SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

CalAIM Assessment Adults (18 and Older)

MR#:
Name:

1 = Required for Initial Assessment 2 = Required for Reassessment
LPHA Only = Only an LPHA may complete this section/item.

Client Information and Registration

Client Information	1	2	
Client Legal Name		Medical Record #	
Client Preferred Name (if different from Legal Name)			
Birth Date		Age	
Agency/Program		Admission Date	
Current Insurance (Check all that apply)	☐ Medicare ☐ Medi-Cal ☐ Private Insurance: _____		

Assessment Information	1	2	
Assessment Type	☐ Initial Assessment	☐ Reassessment	☐ Update Assessment
Assessment Date			
Source of Information	☐ Client Interview ☐ Family ☐ ICI ☐ Previous Records ☐ Transfer / Discharge Request Form	☐ SMMC ☐ Mills-Peninsula ☐ Fremont Hospital ☐ PES / 3A-B ☐ HSA / Social Services	☐ Probation / Parole ☐ PCP / Health Care ☐ Stanford Hospital ☐ Other _____ _____

Referral Information			
Referral Source	☐ Self ☐ Family Member ☐ Significant Other ☐ Friend / Neighbor ☐ School ☐ Fee-For-Service Provider ☐ Medi-Cal Managed Care Plan ☐ Federally Qualified Health Center ☐ Emergency Room	☐ Mental Health Facility/ Community Agency ☐ Social Services Agency ☐ Substance Abuse Treatment Facility / Agency ☐ Faith-based Organization ☐ Other County / Community Agency ☐ Homeless Services ☐ Street Outreach	☐ Juvenile Hall / Camp / Ranch/Division of Juvenile Justice ☐ Probation/Parole ☐ Jail / Prison ☐ State Hospital ☐ Crisis Services ☐ Mobile Evaluation ☐ Other referred _____ _____
Referral Contact Name		Agency/Program	
Referrer Phone		Referrer Email	

Client Contact Information

Ensure that all Releases of Information are current for all individuals / entities with whom communication will or may occur.

Client Contact Information				1		
Phone Number (Primary)		☐ Cell ☐ Home ☐ Work				
Phone Number (Second)		☐ Cell ☐ Home ☐ Work				
Phone Number (Third)		☐ Cell ☐ Home ☐ Work				
Address			Apt/Suite			
City			Zipcode			

Emergency Contact				1		
Name			Phone Number			
Relationship			ROI Current	☐ Yes ☐ No		

Other Providers Contact Information						
Current Provider	Name / Agency	Job Title	Phone	Email		
☐						
☐						
☐						
☐						
☐						
☐						
☐						

Other Contact Information						
Name	Phone	Email	Relationship			

Domain 1 – Presenting Problems

Presenting Problem(s), Current Mental Status, History of Presenting Problem(s), Member-Identified Impairment(s)

Presenting Problem			
Description of Presenting Problems *(Current Problem, Acute Condition, Level of Distress, Collateral, Severity, Context, and Cultural Understanding)* 1 2			
History of Presenting Problems 1			
Impairments Identified by Client and/or Collateral 1 2			

Mental Status Exam

LPHA Only

May ONLY be completed by Licensed/Registered/Waivered MD/OD/NP, MFT/AMFT, LPCC, LCSW/ASW, PhD/PsyD, RN with Psych MS or training or Clinical Trainee with co-signature.

