MHSA Grant:

Mental Health Assessment and Support Project

PROJECT BLUEPRINT

Project Blueprint prepared by
South Central Los Angeles Regional Center

In Collaboration With:

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PROJECT BACKGROUND

"My son's counselors have been amazing!"

Survey Feedback from caregiver

Individuals with developmental disabilities often encounter barriers to receiving mental health intervention because their mental health symptoms are attributed to their developmental disability. Known as *diagnostic overshadowing*, this has been the experience of many individuals served by the South Central Los Angeles Regional Center. As a result, dually diagnosed (developmental disability + mental disorder) individuals have often been under identified and underserved by the mental health system which has led to an over reliance on crisis intervention services and psychiatric hospitalizations. Because of this, SCLARC set out to create a program that would increase appropriate referrals to the mental health system.

THE PROJECT

Mental Health Support and Assessment Project (MHSAP)

SCLARC received grant monies from the Department of Developmental Services to administer the program over a three year period (2018-2020). The purpose of MHSAP is to effectively identify adults served by SCLARC who are in need of mental health intervention and to seamlessly connect them with community mental health providers who have been trained to understand dual diagnoses and are competent in treating them. MHSAP targets adults who have a high risk profile, specifically those who meet the following criteria: homicidal/suicidal preoccupations or behaviors, an emergency room visit due to mental health in the last three months, a psychiatric hospitalization in the last six months, at risk of

losing placement, concerns of neglect or abuse, active substance abuse, a referral to crisis services in the last six months, or at risk of developing any of these.

Project Goals:

- Improve SCLARC's ability to connect individuals to generic community mental health resources.
- Develop a network of quality mental health partners able to serve individuals who are dually diagnosed.
- Reduce dependence on costly and restrictive services such as in-patient hospitalization by promoting appropriate referrals to high quality community based care.
- Increase capacity of SCLARC service coordinators to recognize red flags, identify individuals at risk and make referrals for those in need of mental health support

The project targets individuals served by SCLARC, their families, service coordinators, and service providers. Six major tasks needed to be completed to establish MHSAP. These were: select a mental health coordinator, identify individuals in need of referral, establish partnerships, form a triage team, train regional center staff and community partners, evaluate adherence to the plan and assess for efficacy.

STEP 1:
Select a Mental Health Coordinator

The clinical director and other leadership at SCLARC selected the Mental Health Coordinator. This position is held by a licensed mental health clinician who also has significant experience working with the Regional Center population. The Mental Health Coordinator steers all activity of MHSAP. In that the Mental Health Coordinator has several duties, a project assistant (administrative assistant) was hired as support.

Duties of the Mental Health Coordinator:

- Provide oversight to the assessment and referral process for individuals who have mental health needs.
- Coordinate and follow-up with external and internal resources to ensure that individuals get the services they need and that the capacity exists to provide these services.
- Act as a liaison in the community by building relationships with mental health providers and helping them build the capacity to serve individuals from the Regional Center.
- The Mental Health Coordinator may provide short term therapy if adequate services are not immediately available.
- Work directly with subcontractors to facilitate contracting and the completion of assessments.

SUCCESS STORY!

Sofia

Sofia (not her real name) has a history of trauma, experiences anxiety, displays aggression, and engages in fire starting behavior. Over the past three years she has lived in 4 different group homes and is at risk of losing her current placement. Sofia has had recent forensic involvement and a psychiatric hospitalization. The Mental Health Coordinator assigned Sofia's case to the subcontractor for an assessment and report. After reviewing Sofia's case, the MHSAP Triage Team connected her to Shield's for Families for individual therapy where she has been receiving weekly sessions.

- Organize, facilitate, and prepare materials for Triage Team meetings.
- Arrange trainings for regional center staff, community mental health providers, and vendors.

STEP 2: Identify

"They go above and beyond"

Survey Feedback from Caregiver

In order to be connected with mental health support through MHSAP, an individual must first be identified by Regional Center staff as needing intervention. The identification process consists of two main parts, screening and assessment.

