APPENDIX K

INDICATORS FOR REFERRAL TO THE DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

You will obtain important direct and indirect information from other sections of the instrument which can be used to complete the mental health assessment. Pay particular attention to the following aspects of the individual's appearance and behavior during the total interview with the client and/or caregiver for pertinent information about a person's cognitive and emotional behavior.

Demographic: Can the client accurately give information about address, telephone number, date of birth, etc.?

Physical Environment: Is the living area cluttered, unclean, with spoiled food around, or numerous animals not well cared for? Is there evidence of pests?

Appearance: Does the client have soiled clothing and poor hygiene?

Functional Status: Does the client have difficulty with physical/maintenance of activities of daily living (ADLs)? Does a once routine activity now seem too complex to the client? (This may indicate dementia.) Does the client start an activity and then stop in the middle of it? Does the client walk with unsteady gait, have trouble with balance, and appear awkward? Does the client have slowed movements; everything seems an effort, tired, weak? Any of these may indicate depression or the need for further evaluation.

IADLs: Does the client have diminished or absent ability to do instrumental ADLs?

Health Assessment: Does the client have somatic concerns: complain of headaches, dizziness, shortness of breath, heart racing, faintness, and stomach or bowel disturbances (May indicate depression)? Does the client have trouble falling asleep awakening early or awakens for periods in the middle of the night? This may also indicate depression or the need for further evaluation.

Medication: Is there inappropriate use or misuse of prescribed and/or over-the-counter medications?

Speech: Are there speech difficulties, slurring, word-finding problems, can't get ideas across? (May indicate dementia).

Fractures/Dislocations: Does the client have fractures/bruises and is hesitant to give the cause?

Nutrition: Does the client have problems with appetite--eating too much or too little? Does the client have an unhealthy diet?

Hospitalization/Alcohol Use: Does the client have problematic alcohol use?

Cognitive: Does the client appear confused, bewildered, confabulates answers, speaks irrelevantly or bizarrely to the topic? Is the client easily distracted, has poor concentration, responds inconsistently when questioned? Is the client aware of surroundings, time, place, and situation? Does the client misplace/lose personal possessions? (May or may not complain of this) Does the client have angry outbursts and agitation? Does the client have decreased recognition of family and familiar places?

Emotional/Social: Does the client appear sad, blue, or despondent? Have crying spells, complains of feeling sad or blue, speaks and moves slowly, suffers significant appetite and sleep habit changes, has vague/somatic complaints and complains of memory impairments without objective impairment? (May indicate depression) Does the client appear unusually excited or emotionally high? Show pressured, incessant and rapid speech? Brag, talk of unrealistic plans, and show a decreased need for food or sleep? (May indicate grandiosity, euphoria, mania) Does the client appear to be hallucinatory? Hear or see things that aren't there? Talk, mutter, or mumble to himself/herself? Giggle or smile for no apparent reason? (May indicate hallucinations) Does the client appear to be suspicious, feel that others are against him/her? Out to get him/her? Feel others are stealing from him/her? Feel he/she is being persecuted or discriminated against? Believe has special qualities/power? (May indicate delusions) Does client feel life is not worth living? Has she/he given up on self/ Does individual feel those who care about him/her have given up on him/her? Has the client ever considered ending his/her life? (May indicate suicidal thoughts, ideation, or gestures) Has the client ever considered harming someone? (May indicate homicidal ideation) Is the client fidgety, nervous, sweating, fearful, pacing, agitated, frightened, and panicky? (May indicate fearfulness, anxiety, or agitation) Inappropriate and disturbing (disruptive) behavior, particularly when it is more problematic for caretakers than the client (take note of how often the behavior occurs, when it began, and how much it currently upsets people in the immediate environment):