General Appearance 1 2

- ☐ Appropriate
- ☐ Inappropriate
- ☐ Other*
- ☐ Bizarre
- ☐ Disheveled

Affect 1 2

- ☐ Within Normal Limits
- ☐ Blunted
- ☐ Angry
- ☐ Anxious
- ☐ Inappropriate
- ☐ Constricted
- ☐ Flat
- ☐ Sad
- ☐ Labile
- ☐ Other*

Thought Content and Process 1 2

- ☐ Within Normal Limits
- ☐ Vis. Hallucinations
- ☐ Paranoid Ideation
- ☐ Suicidal Ideation
- ☐ Flight of Ideas
- ☐ Poor Insight
- ☐ Fund of Knowledge
- ☐ Aud. Hallucinations
- ☐ Delusions
- ☐ Bizarre
- ☐ Homicidal Ideation
- ☐ Loose Association
- ☐ Attention Issues
- ☐ Other*

Physical and Motor 1 2

- ☐ Within Normal Limits
- ☐ Agitated
- ☐ Tremors/Tics
- ☐ Muscle Tone Issues
- ☐ Hyperactive
- ☐ Motor Retardation
- ☐ Unusual Gait
- ☐ Other*

Speech 1 2

- ☐ Within Normal Limits
- ☐ Tangential
- ☐ Slowed
- ☐ Loud
- ☐ Circumstantial
- ☐ Pressured
- ☐ Other*

Mood 1 2

- ☐ Within Normal Limits
- ☐ Anxious
- ☐ Irritable
- ☐ Depressed
- ☐ Expansive
- ☐ Other*

Cognition 1 2

- ☐ Within Normal Limits
- ☐ Memory Problems
- ☐ Poor Concentration
- ☐ Poor Judgement
- ☐ Orientation
- ☐ Impulse Control
- ☐ Other*

Was a Formal Mental Status Obtained?

☐ Yes ☐ No

Formal Mental Status Exam Results

- ☐ Impaired S-T Memory
- ☐ Can't Do Serial 7's
- ☐ Paucity of Knowledge
- ☐ Impaired L-T Memory
- ☐ Can Do Serial 7's
- ☐ Poor Orientation

***Other Mental Status Exam Information** (also include explanation if "other" was selected for any of the items above)

Domain 2 – Trauma

Trauma History, Trauma Symptoms and Reactions, Trauma Screening Results

Trauma History

Trauma History *(select 1 or more)* 1 2

☐ Physical Abuse	☐ Domestic Violence	☐ Immigration/Displacement	☐ Other
☐ Sexual Abuse	☐ Military Combat	☐ Separation	☐ Unknown
☐ Assault	☐ Torture	☐ Suspected	☐ None

Current Domestic Violence Issues? 1 2	☐ Yes	☐ No	☐ Unknown
Past Domestic Violence Issues? 1 2	☐ Yes	☐ No	☐ Unknown
Victim of Violence? 1 2	☐ Yes	☐ No	☐ Unknown

Trauma History Not Previously Specified *(including but not limited to past or present, juvenile justice, criminal justice, social services involvement, adverse childhood events, etc.)*

Trauma Symptoms and Reactions

Trauma Reactions *The client's reaction / impact of traumatic situations (e.g., PTSD symptoms, avoidance of feelings, irritability, interpersonal problems, etc.).*

Trauma Screening *Trauma Related DHCS Approved Screening Tools (e.g. ACE). – DHCS has not yet identified an approved screening tool. This section not yet required.*

Domain 3 – Behavioral Health History

Behavioral Health History, Co-occurring Substance Use

Mental Health History			
Mental Health Outpatient Treatment History *(incl. Providers and dates, therapeutic interventions, and responses)* 1 2			
Psychiatric Hospitalization / Partial Hospitalization History / Residential *(incl. provider and dates)* 1 2			
Additional Information Regarding Mental Health History Not Previously Mentioned (incl. Diagnoses History)			

Co-Occurring Substance Use			
SUD Outpatient Treatment History *(incl. Providers and dates, therapeutic interventions, and responses)*			
SUD Hospitalization / Partial Hospitalization History / Residential Treatment History *(incl. provider and dates)*			

Substance Use / Abuse / Misuse History

Substance Use Issues Impacting Client (select 1 or more) 1 2

- ☐ Current Substance Abuse
- ☐ Abuse / Misuse of Prescription Drugs
- ☐ Abuse / Misuse of Caffeine
- ☐ Abuse / Misuse of Narcotics
- ☐ Abuse / Misuse of OTC Medications
- ☐ Past Substance Abuse History
- ☐ Use of Illicit Drugs
- ☐ Use Impacts Functioning/Presenting Problems
- ☐ None
- ☐ Unknown
- ☐ Other

Does Substance Use Impact Risk? ☐ Yes ☐ No ☐ Unknown

Current and Past Use *(Drug Name, Method, Frequency, and Date of Last Use)* – You may use the free text box and/or the grid below.