Screening:

To facilitate effective screening, a screening tool was created. The screening tool is completed by the service coordinator. Built into SCLARC's electronic medical record system, the screening tool asks for basic identifying and background information and service coordinators must identify what high risk criteria the individual meets. The screening tool can either be initiated by service coordinators who have received training through MHSAP to look for certain indicators or by the clinical team who will request that the service coordinator complete it because the individual had a recent psychiatric hospitalization, recent use of crisis services, or a case was identified when reviewed by an interdisciplinary team.

Assessment:

Once the screening tool is completed by the service coordinator, it is sent to the clinical department which reviews the results to make sure that MHSAP criteria are met. The Mental Health Coordinator then assigns the case to the subcontractor to complete a risk assessment. The risk assessment is completed by a licensed clinician. The subcontractor contacts the

individual or the caregiver to schedule an appointment to complete the assessment and then writes a summary which includes presenting symptoms, clinical impressions, and recommendations. This summary is presented to the Triage Team.

STEP 3: Partner

Building relationships with mental health providers is a key part of the project. In an effort to identify appropriate partners, the Mental Health Coordinator sought out partnerships placing emphasis on the benefit of a collaborative relationship with SCLARC and providing education regarding the unique lives of individuals with developmental disabilities for a better understanding of how they meet criteria for medical necessity. Specifically, the Mental Health Coordinator:

- Met with DMH representatives (i.e., DMH Regional Center liaison and other community organizations) to discuss partnership participation.
- Met with mental health agencies (Tessie Cleveland Community Services and Kedren Community Health Center).
- Extended an internship opportunity to MFT students at CA State University, Dominguez Hills to address the paucity of training in developmental disability issues and treatment at the graduate level.

SUCCESS STORY!

Kevin

Kevin (not his real name) has a history of homicidal ideation, talking to himself, sleep difficulties, and depression. His functioning had continually decreased over the course of two years and he had multiple psychiatric hospitalizations. Kevin resides in a group home and was at risk of losing his placement. After reviewing Kevin's case, the MHSAP Triage Team connected him with the Department of Mental Health Full-Service Partnership (FSP). A representative from FSP was present at the Triage Team meeting and assisted with this process. Kevin continued to have psychiatric hospitalizations, however, FSP was actively involved with the hospital treatment team and advocated for continuity of care on his behalf. Kevin's last psychiatric hospitalization was 10 months ago.

- Attended DMH provider meetings (FSP, Parent Partner, Wraparound) to share information about MHSAP and other regional center services.
- All of these community mental health agencies agreed to partner with SCLARC for MHSAP.

STEP 4:
Triage Team

"They calm me down and keep me from dangerous and delicate situations"

Survey Feedback from Individual Served by SCLARC

The Triage Team is the hub of the Mental Health Assessment Support Project (MHSAP). Consisting of representatives from multiple key systems, the team meets biweekly and reviews cases to determine the needed level of care and make referrals to appropriate providers and services. Prior to the meeting, members of the Triage Team have an opportunity to review the risk assessments which were completed by the subcontractor as well as any other reports that may be available for an individual who will be reviewed. The meetings are two hours long and between 3-5 cases are reviewed.

The Triage Team consists of:

- Mental Health Coordinator (SCLARC Consultant)
- Behavior Specialist (SCLARC Consultant)
- Psychiatric Hospital Tracker (SCLARC Consultant)
- Clinical Psychologist (SCLARC Consultant)
- Service Coordinator
- Subcontractor Clinicians
- DMH Representatives
- Crisis Response Project

Additionally, a pharmacist reviews any medications and provides a written report prior to the meeting. The triage team also regularly invites community partners to attend meetings to

give special presentations and consult regarding individuals who receive services in both systems.

Cases are individually presented to the team by the service coordinators and input is offered from the clinician (subcontractor) who completed the risk assessment and any other team members who are familiar with the case. The team, then, has a discussion, conceptualizes the case, and makes recommendations which may include individual therapy, FSP, art therapy, a substance abuse program, behavior services, or crisis services. Both recommendations and referrals are made in the meeting to ensure that linkage is successful.

One of the ways individuals served by SCLARC historically fell through the cracks was in the referral process. A referral would be made but the services would not be delivered. A common reason for this is that they would not be found eligible by the mental health system despite never being assessed. This project reduces that possibility because an assessment showing the need for treatment is already completed for the receiving agency. Additionally, the agency receiving the referral is likely to be present at the meeting. **In this manner, the referrals made by the triage teams are not merely a list of phone numbers for the individual to call but often come in the form of a scheduled appointment with a provider who is familiar with the case.**

SUCCESS STORY!