- Being suspicious and accusatory
- Verbally threatening to harm self or others
- Yelling out, screaming, cursing
- Taking others' things, hiding/hoarding possessions
- Being agitated, uncooperative and resistive with necessary daily routines
- Being a danger to self or others
- Exhibiting inappropriate sexual behavior
- Inappropriately voiding of urine or feces (voiding in non-bathroom locations)
- Being unaware of need to use bathroom or problems locating a bathroom
- Exhibiting intrusive or dangerous wandering (danger of getting lost, entering/damaging others' property, wandering into traffic)
- Exhibiting poor impulse control
- Exhibiting impaired judgment

Based on your assessment, if the client is currently exhibiting any of the following, a referral to the local CSB or other mental health professional should be considered:

Behavior	***Thinking***	***Affective/Feelings***
Aggressive/combative	Hallucinations	Helplessness
Destructive to self, others, or property	Delusions	Hopelessness
Withdrawn/social isolation	Disoriented	Feeling worthless
Belligerence/hostility	Seriously impaired judgment	Sadness
Anti-social behavior	Suicidal/homicidal thoughts, ideas, or gestures	Crying spells
Appetite disturbance	Cannot communicate basic needs	Depressed
Sleep disturbance	Unable to understand simple commands	Agitation
Problematic substance abuse	Suspicion/persecution	Anxiety
Sets fires	Memory loss	
	Grandiosity/euphoria	

If an individual is dangerous to self or others or is suicidal, an immediate referral should be made to the local CSB or other mental health professional.

Substance Abuse: A referral to the CSB should be considered when:

- A client reports current drinking of more than 2 drinks of alcohol per day. Further exploration of the usage is suggested; or
- Any current use of non-prescription mood-altering substances (e.g., marijuana, amphetamines).

Mental Retardation/Developmental Disability

Mental Retardation:

Diagnosis if:

- The person's intellectual functioning is approximately 70 to 75 or below;
- There are related limitations in two or more applicable adaptive skills areas; and
- The age of onset is 18 or below.
- Use these questions or observations to assess undiagnosed but suspected MR:
- Did you go to school?
- What grade did you complete in school?
- Did you have special education?
- Does the individual have substantial functioning limitations in two or more of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work?

If a person meets the above definition of mental retardation, a referral should be made to the local CSB.

Developmental Disability

Definition: A severe, chronic disability of a person that:

- Is attributable to a mental or physical impairment or combination of mental or physical impairments;
- Is manifest before age 22;
- Is likely to continue indefinitely; and
- Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language; mobility; self-direction and capacity for independent living or economic self-sufficiency; or reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services which are lifelong or extended duration and are individually planned and coordinated.

Developmental disability includes, but is not limited to, severe disabilities attributable to autism, cerebral palsy, epilepsy, spinal bifida, and other neurological impairment where the above criteria are met. People who have mental health, mental retardation, or substance abuse problems should be assisted to achieve the highest level of recovery, empowerment, and self-determination that is possible for them. In order to achieve this, applications to and residents of facilities such as assisted living facilities may need mental health, mental retardation, or substance abuse services.

If a need for these services if identified, the client should be referred to the CSB, behavior health authority (BHA), or other appropriate licensed provider that serves the locality in which the person resides. It is not necessary to make a diagnosis or to completed a clinical assessment to make a referral to a CSB/BHA/licensed provider, but it is important to describe the behavior and/or symptoms that are observed on the screening matrix.

The screening matrix should be included with the UAI when it is forwarded to the provider who will care for the individual.