Substance	Age of 1st Use	Highest Usage Amount and Frequency dur. Time Period	Current Usage with Amount/Frequency/Route	Date of Last Use	Rating of current abuse 0 – 4 minimal- severe
Alcohol					
Amphetamines					
Cocaine					
Opiates					
Sedatives					
PCP					
Hallucinogens					
Inhalants					
Marijuana					
Cigarettes					
RX Drugs					

Toxicology Screen

Client supplied a urine specimen for tox screen. ☐ Yes ☐ No ☐ Not Applicable

Results of Tox Screen

Domain 4 – Medical History

Medical History, Current Medications, Co-occurring Conditions (other than substance use)

Medical History	1	2	

Co-Occurring Conditions *(e.g., Treatment History, Diabetes, Sleep Disorders, etc.) (Not Including Co-Occurring Substance Use)* 1 2

Medical History *(Other Conditions Not Mentioned, Including Significant Illnesses, Past Chronic Conditions / Treatment History / Surgeries / Allergies))* 1

Medication History	1	2	

Current Medications *(incl. Prescriber, Medication Name, Dosage, Frequency, Adherence, Adverse Reactions, Response, Start/End Dates)* – You may use the free text box and/or the grid below.

Current RX Med.	Amount	Frequency	Prescribed By	Purpose of Med.
OTC/Herbs	**Amount**	**Frequency**	**Prescribed By**	**Purpose of Med.**

Medication History	1	2	

Past Medications (Medication History) *(incl. Prescriber, Medication Name, Dosage, Frequency, Adherence, Adverse Reactions, Response, Start/End Dates)*

Domain 5 – Social and Cultural History

Social and Life Circumstances, Culture/Religion/Spirituality

Social and Life Circumstances (CSI)

	1	2	
Number of Children **Under the Age of 18** the Client Cares for or Is Responsible For At Least 50% of the Time (CSI)			
Number of Dependent Adults **Age 18 or Older** the Client Cares for or Is Responsible For At least 50% of the Time (CSI)			

Living Arrangement (CSI)

- ☐ House or apartment (includes trailers, hotels, dorms, barracks, etc.)
- ☐ House or apartment and requiring some support with daily living activities (applies to adults only)
- ☐ House or apartment and requiring daily support and supervision (applies to adults only)
- ☐ Supported housing (applies to adults only)
- ☐ Board and Care
- ☐ Adult Residential Facility, Social Rehabilitation Facility, Crisis Residential, Transitional Residential, Drug Facility, Alcohol Facility
- ☐ Justice Related (Juvenile Hall, CYA home, correctional facility, jail, etc.)
- ☐ Community Treatment Facility
- ☐ Mental Health Rehabilitation Center (24 hour)
- ☐ Skilled Nursing Facility / Intermediate Care Facility / Institute of Mental Disease (IMD)
- ☐ Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), or Veterans Affairs (VA) Hospital
- ☐ State Hospital
- ☐ Residential Treatment Center (includes Levels 13-14 for children)
- ☐ Group Home (includes Levels 1-12 for children)
- ☐ Foster family home
- ☐ Homeless, no identifiable residence*
- ☐ Other
- ☐ Unknown / Not Reported

Homeless Category (CSI)*

**Required if indicated Homeless above*

- ☐ Shelter
- ☐ Transitional
- ☐ Doubling Up
- ☐ Street (Including vehicle, RV, tent)
- ☐ Permanent Supportive Housing
- ☐ Unknown

