COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

OUTCOMES MEASURES APPLICATION

Older Adult 3-Month (3M)

Age Group: 60+

ADMINISTRATIVE INFORMATION

Client ID		**Client DOB**	
Episode ID		**Provider Number**	
Client L. Name		**Client F. Name**	
Partnership Date		**Assessment Date**	
Partnership Service Coordinator (Last Name)		**Assessment Completed By**	

FINANCIAL

SOURCES OF FINANCIAL SUPPORT Indicate all the sources of financial support used to meet the needs of the client.	**CURRENT**	
	Check all that apply	**Monthly Average Amount**
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)	☐	
Unemployment	☐	
Child Support	☐	
Other	☐	
No Financial Support	☐	

Rev. 8/1/2007--C.B.--

DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL

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: **(check 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): **(check one)**

- ☐ Gets clothes and gets completely dressed without assistance.
- ☐ Gets clothes and gets completely 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: **(check one)**

- ☐ 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 bed pan 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 bedpan or commode
- ☐ Doesn't go to room termed 'toilet' for the elimination process.

Transfer: **(check one)**

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

Continence: **(check 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: **(check 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.

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.)

Walking: **(check one)**

- ☐ Walks on level 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.

House-Confinement: **(check 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.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

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

Can the client use the telephone? **(check one)**
☐ Without help ☐ With some help ☐ Completely unable to do

Can the client get to places out of walking distance? **(check one)**
☐ Without help ☐ With some help ☐ Completely unable to do

Can the client go shopping for groceries? **(check one)**
☐ Without help ☐ With some help ☐ Completely unable to do

Can the client prepare his/her own meals? **(check one)**
☐ Without help ☐ With some help ☐ Completely unable to do

Can the client do his/her own housework? **(check one)**
☐ Without help ☐ With some help ☐ Completely unable to do

Can the client do his/her own handyman work? **(check one)**
☐ Without help ☐ With some help ☐ Completely unable to do

Can the client do his/her own laundry? **(check one)**
☐ Without help ☐ With some help ☐ Completely unable to do

If the client takes medication (or if the client had to take medication) could he/she take it on his/her own? **(check one)**
☐ Without help ☐ With some help ☐ Completely unable to do

Can the client manage his/her own money? **(check one)**
☐ Without help ☐ With some help ☐ Completely unable to do

PHYSICAL HEALTH

	CURRENT (LAST 4 WEEKS) (circle one for each question)
Client states that he/she is in good physical health?	YES NO UNKNOWN
Client has access to needed medical services?	YES NO UNKNOWN
Client receives needed medical services?	YES NO UNKNOWN
Client has a primary care physician?	YES NO UNKNOWN
Client uses a primary care physician?	YES NO UNKNOWN
Client has access to needed dental services?	YES NO UNKNOWN
Client receives needed dental services?	YES NO UNKNOWN
Client demonstrates signs of regressive behavior (bed wetting, soiling)?	YES NO UNKNOWN
Client demonstrates self-injurious behavior?	YES NO UNKNOWN
Client has violent encounters?	YES NO UNKNOWN
Client has a caretaker relationship?	YES NO UNKNOWN
Is the caretaker a paid In-Home Worker?	YES NO UNKNOWN
Is the caretaker a paid Supported Transitional Worker?	YES NO UNKNOWN
Is the caretaker a significant other?	YES NO UNKNOWN
Is the caretaker a family member?	YES NO UNKNOWN
Is the client obese (based on BMI)?	YES NO UNKNOWN
Has the client EVER been told by a physician that he/she has diabetes?	YES NO UNKNOWN

Based on the Mini Mental Status Exam (MMSE), the client presented with symptoms of cognitive impairment. **YES NO UNKNOWN** (circle one)

If yes, what level: (check one)

☐ Mild ☐ Moderate ☐ Severe

Based on the Confusion Assessment Method (CAM), the client presented with symptoms of delirium. **YES NO UNKNOWN** (circle one)

If yes, identify the most appropriate: (check one)

☐ Acute Change ☐ Altered Level of Consciousness ☐ Disorganized Thinking ☐ Inattention

Based on the Geriatric Depression Scale (GDS), the client presented with depressive symptoms. **YES NO UNKNOWN** (circle one)

Did the client receive physical health services from a DHS clinic or hospital? **YES NO UNKNOWN** (circle one)

Does the client have a chronic physical health care problem or problems that require periodic medical services? **YES NO UNKNOWN** (circle one)

LEGAL

SUBSTANCE ABUSE

Client uses substances?	**YES**	**NO**	**UNKNOWN**	**(circle one)**
Client abuses substances?	**YES**	**NO**	**UNKNOWN**	**(circle one)**
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**	**UNKNOWN**	**(circle one)**
Is the client CURRENTLY receiving substance abuse services?	**YES**	**NO**	**UNKNOWN**	**(circle one)**

CUSTODY INFORMATION

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

Placed on W & I 300 Status (Dependent of the court):	
Placed in Foster Care:	
Legally Reunified with the client:	
Adopted Out:	
Living with the client:	