ○ | ○ | | | ○ |
| Homeless (includes people living in their cars) | ○ | ○ | | | ○ |
| **SUPERVISED PLACEMENT** | | | | | |
| Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.) | ○ | ○ | | | ○ |
| Assisted Living Facility | ○ | ○ | | | ○ |
| Unlicensed but supervised congregate placement (includes group living homes, sober living homes) | ○ | ○ | | | ○ |
| Licensed Community Care Facility (Board and Care) | ○ | ○ | | | ○ |
| **HOSPITAL** | | | | | |
| Acute Medical Hospital | ○ | ○ | | | ○ |
| Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) | ○ | ○ | | | ○ |
| State Psychiatric Hospital | ○ | ○ | | | ○ |
| **RESIDENTIAL PROGRAM** | | | | | |
| Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) | ○ | ○ | | | ○ |
| Skilled Nursing Facility (physical) | ○ | ○ | | | ○ |
| Skilled Nursing Facility (psychiatric) | ○ | ○ | | | ○ |
| Long-Term Institutional Care (IMD, MHRC) | ○ | ○ | | | ○ |
| **JUSTICE PLACEMENT** | | | | | |
| Jail | ○ | ○ | | | ○ |
| Prison | ○ | ○ | | | ○ |
| Other | ○ | ○ | | | ○ |
| Unknown | ○ | ○ | | | ○ |

# EDUCATION

**Highest level of education completed:**

- ○ No High School Diploma / No GED
- ○ GED Coursework
- ○ High School Diploma / GED
- ○ Less than 2 years college / Some Technical / Vocational Training
- ○ AA degree
- ○ Technical/Vocational Degree
- ○ 3-4 years college
- ○ Bachelor's Degree (B.A., B.S.)
- ○ Less than 2 years graduate school
- ○ Master's degree (e.g., M.A., M.S.W.)
- ○ 3-4 years graduate training
- ○ Doctoral degree (e.g., M.D., Ph.D.)

| **For the educational settings below, indicate where the partner...** → | **was DURING THE PAST 12 MONTHS** *# of weeks* | **is CURRENTLY** (*mark 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 partner's current recovery goals include any kind of education at this time?** ○ Yes ○ No

# EMPLOYMENT

## EMPLOYMENT DURING THE PAST 12 MONTHS

| Indicate the parner's employment status... → | # OF WEEKS | AVERAGE HOURS/WEEK | AVERAGE HOURLY WAGE |
|---|---|---|---|
| **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. 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 consumer'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). | ☐☐ | ☐☐ | $☐☐☐.☐☐ |
| **Unemployed** | ☐☐ | | |

## CURRENT EMPLOYMENT

| Indicate the partner's employment status... → | AVERAGE HOURS/WEEK | HOURLY WAGE |
|---|---|---|
| **Competitive Employment:** Paid employment <u>in the community in a position that is also open to individuals without a disability</u>. | ☐☐ | $☐☐☐.☐☐ |
| **Supported Employment:** Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. | ☐☐ | $☐☐☐.☐☐ |
| **Transitional Employment/Enclave:** Paid jobs <u>in the community that are 1) open only to individuals with a disability</u> 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 <u>open only to program participants with a disability</u>. 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 consumer'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). | ☐☐ | $☐☐☐.☐☐ |

**Check here if the partner is not employed at this time:** ☐

**Does one of the partner's current recovery goals include any kind of employment at this time?** ○ Yes ○ No

# SOURCES OF FINANCIAL SUPPORT

| **Indicate all the sources of financial support used to meet the needs of the partner:** | **DURING THE PAST 12 MONTHS** *(mark all that apply)* | **CURRENTLY** *(mark all that apply)* |
|---|---|---|
| Partner's Wages | ○ | ○ |
| Partner's Spouse / Significant Other's Wages | ○ | ○ |
| Savings | ○ | ○ |
| Other Family Member / Friend | ○ | ○ |
| Retirement / Social Security Income | ○ | ○ |
| Veteran's Assistance Benefits | ○ | ○ |
| Loan / Credit | ○ | ○ |
| Housing Subsidy | ○ | ○ |
| General Relief / General Assistance | ○ | ○ |
| Food Stamps | ○ | ○ |
| Temporary Assistance for Needy Families (TANF) | ○ | ○ |
| 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 | ○ | ○ |