Social and Life Circumstances

	1	2	

Daily Activities, Social Networks, Community Engagement *Psychosocial History / Family History / Immigration History / Relationships / Interests / Social Activities and Supports*

Education

Education (Highest Grade level Completed) (CSI) 1 2

- ☐ None, Kindergarten
- ☐ Other - Includes vocational education and training.
- ☐ Unknown / Not Reported
- ☐ Grade levels - Indicate highest grade completed.
  Grades 1-20: _____
  (If the highest grade completed is greater than 20, code 20 as the highest grade completed.)

Education Details

Employment

Employment Status (CSI) 1 2

- ☐ Employed in competitive job market (Full Time, 35 hours or more per week)
- ☐ Employed in competitive job market (Part Time, less than 35 hours per week)
- ☐ Employed in noncompetitive job market (Full Time, 35 hours or more per week)
- ☐ Employed in noncompetitive job market (Part Time, less than 35 hours per week)
- ☐ Actively looking for work
- ☐ Homemaker
- ☐ Student
- ☐ Volunteer Worker
- ☐ Retired
- ☐ Resident / Inmate of Institution
- ☐ Other
- ☐ Unknown / Not Reported

Employment Details

Legal Involvement

Conservatorship / Court Status (CSI) 1 2

- ☐ Temporary Conservatorship
- ☐ Lanterman-Petris-Short
- ☐ Murphy
- ☐ Probate
- ☐ PC 2974
- ☐ Representative Payee Without Conservatorship
- ☐ Juvenile Court, Dependent of the Court
- ☐ Juvenile Court, Ward - Status Offender
- ☐ Juvenile Court, Ward - Juvenile Offender
- ☐ Not Applicable
- ☐ Unknown / Not Reported

Past / Present Criminal Justice History & System Involvement *(incl. legal issues, arrests, probation, child custody/courts, DUI, CPS involvement, other system involvement)*

Military History

Culture / Religion / Spirituality 1 2

SOGIE	1	2	
What is your sexual orientation?	☐ Straight or heterosexual ☐ Lesbian or Gay ☐ Another ☐ Bisexual ☐ Queer ☐ Asexual ☐ Don't know / Declined to Answer ☐ Did not ask If Another Sexual Orientation:		
What is your current gender identity?	☐ Male ☐ Female ☐ Another ☐ Male to Female / Transgender Female ☐ Female to Male / Transgender Male ☐ Genderqueer not exclusive male / female ☐ Declined to Answer ☐ Did not ask If Another Gender Identity:		
What are your pronouns?	☐ He / Him ☐ Another ☐ She / Her ☐ They / Them ☐ Declined to Answer ☐ Did not ask If Another Pronoun:		
What sex were you assigned at birth on your original birth certificate?	☐ Male ☐ Female ☐ Another ☐ Declined to Answer ☐ Did not ask If Another Sex Assigned at Birth:		
Have you been diagnosed by a Doctor with an intersex condition?	☐ Yes ☐ No ☐ Declined to Answer ☐ Did not ask		

Ethnicity	1	2	
☐ Hispanic or Latino ☐ Cuban ☐ Puerto Rican ☐ Other Hispanic ☐ Not Of Hispanic Origin ☐ Unknown/ Not Reported			

Race	1	2	
☐ Amerasian ☐ American Native ☐ Asian Indian ☐ Black or African American ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Guamanian ☐ Hawaiian Native ☐ Hispanic or Latino ☐ Hmong ☐ Japanese ☐ Korean ☐ Laotian ☐ Mien ☐ Multiple ☐ Other ☐ Other Asian ☐ Other Asian or Pacific Islander ☐ Other Pacific Islander ☐ Samoan ☐ Tongan ☐ Unknown/ Not Reported ☐ Vietnamese ☐ White / Caucasian			