Mariana

Mariana (not her real name) had recent suicide attempts and psychiatric hospitalizations. Her primary care physician had attempted to connect her with mental health services in the past, however, she was never successfully linked. After reviewing Mariana's case, the MHSAP Triage Team connected her with Tessie Cleveland Community Services for psychotherapy. Her intake assessment has been completed and she receives treatment on a weekly basis.

"Provide comfort and support when I need it"

Survey Feedback from Individual Served by SCLARC

STEP 5:
Training

Building a workforce that is knowledgeable and equipped to bridge the gap between SCLARC and the mental health system is a key component of this project. To achieve this, MHSAP offered several intensive professional level trainings for staff, service coordinators, vendors, mental health clinicians and substance use providers to enhance competence on various levels including identifying red flags to mental health symptoms, assessment, diagnosis, and treatment. Through collaborating and communicating with community partners, the Mental Health Coordinator was able to determine what types of trainings were needed and to organize these.

Trainings offered through MHSAP have supported mental health clinicians located within the SCLARC catchment area in understanding and providing treatment to dually diagnosed individuals and has increased access to mental health services for them. Furthermore, MHSAP has extended an open invitation to clinicians who have received a referral from the Triage Team to seek consultation in treating a particular client. Trainings have also supported SCLARC staff, including service coordinators, and vendors so that they better understand when and how to make referrals for mental health intervention for individuals they serve.

Training Survey Feedback:

96% of community clinicians agree that they feel more comfortable providing services to individuals with a dual diagnosis than before receiving training through MHSAP

MHSAP Trainings:

Name of Training	Trainer	Trainees	# of Trainings	Number Trained
Mental Health Overview and Introduction to MHSAP: How It Works	SCLARC Clinicians	Case Management Units/Service Coordinators	11	143
Understanding Dual Diagnosis	Dr. Darlene Sweetland	• Service Coordinators • Mental Health Providers • Substance Abuse Providers	1 2 1	67 121 73
Understanding and Supporting People with Dual Diagnosis	Dr. Darlene Sweetland	Vendors	2	34
Mental Health First Aid	Los Angeles Dept. of Mental Health	• SCLARC Staff • Vendor Service Providers	6	125
How to treat co-occurring disorders (substance use/abuse) in individuals with Intellectual and Developmental Disabilities	Dr. Darlene Sweetland	Substance Abuse Clinicians	1	73
Expressive Art Workshop-Trauma Informed Interventions for Developmentally Disabled Clients Through the Use of Art and Music	Able Arts Work	Mental Health Providers	2	80
Dialectical Behavior Therapy for Special Populations	Dr. Eric Dyakstra	Mental Health Providers	1	43
Strategies Promoting Community Participation and Supporting People to Have a Quality Life	Dr. Tom Pomeranz	Mental Health Providers	1	26
Neurodevelopmental Disorders: Identification and Assessment	Dr. Sammie Williams	Mental Health Providers	1	45

STEP 6:
Evaluate

In order to ensure the efforts of this project achieved the desired goals, an external evaluator was consulted to create an evaluation plan that uses internal data as well as soliciting surveys from families, individuals, caregivers and providers who were involved.

The effectiveness of MHSAP was evaluated in several ways:

- At the conclusion of each capacity building training, surveys were administered to participants. The surveys asked them to rate the quality of the training and asked if they had gained any new knowledge that they felt they would use in practice.
- In the final months of MHSAP, surveys were sent all who had participated in the project including service coordinators, individuals belonging to SCLARC, care givers, and community mental heath providers. These surveys consisted of several Likert type items as well as open ended questions. It asked them to rate their overall experience with MHSAP and to provide feedback and recommendations.
- The Mental Health Coordinator met with SCLARC leadership on a quarterly basis to provide a progress report and evaluation.
- Quarterly progress reports were prepared and presented to the Department of Developmental Services.

The evaluation and survey data were used to make midcourse corrections and will be used to inform and direct SCLARC's efforts to continue the momentum of the project after the grant period ends.

