

Recovery Needs Level ® Version 6.0 Instructions

1) Overall Functioning *(Select only one)*

Current symptoms lead the individual to be unable to perform activities of daily living or meaningfully engage with service providers without significant outreach, case management, and community support.

- Self-Explanatory

Current symptoms lead the individual to be unable to perform some activities of daily living without case management and community support.

- Self-Explanatory

Individual most benefits from therapy sessions with only occasional case management and community support.

- Self-Explanatory

Individual most benefits from therapy sessions with infrequent telephonic or office-based case management support.

- Self-Explanatory

Individual most benefits from psychiatry services only and does not desire therapy sessions.

- Self-Explanatory

2) Psychiatric Hospital/ Crisis Team / Emergency Room

Enter the number of Psychiatric Hospital visits, Psychiatric Crisis Team contacts, and Psychiatric Emergency Room visits within the last 12 months: _____

- *When completing this section, please be as accurate as possible. Everything more than 3 in the past year are in the same category. (For example, a person hospitalized 5 times in the past year is not specifically accorded greater weight toward high intensity treatment than a person hospitalized 4 times.)*

3) Basic Needs *(Select only one)*

Basic Needs Compromised

- Check this box if, in your best clinical judgment, the person's ability to care for their basic needs, on their own, has been compromised and they do not have other individuals (family members, friends, other service providers) assisting them with these needs.

Basic Needs Met

- If the person can care for their needs, but may not do them very well, check this box. Also check this box if the person meets their needs well.

4) Nursing Home *(Select only one)*

Placed in Nursing Home

- Check this box if the person is currently residing in a nursing home.

Risk of Nursing Home Placement

- Check this box if you believe that the person is at significant risk of needing a nursing home in the next six months. Consider this risk in light of the person's skills, not in light of services currently being provided. If the services that the person is currently receiving are directly keeping them from nursing home placement, then the person would be considered at risk of nursing home placement.

No Risk of Nursing Home

- Check this box if the person is not at risk of nursing home in the next 6 months.

5) Legal (*Select only one*)

Arrested with significant legal issues

- Check this box if the person has ever been arrested and still has significant legal issues resulting from this arrest.

3 or more minor offenses in 6 months

- Check this box if the person has been charged with 3 or more misdemeanor crimes or violations of a city ordinance the last six months, but does not face significant legal consequences; i.e. jail time.

Less than 3 minor offense in 6 months

- Check this box if the person has been charged with 2 or one misdemeanor crimes or violations of a city ordinance the last six months, but does not face significant legal consequences: i.e. jail time.

No legal issues or manages by self

- Check this box if the person is involved with any noncriminal legal issue, or if the person is managing the consequences of an offense successfully by his/herself.

6) Substance Abuse (*Select only one*)

Co-diagnosis of Substance Abuse as an Ongoing Problem

- Check this box if the person is officially diagnosed with a substance abuse diagnosis, and is still abusing substances.

Substance Abuse Ongoing with Serious Results

- Check this box if the person is currently abusing substances and having serious consequences from this abuse, even if the person does not have such a diagnosis listed on their chart. Please consider adding this diagnosis if appropriate.

Episodic Substance Use Without Dangerous Behavior or Damage

- Check this box if the person is using but not exhibiting dangerous behavior or damage; i.e. passing out in the streets in winter, or neglecting a serious medical condition because of their use.

No Substance Abuse Diagnosis or Abstinent

- Check this box if the person has not been diagnosed with a substance abuse disorder or if the person has been diagnosed but has been abstinent for at least 3 months.

7) Residence (*Select only one*)

Homeless in last 3 Months

- Check this box if the person has been homeless in the last three months; i.e. stayed at a homeless shelter, streets, friends etc., or hospital or transitional living facility with no permanent housing.

High risk for Homelessness in past 3 months

- Check this box if, in your best clinical judgment, the person has been at risk of becoming homeless in the last three months.

Unstable, substandard living situation

- Check this box if the person is living in a squalid and or dangerous living situation highlighted by unsanitary conditions throughout the building, broken or non-functional basic utilities like stoves, sinks, heat or toilets, or a structure that was not intended as a residence.

Secure stable housing

- Check this if the person lives in secure, stable housing highlighted by a reasonable level of building safety and sanitation and functional basic utilities. The housing does not have to be perfect but must meet standard building and safety codes and be intended for human occupation.

8) Self Harm (*Select only one*)

Self-harm in the last 60 days

- Check this box if the person has directly and purposefully injured themselves in the last sixty days. Do not check this box if the person has indirectly caused harm to their body: i.e. smoked cigarettes, used alcohol or other street drugs.

Suicidal ideation in the past 3 months

- Check this box if the person has expressed thoughts of hurting themselves in the last 3 months.