Language for Assessment			1	2	
Is Client able to communicate in English?	☐ Yes ☐ No				
Was Interpreter Used?	☐ Yes ☐ No	Name of Interpreter			
Language in which Assessment was conducted					

Client's Language(s)				1	2		
Client's Primary Language	Client's Preferred Language	Language of Client's Family		Client's Primary Language	Client's Preferred Language	Language of Client's Family	
☐	☐	☐	American Sign Language (ASL)	☐	☐	☐	Mandarin
☐	☐	☐	Arabic	☐	☐	☐	Mien
☐	☐	☐	Armenian	☐	☐	☐	Other Chinese Dialects
☐	☐	☐	Cambodian	☐	☐	☐	Other Non-English
☐	☐	☐	Cantonese	☐	☐	☐	Other Sign Language
☐	☐	☐	English	☐	☐	☐	Polish
☐	☐	☐	Farsi	☐	☐	☐	Portuguese
☐	☐	☐	French	☐	☐	☐	Russian
☐	☐	☐	Hebrew	☐	☐	☐	Samoan
☐	☐	☐	Hmong	☐	☐	☐	Spanish
☐	☐	☐	Llocano	☐	☐	☐	Tagalog
☐	☐	☐	Italian	☐	☐	☐	Thai
☐	☐	☐	Japanese	☐	☐	☐	Turkish
☐	☐	☐	Korean	☐	☐	☐	Unknown / Not Reported
☐	☐	☐	Lao	☐	☐	☐	Vietnamese

Domain 6 – Strengths and Risk Factors

Strengths, Risk Behaviors, and Protective Factors

Strengths and Protective Factors	1	2	
Strengths, Positive Coping Skills, Values, Motivations, Desires, Hobbies, Interests, Available Resource and Supports			

Risk Factors and Behaviors	1	2	

Risk HARM TO SELF/SUICIDAL Thoughts/Behavior 1 2

☐ Yes ☐ Undetermined
☐ Denied

Past HARM TO SELF/SUICIDAL Thoughts/Behavior 1 2

☐ Yes ☐ Unknown
☐ Denied

Current HARM TO OTHERS/HOMICIDAL Thoughts 1 2

☐ Yes ☐ Undetermined
☐ Denied

Past HARM TO OTHERS/HOMICIDAL Thoughts 1 2

☐ Yes ☐ Unknown
☐ Denied

Recklessness / Engaged in Violent Acts? (physical, sexual, vandalism) 1 2

☐ Yes ☐ Unknown
☐ Denied

Access to FIREARMS / WEAPONS 1 2

☐ Yes ☐ Undetermined
☐ Denied

Risk factors For Danger to Self or Others, and Gravely Disabled 1 2

Risk Factors and Behaviors	1	2	
Sexual History / HIV Risk (RESTRICTED)			
Triggers for Risk *(if not previously mentioned in Trauma section)*			

Domain 7 – Clinical Summary

Clinical Summary and Recommendations, Diagnostic Impression, Medical Necessity Determination/LOC/Access Criteria. All items in Domain 7 must be completed by an LPHA.

LPHA Required Fields for CSI	1	2	LPHA Only
Has client experienced traumatic events?	☐ Yes	☐ No	☐ Unknown
Does client have a substance abuse/dependence diagnosis?	☐ Yes	☐ No	☐ Unknown / Not Reported
Substance Abuse / Dependence Diagnosis			

Treatment Recommendations

1 2 LPHA Only

Treatment is being provided to address an important area of life functioning

☐ School / Work Functioning ☐ Social Relationships ☐ Daily Living Skills

☐ Ability to maintain placement ☐ Symptom Management ☐ Does Not Meet Criteria to Access SMHS

Recommendations for Interventions and Goals

Service Strategies (CSI)