Training Outcomes

As part of the evaluation, Regional Center service coordinators and service providers who were part of MHSAP or received training from MHSAP were given the opportunity to complete an anonymous survey and give their impressions of the program and of the training they received.

Of the 25 service providers who completed the survey:

- 83% said they adapted the way they deliver services as a result of the trainings.
- 87% said they felt more competent to provide services.
- 95% felt more comfortable providing services to individuals with dual diagnosis than before the training.

SUCCESS STORY!

Benjamin

Benjamin (not his real name) was previously diagnosed with a psychotic disorder. He has a history of trauma, aggression, psychiatric hospitalizations, and forensic involvement. The Triage Team referred him for Full-Service Partnership (FSP), however, the receiving agency determined that he was inappropriate for services. Learning of this, a member of the Triage Team strongly advocated with the agency for Benjamin's case to be reconsidered. It was and he received FSP services. Presently, Benjamin continues to have crises and may be court ordered to a more restrictive setting. He did, however, have the opportunity to receive treatment in a less restrictive placement first which, hopefully, will aid in his stabilization.

Individual We Support and Caregiver Outcomes

The individuals who receive services from SCLARC and the MHSAP were also given an opportunity to complete a survey about the mental health services they received.

Of the 48 individuals who responded:

- 91% said the mental health workers treated them like they mattered.
- 83% said the services they received provided tools and strategies that were useful for dealing with problems as they come up.
- 82% said when they needed help, they were able to get a hold of their mental health worker.

Caregiver responses were similar.

Lessons Learned

Executing MHSAP was both exciting and challenging. While the project had clear goals, adjustments were made along the way to better effectuate outcomes as learning took place. Throughout the three year period of MHSAP, several lessons have been learned.

Lesson #1: Maximize the role of the subcontractors

- At the outset of the project, the risk assessments were completed in-house at SCLARC by the Mental Health Coordinator and MFT interns. As the project gained momentum, however, the number of risk assessments needed greatly increased. At this time SCLARC learned that assigning most of these to the subcontractor, which has several licensed clinicians, allowed risk assessments to be completed, cases to be reviewed by the Triage Team, and linkage to treatment to be accomplished in a timelier manner.
- At the outset of the project, all trainings were held at SCLARC and the Mental Health Coordinator was responsible for every aspect of planning the meetings. As the project gained momentum, however, it became clear that the Mental Health Coordinator's time was better utilized managing the clinical details of cases rather than event planning. As a result, SCLARC began assigning the planning of these events to the subcontractors which freed up the Mental Heath Coordinator to manage clinical matters.

- As many individuals referred to the Triage Team have had psychiatric hospitalizations, SCLARC determined that it would be easier for individuals to transition back home successfully with more support. As a result, the subcontractor was engaged to assist the SCLARC psychiatric hospitalization tracker in making contact with the individual while still hospitalized, participate in discharge planning,

and in providing outreach, engagement, and psychoeducation to the caregiver or family.

Lesson #2: Systematic Follow-up

- At the outset of the project it was relatively easy for the SCLARC clinical team to follow-up on the progress of individuals who had been linked to community mental health services. As the numbers increased, however, this process became more complicated. As a result, SCLARC recognized a need to create a systematic method of follow-up and to engage the services of the project assistant to manage this information electronically.

Lesson #3: Maximize Collaboration

- As community mental health providers began to provide treatment to individuals referred by SCLARC, they expressed that they often had questions and needed clarity regarding recent incidents and what services and supports individuals were receiving but were unsure how to obtain this information. As a result, the SCLARC clinical team began to provide education to community clinicians regarding how they can reach out to service coordinators, behavior therapists, ILS workers, etc., to collaborate as often as needed. Knowing that they have a right to collaborate and utilizing the service coordinator as the central point of contact, community clinicians were better empowered to provide impactful treatment knowing that the goals and interventions of all agencies were aligned.

SUCCESS STORY!

Isabel

Isabel (not her real name) engages in aggressive behaviors and is easily agitated. Her case was reviewed by the Triage Team and she was connected with a therapist at a community agency. Isabel worked well one-on-one with the therapist but would become very agitated when waiting for her appointment to begin. Concerned about the safety of the other clients, the treatment team from the agency came to a Triage Team meeting for a coordinated care meeting. As a result of this consultation, a new protocol was developed by which Isabel would be the first patient of the day and her sessions would take place in an office close to the entrance. This plan allowed Isabel to continue to attend her therapy sessions while keeping others safe.