# LEGAL ISSUES / DESIGNATIONS

## JUSTICE SYSTEM INVOLVEMENT

**ARREST INFORMATION**

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

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

**PROBATION INFORMATION**

Is the partner CURRENTLY on probation? O Yes O No

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

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

**PAROLE INFORMATION**

Is the partner CURRENTLY on parole? O Yes O No

Was the partner on parole DURING THE PAST 12 MONTHS? O Yes O No

Was the partner on parole anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No

## CONSERVATORSHIP / PAYEE INFORMATION

**CONSERVATORSHIP INFORMATION:**

Is the partner CURRENTLY on conservatorship? O Yes O No

Was the partner on conservatorship DURING THE PAST 12 MONTHS? O Yes O No

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

**PAYEE INFORMATION:**

Does the partner CURRENTLY have a payee? O Yes O No

Did the partner have a payee DURING THE PAST 12 MONTHS? O Yes O No

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

## CUSTODY INFORMATION

Indicate the total number of children the partner CURRENTLY has who are:

**Placed on W & I Code 300 Status: (Dependent of the court)** ☐☐

**Placed in Foster Care:** ☐☐

**Legally Reunified with partner:** ☐☐

**Adopted out:** ☐☐

# EMERGENCY INTERVENTION

**Please indicate the number of emergency interventions (e.g., emergency room visit, crisis stabilization unit) the partner had DURING THE PAST 12 MONTHS that were:**

☐☐ Physical Health Related ☐☐ Mental Health / Substance Abuse Related

# HEALTH STATUS

**Does the partner have a primary care physician CURRENTLY?** O Yes O No

**Did the partner have a primary care physician DURING THE PAST 12 MONTHS?** O Yes O No

# SUBSTANCE ABUSE

**In the opinion of the partnership service coordinator, does the partner have a co-occurring mental illness and substance use problem?** O Yes O No

**Is this an active problem?** O Yes O No

**Is the partner CURRENTLY receiving substance abuse services?** O Yes O No

# 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:**

- O Receives no assistance (gets in and out of tub by self, if tub is usual means of bathing)
- O Receives assistance in bathing only one part of the body (such as back or leg)
- O 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):**

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

**TOILETING:**

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

**TRANSFER:**

- O Moves in and out of bed as well as in and out of chair without assistance (may be using object for support, such as a cane or walker)
- O Moves in and out of bed or chair with assistance
- O Doesn't get out of bed

# INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL) *continued*

**CONTINENCE**

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

**FEEDING**

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

**WALKING**

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

**HOUSE-CONFINEMENT**

- O Has been outside of residence on 3 or more days during the past 2 weeks
- O Has been outside of residence on only 1 or 2 days during the past 2 weeks
- O Has not been outside of residence in past 2 weeks

# INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

**For each area of functioning listed below, check the description that applies.**

| | WITHOUT HELP | WITH SOME HELP | COMPLETELY UNABLE TO DO |
|---|---|---|---|
| Can the client use the telephone? | O | O | O |
| Can the client get to places out of walking distance? | O | O | O |
| Can the client go shopping for groceries? | O | O | O |
| Can the client prepare his/her own meals? | O | O | O |
| Can the client do his/her own housework? | O | O | O |
| Can the client do his/her own handyman work? | O | O | O |
| Can the client do his/her own laundry? | O | O | O |
| If the client takes medication (or if the client had to take medication) could s/he take it on his/her own? | O | O | O |
| Can the client manage his/her own money? | O | O | O |

# COUNTY USE QUESTIONS

**To be tracked on the KEY EVENT TRACKING form:**

**County Use Field #1**

**County Use Field #2**

**County Use Field #3**

**To be tracked on the QUARTERLY ASSESSMENT form:**

**County Use Field #1**

**County Use Field #2**

**County Use Field #3**