1 2 LPHA Only

Evidenced Based Practices

☐ Assertive Community Treatment
☐ Supportive Employment
☐ Supportive Housing
☐ Family Psychoeducation
☐ Integrated Dual Diagnosis Treatment
☐ Illness Management and Recovery
☐ Medication Management
☐ New Generation Medications
☐ Therapeutic Foster Care
☐ Multisystemic Therapy
☐ Functional Family Therapy
☐ Unknown Evidence-Based Practice/ Service Strategy

Service Strategies

☐ Peer/Family Delivered
☐ Psycho-Education
☐ Family Support
☐ Supportive Education
☐ Delivered in Partnership with Law Enforcement
☐ Delivered in Partnership with Health Care
☐ Delivered in Partnership with Social Services
☐ Delivered in Partnership with Substance Abuse Services
☐ Integrated Services for MH & Aging
☐ Integrated Services for MH & Developmental Disability
☐ Ethnic-Specific Service Strategy
☐ Age-Specific Service Strategy

Clinical Impressions			LPHA Only
Clinical Formulation / Summary *(incl. current presenting issues, course of treatment, impairments, diagnostic criteria, strengths)* 1 2			
Additional Factors or Comments			

CalAIM Assessment
Adults (18 and Older)

MR#:
Name:

Problem List						1	2	LPHA Only
DSM V Diagnosis / Problem List Item	ICD 10 Code	Date Added	Date Removed	Added or Removed By (Full Name of Staff)	Provider Title / Discipline	Primary Dx	SUD Dx	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	

General Medical Conditions (CSI) Check identifying physical health condition(s) as reported by client.				1	2	LPHA Only
17 = Allergies ☐	11 = Cirrhosis ☐	04 = Hyperlipidemia ☐	31 = Physical Disability ☐			
16 = Anemia ☐	07 = Cystic Fibrosis ☐	05 = Hypertension ☐	08 = Psoriasis ☐			
01 = Arterial Sclerotic Disease ☐	25 = Deaf/Hearing Impaired ☐	14 = Hyperthyroid ☐	36 = Sexually Transmitted ☐			
19 = Arthritis ☐	12 = Diabetes ☐	13 = Infertility ☐	32 = Stroke ☐			
35 = Asthma ☐	09 = Digest Reflux, Irritable Bowel ☐	27 = Migraines ☐	33 = Tinnitus ☐			
06 = Birth defects ☐	34 = Ear Infections ☐	28 = Multiple Sclerosis ☐	10 = Ulcers ☐			
23 = Blind/Visually Impaired ☐	26 = Epilepsy/Seizures ☐	29 = Muscular Dystrophy ☐	00 = No Gen. Medical Condition ☐			
22 = Cancer ☐	02 = Heart Disease ☐	15 = Obesity ☐	37 = Other ☐			
20 = Carpal Tunnel Syndrome ☐	18 = Hepatitis ☐	21 = Osteoporosis ☐	99 = Unk/Not Report'd. GMC ☐			
24 = Chronic Pain ☐	03 = Hypercholesterolemia ☐	30 = Parkinson's Disease ☐	31 = Physical Disability ☐			

Diagnosis Comments	1	2	LPHA Only

Contributing Practitioner			LPHA Only
Contributing Practitioner 1			
Area of Contribution			
Contributing Practitioner 2			
Area of Contribution			

Authorized Clinical Staff* involved in assessment interview Signature and Date	**Assessor's Name/Discipline** – Printed Conducted the Mental Status Exam and provided Diagnosis.	Date
Authorized Clinical Staff* involved in assessment interview Signature and Date	**Assessor's Signature and Discipline**	Date

Assessor **must** be a *Licensed/Registered/Waivered MD/OD/NP, MFT, LCSW, LPCC, PhD/PsyD, RN with Psych MS or Trainee with co-signature.*

(At minimum the assessor is responsible for reviewing the completed assessment, conducting the mental status exam, providing a clinical formulation and providing the diagnosis. Assessor signs here to co-sign for assessments provided by trainees.)