Next Steps

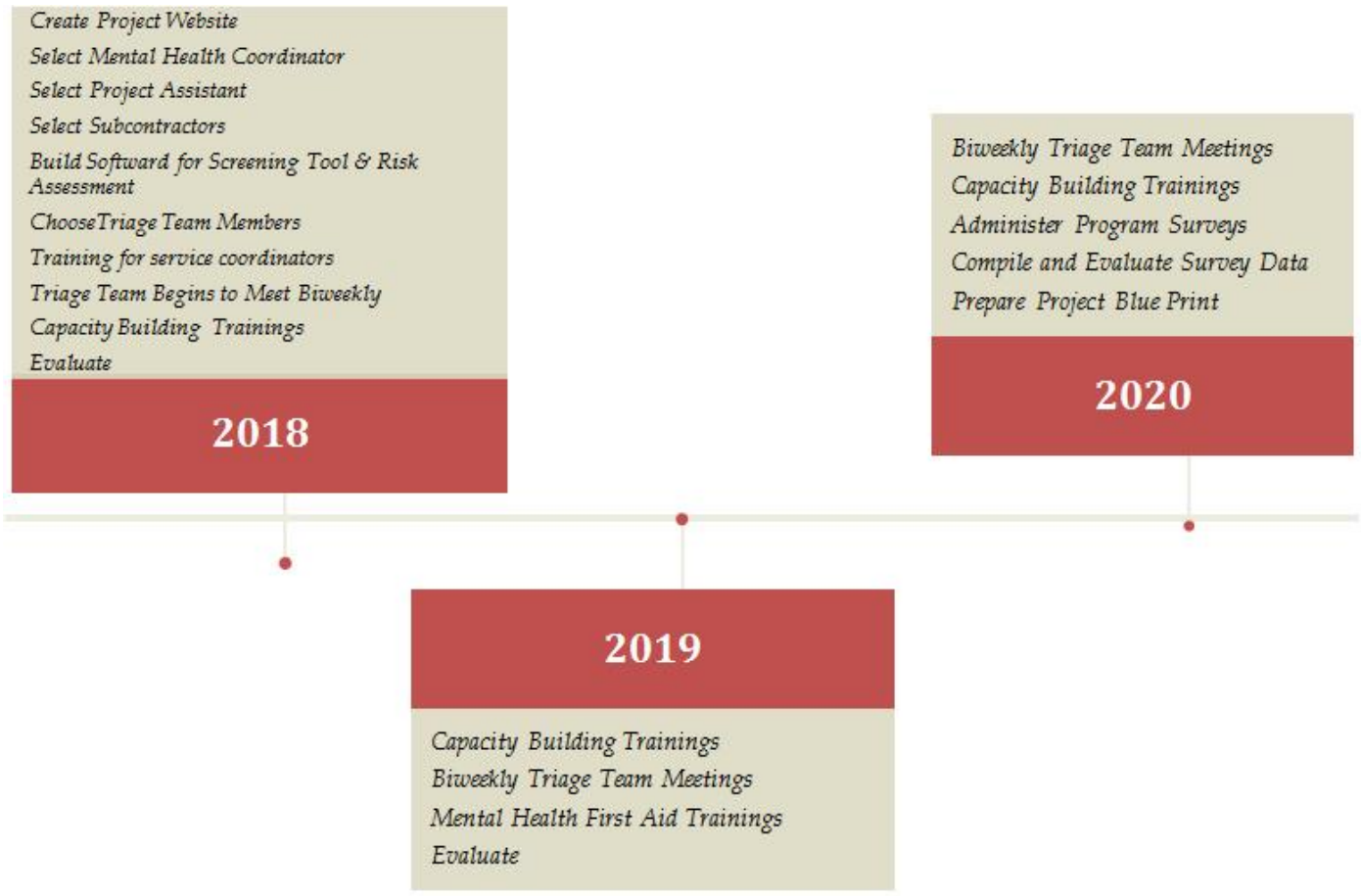
Through MHSAP, SCLARC has established positive working relationships with several community mental health agencies. These relationships have enabled SCLARC to successfully link those who meet the criteria for MHSAP to mental health services in a timely manner. As a next step, SCLARC intends to continue to nurture these relationships with community providers and, beyond the funding period, SCLARC intends to continue with the activities of MHSAP for high risk profile adults.