SCREENING FOR MENTAL HEALTH/MENTAL RETARDATION/ SUBSTANCE ABUSE NEEDS

Concerns/ Symptoms/ Behaviors	Refer to CSB/BHA or appropriate Licensed Provider for MH services	Refer to CSB/BHA or appropriate Licensed Provider for MR services	Refer to CSB/BHA or appropriate Licensed Provider for SA services	Refer to PCP (1st) for Medical Screening/ Services	Please record info. on the most appropriate UAI sections noted below
1. Received a diagnosis of mental retardation, originating before the age of 18 years, characterized by significant sub-average intellectual functioning as demonstrated by performance on a standardized measure of intellectual functioning (IW test) that is at least two standard deviations below the mean and significant limitations in adaptive behavior as expressed in conceptual, social, and practical skills.		X			#1-Demographic Info/Education #1-Current Formal Services #2-Functional Status-Comments #3-Diagnoses #5- Client Case Summary
2. Currently engaging in I.V. drug abuse and is willing to seek treatment.			X		#4-Drug Use #5-Client Case Summary
3. Currently pregnant and engaging in substance abuse to the degree that the health/welfare of the baby is seriously compromised, and is willing to seek treatment.			X		#4-Drug Use #5-Client Case Summary
4. Currently expressing thoughts about wanting to die or to harm self or others.	X Call immediately				#4-Emotional Status #5-Client Case Summary
5. Currently under the care of a psychiatrist and taking medications prescribed for serious mental health disorders (e.g. schizophrenia, bi-polarity, or major affective disorders.)	X				#1-Current Formal Services #3-Physical Health #4-Emotional Status #4-Hospitalization #5-Client
6. Past history of psychiatric treatment (outpatient and/or hospitalizations) for serious mental health disorders (e.g. schizophrenia, bipolarity, or major affective disorders.)	X				#4-Hospitalization #5-Client Case Summary
• Currently exhibiting the following behaviors that are not due to medical or organic causes: • Reports hearing voices, and/or talks to self, giggles/smiles at inappropriate times).	X				#3-Sensory Functions #4-Emotional Status #5-Client Case Summary
• Reports seeing thing that are not present.	X				#3-Sensory Functions #4-Emotional Status #5-Client Case Summary
• Inflicting harm on self by cutting, burning, etc.	X Call immediately				#4-Emotional Status #5-Client Case Summary

Concerns/ Symptoms/ Behaviors	Refer to CSB/BHA or appropriate Licensed Provider for MH services	Refer to CSB/BHA or appropriate Licensed Provider for MR services	Refer to CSB/BHA or appropriate Licensed Provider for SA services	Refer to PCP (1st) for Medical Screening/ Services	Please record info. on the most appropriate UAI sections noted below
• Has difficulty staying physically immobile, insists on constantly moving physically within the environment, paces rapidly, and/or talks in a very rapid fashion, and may express grandiose and obsessive thoughts.	X				#3-Sensory Functions #4- Behavior Pattern #4-Emotional Status #5-Client Case Summary
• Confused, not oriented/aware of person, place, and time; may wander in or outside of facility/ home.				X	#4-Cognitive Functions #4-Behavior Pattern #5-Client Case Summary
• Significant mood changes occur rapidly within one day and are not related to the environment.	X				#4-Emotional Status #5-Client Case Summary
• Becomes easily upset and agitated, exhibits behaviors others find intimidating, threatening, or provocative, may destroy property, and may feel others are "out to hurt him."	X				#4-Emotional Status #5-Client Case Summary
• Cries often, appears consistently sad, and exhibits very few other emotions.				X	#4-Emotional Status #5-Client Case Summary
• Has little appetite or energy, consistently sleeps more than 9-10 hours /day, or has problems sleeping, and has little interest in social activities.				X	#3-Nutrition #4-Emotional Status #4-Social Status #5-Client Case Summary
• Level of personal hygiene and grooming has significantly declined.				X	#3-Functional Status #5-Client Case Summary
7. Displaying behaviors that are considered very unusual in the general population and a medical exam has found no physical basis (i.e. Alzheimer's Disease, brain injury, MR, etc.) Behaviors may include:	X				#5-Client Case Summary
• Eating non-food items	X				#5-Client Case Summary
• Voiding (urine and/or feces) in inappropriate places and/or inappropriately handling/disposing of these items.	X				#5-Client Case Summary
• Inappropriate sexual aggression or exploitation.	X				#5-Client Case Summary
• Combatively engaging in odd, ritualistic behaviors.	X				#5-Client Case Summary