As another next step, SCLARC also intends to implement a similar project for school age children for which MHSA support with funding is needed. In collaboration with the Los Angeles Unified School District- School Mental Health program and community mental health agencies, plans have been made to implement the Children's Collaborative Mental Health Project in the near future. Leveraging the relationships that have been built and the systems that have been implemented through MHSAP, the Children's Collaborative purposes to ensure that school age children served by SCLARC receive the appropriate level of mental health intervention needed so as to prevent or lessen the impact of future crises, psychiatric hospitalizations, and forensic involvement. SCLARC has applied for the next round of MHSA funding in order to implement this program.

Training Survey Feedback:

92% of community clinicians agree that they would recommend this training to colleagues

MHSAP TIMELINE



Conclusion

Because individuals served by SCLARC tend to face barriers to receiving mental health treatment, SCLARC developed the Mental Health Assessment and Support Project (MHSAP). SCLARC is grateful to have received grant monies from the Department of Developmental Services to fund the project. Administered over a three year period, MHSAP has created a system to identify and triage adults at risk, link them to a mental health provider, train SCLARC staff, create a system of interagency collaboration, and provide awareness and training to community mental health providers. Facilitated by the Mental Health Coordinator, the Triage Team has met on a biweekly basis to collaborate and has successfully connected over 100 individuals served by SCLARC to mental health services. MHSAP has been successful and SCLARC intends to continue to nurture the interagency relationships that have been established and continue the program beyond the grant funding period.

Training Survey Feedback:

96% of community clinicians agree that more clinicians at their agency should receive training to work with individuals with dual diagnoses.

Acknowledgements

SCLARC would like to extend gratitude to the various contributors and supporters of MHSAP.

Thank you to the Department of Developmental Services for awarding the MHSA funding which allowed SCLARC to develop and implement the project to better support the mental health needs of the individuals we serve.

Great appreciation is extended to the MHSAP Mental Health Coordinator, Dr. Cynthia Davis, PsyD., for your leadership and direction throughout the project.

We are appreciative to the project subcontractors, Shields for Families and Tessie Cleveland Community Services. Thank you for your participation on the Triage Team, for completing assessments, and for organizing trainings. Your partnership has been crucial to the project.

Sincere thanks are offered to the Los Angeles County Department of Mental Health for joining the Triage Team and for your ongoing alliance with SCLARC. You have served as a beacon directing us to the many mental health resources provided by Los Angeles County Department of Mental Health..

A warm thank you is extended to Kedren Health for your regular participation and collaboration with the Triage Team. Your input has been valuable.

To all community mental health providers who have received SCLARC referrals and provided treatment, thank you for your help in supporting the individuals we serve.

Thank you to SCLARC clinical consultants for your extraordinary support through this project: Kate Shelton, LCSW (Psychiatric Hospital Tracker); Zainul Gowani, BCBA (Behavior Specialist); Dr. Bruce Williams, PhD (Psychologist, Behavior Specialist); Dr. John Probst, PharmD (Pharmacist); and Dr. Laurie Brown, PhD (Psychologist). Your contributions have been vital.

Appreciation is given to Bill Monro for your guidance through the data collection and evaluation portion of the project.

Gratitude is extended to SCLARC's clinical director, Maricel Cruzat, whose vision and oversight launched MHSAP and facilitated its momentum over the last three years.

Much gratitude is given to Maura Gibney for providing assistance every step along the way.

Finally, a heartfelt thank you is given to SCLARC's Executive Director, Mr. Dexter Henderson, and the SCLARC leadership team. This project would have been impossible without your support.

Appendices:

1) MHSAP Screening Tool
2) MHSAP Risk Assessment

SCLARC Mental Health Screening Tool

Referral Date _____

Referring SC _____

****If this is an emergency, please call 911****

CONSUMER INFORMATION

Name_____ Date of Birth _____ UCI _____

☐ Male ☐ Female Conserved: ☐ Yes ☐ No Caregiver/Guardian _____ Phone: _____

SCLARC Diagnosis _____ Other Behavioral Health Diagnoses _____

Residence: ☐ Family ☐ Group Home ☐ Lives Independently

Current Location (e.g. jail, hospital, etc.)_____

Address: _____ City: _____ Zip: _____ Phone: _____

☐ **Required consent completed** Language requirements _____

CHECK ALL THAT APPLY

- ☐ Suicidal/Homicidal preoccupations or behaviors
- ☐ Emergency room visit in last 3 months due to mental health
- ☐ Psychiatric hospitalization (last 6 months): ☐ Currently Hospitalized? ☐ >2 hospitalizations in past 12 months
- ☐ At risk of losing placement (residential, school, or day program)
- ☐ Concerns of neglect or abuse
- ☐ Active substance abuse
- ☐ Referral to crisis response in past 12 months

***If one or more of these apply, please refer to a clinician.**

CURRENT PLACEMENT

Residence

☐ If consumer lives with family, spouse, and children, please provide name and relationship of those who live in home:

Name	Relationship to Consumer
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

☐ Consumer lives in a group home. Please provide name and address of group home:

_____

School

☐ Consumer attends school. Please provide name and address of school:

_____

Program

☐ Consumer attends a program. Please provide name and address of program:

_____

☐ **Consumer is at risk of losing placement**

PHYSICAL HEALTH

☐ Consumer has physical health impairment(s). Please list health impairments:

_____

_____

☐ Consumer has a physical disability. Please list disability/disabilities:

_____

_____

☐ Consumer takes medication. Please list medications and why they are taken:

Name of medication	Reason for medication
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HEALTH INSURANCE AND PROVIDERS

Consumer has health insurance: ☐ Yes ☐ No

Please provide name of health insurance plan:

_____ Member ID #_____

Type of Insurance: Private/Commercial Plan ☐ Medi-Cal ☐ Other ☐ _____

Please provide the name, address, and phone number of primary care physician:

_____

_____

Please provide the name, address, phone number and type (e.g. psychiatrist) of mental/behavioral health providers the consumer is currently seeing:

Name of clinician or agency	Address	Phone	License Type
_____	_____	_____	_____
_____	_____	_____	_____

Narrative of Pertinent Information

_____
_____
_____
_____
_____
_____
_____

For Receiving Clinician Use

Outcome: ☐ Date Risk Assessment Completed ___/_____/_____

☐ Consumer or Guardian/Caregiver Declined

☐ Unable to Contact After Three Attempts (Dates attempted _____)

Date Results forwarded to MHASP Triage Team (please CC service coordinator) ___/_____/_____

☐ ***RISK ASSESSMENT ATTACHED***

SCLARC Mental Health Risk Assessment Tool

Referral Date _____

Referring SC _____

CONSUMER INFORMATION

Name_____ Date of Birth _____ UCI _____ ☐ Male ☐ Female

SCLARC Diagnosis _____

Date of risk assessment: _____/_____/_____

Risk Assessment Completed with: (check all that apply): ☐ Consumer ☐ Caregiver/Guardian ☐ Other

List the names and relationship of those who provided information:

Name	Relationship to Consumer
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Risk Assessment Completed: ☐ By Phone ☐ Face to Face

Location of risk assessment (if face to face):

_____

SAFETY

Suicidal preoccupations or behaviors (check all that apply)

☐ **No Suicidal ideation present**

- ☐ Suicidal **Ideation** (thoughts only)
- ☐ Specific **Plan** to suicide
- ☐ **Means** to suicide
- ☐ Specific **Intent** to suicide
  - o Hospitalization initiated by clinician: ☐ Yes ☐ No
    Outcome: _____
    _____
- ☐ Recent Suicide **Attempt** (past 30 days) Provide details below
- ☐ Past suicide attempts :
  - o Date(s) _____

- Method(s) _____
- Past Psychiatric Hospitalizations due to suicide attempt: ☐ Yes ☐ No

Homicidal preoccupations or behaviors (check all that apply)

☐ **No Homicidal ideation present**

- ☐ Homicidal **Ideation** (thoughts only)
- ☐ Specific **Plan** to hurt someone
- ☐ **Means** to hurt someone
- ☐ Specific **Intent** to hurt someone
  - Name(s) of intended victim(s) _____
  - Intended victim and Police notified: ☐ Yes ☐ No Date _____
- ☐ Recent Homicide **Attempt** (past 30 days) Provide details below
- ☐ Past homicide attempts :
  - Date(s) _____
  - Method(s) _____
  - Past Psychiatric Hospitalizations due to homicidal attem☐: Y☐ No
  - Judicial Involvement due to homicidal attempts: ☐ Yes ☐ No

Consumer and/or caregiver/guardian willing to plan for safety: ☐ Yes ☐ No

Components of Safety Plan:

- ☐ Accepted NAMI Lifeline 800-273-TALK (8255)
- ☐ Go to emergency room, urgent care, or call 911 if in danger to self or others
- ☐ _____
- ☐ _____
- ☐ _____

Additional Information:

_____

_____

_____

PSYCHIATRIC HOSPITALIZATIONS/EMERGENCY ROOM VISITS

Psychiatric Hospitalizations

☐ **No History of Psychiatric Hospitalizations**

- ☐ Currently hospitalized
- ☐ Number of past psychiatric hospitalizations _____
- ☐ Dates of psychiatric hospitalizations (start with most recent): _____

Emergency Room Visits Due to Mental Health

☐ **No history of emergency room visits**

- ☐ Number of past psychiatric hospitalizations _____
- ☐ Dates of psychiatric hospitalizations (start with most recent): _____

_____

Judicial Involvement

☐ **No history of judicial involvement**

- ☐ Past Arrests. Please list date(s) _____
- ☐ Type of Crime(s) _____
- ☐ Currently Arrested or Detained
  - o Date detained _____
  - o Where detained _____
  - o Projected date of release _____
- ☐ Currently on probation
- ☐ Currently on parole
- ☐ Diversion Program
- ☐ Incompetent to Stand Trial
- ☐ Welfare and Institutions Code 6500
- ☐ Next Court Date _____

Additional Information:

_____

_____

_____

SYMPTOMS

Mental Health (Check all that apply)

- ☐ Anxiety
- ☐ Depression
- ☐ Paranoia
- ☐ Delusional
- ☐ Psychotic Symptoms
- ☐ Aggression
- ☐ Difficulties with Memory
- ☐ Repetitive Thoughts/Behavior
- ☐ Fatigue
- ☐ Sleep Disturbances
- ☐ Appetite disturbances
- ☐ Self-Injurious Behaviors
- ☐ Inattention
- ☐ Concentration difficulties
- ☐ Anger
- ☐ Irritability
- ☐ Mania
- ☐ Dissociation
- ☐ Isolating Behavior

☐ **Consumer has a mental health diagnosis-Please list all: _____**

_____

_____

Significant functional impairment in key areas-as compared to baseline levels (check all that apply)

- ☐ Unable to work
- ☐ Unable to perform in school/program
- ☐ Lack of self-care, grooming
- ☐ Inability to do simple chores
- ☐ Maladaptive coping mechanisms

Risk Factors (check all that apply)

- ☐ Lack of social support
- ☐ History of abuse/neglect
- ☐ History of trauma
- ☐ Judicial Involvement
- ☐ Medical Issues
- ☐ Physical Disability
- ☐ Recent loss/bereavement
- ☐ Homelessness
- ☐ Poverty
- ☐ Acculturation difficulties
- ☐ Substance Abuse
- ☐ Chronic pain

When did symptoms and decline in functioning (compared to baseline levels) begin? _____

_____

If there is a known precipitating event, please describe: _____

_____

Substance Use

☐ **No history of substance use**

- ☐ Substance use in past 30 days
- ☐ Substance use in past 90 days
- ☐ Enrolled in a Program. Name of Program _____
- ☐ Current substance use. Please list preferred substance(s), frequency, and last date of use:

Substance	Frequency	Last Used
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Information:

_____
_____
_____

SUMMARY AND CLINICAL IMPRESSION

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

For Receiving Care Coordinator Use

Date Risk Assessment Received From Clinician ___/_____/_____
Date Results forwarded to MHASP Triage Team (please CC service coordinator) ____/____/____
Date scheduled to discuss at triage team meeting ____/____/____