Suicidal gestures in the past 6 months

- Check this box if the person has expressed a concrete plan to die by suicide within the last 6 months. (i.e. bought a gun for the purpose of shooting themselves; is giving away their belongings; has made statements about not needing to worry about them any longer).

Not Applicable

9) Harm to Others (*Select only one*)

Impulsive acting out/Physical assault/Uncontrollable anger resulting in physical harm/Potential to harm others in the past two years.

- Check if the person has harmed someone in the past two years. Check if, in your clinical judgment, the person's acting out or uncontrolled anger has presented a real or substantial potential for them to hurt someone else, even if that harm did not become reality.

Threat of physical harm to others in the last 6 months

- Check this if, in your judgment, the person has made a clear threat to harm someone else in the last 6 months.

Not Applicable

10) Medication Management (*Select only one*)

Inadequate follow through on taking psychotropic or physical health medications.

- Check this box if the person still has difficulty following their medication regime even after reminders and/or administration have been arranged.

Requires medication reminders and medication administration for psychotropic or physical health medications.

- Check this box if the person is not able to take their medication without some level of direct monitoring or help; i.e. having medication monitored twice a week or having a nurse help the person fill a medication box every week, etc.

Medication compliance or person is able to discuss issues of non-adherence for psychotropic or physical health medications.

- Check this box if the person is able to take their medication independently or is able to discuss their decision not to take medications, with the treatment team.

No Medications prescribed (psychotropic or physical health medications)

- Check this box if the person is not prescribed any psychotropic or somatic medications.

11) Engagement (*Select only one*)

No engagement in services

- Check this box if the person has refused all or most of the services that you have offered, or has only accepted as a result an outside influence such as parole or probation.

No acceptance of illness/limited responsibility for their recovery

- Check this box if the person does not accept their mental illness and takes only limited responsibility for making decisions and taking steps to make progress in his/her recovery or if the person does not use available resources independently or only in cases of extreme need.

Limited engagement/equivocal acceptance or understanding of mental illness

- Check this box if the person is beginning to accept responsibility for his/her recovery but does not yet have a full understanding of his/her mental illness or a full commitment to treatment.

Engages in services positively

- Check this box if the person takes ownership of, and responsibility for, his/her treatment and recovery.

12) Psychiatrist (*Select only one*)

Individual wishes psychiatry only services but treatment team believes more clinical support is needed at this time.

- Self-Explanatory

Individual wishes psychiatry only services and treatment is in agreement at this time.

- Self-Explanatory

Not Applicable

13) Case Management (*Select only one*)

Requires outreach to link with **all** essential services

- Check this box if the person needs a case manager to pick them up and accompany them to appointments.

Inadequate follow through with elements of the service plan, like following crisis plan and maintaining housing

- Check this box if the person has a significant history of not following through with elements of his/her treatment which may put them at risk, such as engaging in activities which may jeopardize housing or not following through with a crisis plan.

Needs case management for reliable appointments

- Check this box if the person misses many appointments if his/her case manager does not accompany them or remind them of these appointments.

Manages progress with *occasional* help from case manager OUT OF OFFICE.

- Check this box if the person *only occasionally* needs case management help setting up or getting to appointments and maintaining activities of daily life.

Manages progress with *occasional* TELEPHONIC help from therapist/case manager

- Check this box if the person only occasionally needs case management or the therapist's help setting and getting to appointments through telephone reminders and prompting.

Manages Own Needs

- Check this box if the person does not need professional help linking to services to meet basic needs or help managing activities of daily life needed to maintain housing and general well-being.

14) Support (*Select only one*)

No Community Support for the individual's recovery

- Self-Explanatory

Some Community Support for the individual's recovery

- Self-Explanatory

Strong community support for the individual's recovery.

- Self-Explanatory

15) Physical Health (*Select only one*)

Significant, uncontrolled medical conditions

- Check this box if the person needs assistance with an uncontrolled medical condition that currently and significantly impairs their ability to live and function in the community.

Health issues are well managed

- Check this box if the person currently does not have significant health issues or if they have significant health issues they manage on their own and do not significantly impair their ability to live and function in the community.

No identified or reported health issues

- Self-explanatory

16) Environment (*Select only one*)

Highly stressful environment, including victimization, disabling or life-threatening illness lack of permanent residence, difficulty avoiding substance users

- Check this box if the stressors listed here are directly related to the person's residence. Do not check this box simply because it is generally difficult to avoid substance users in the community.

Moderately stressful environment including significant difficulties in important relationships, sustained decline in health status, exposure to drugs/alcohol

- Check this box if the person is having significant difficulties in important relationships. Check this box if the person's health is worsening as the result of a chronic medical condition; i.e. Diabetes, AIDS, End Stage Renal Failure etc. Check this box if the person is regularly exposed to drugs and alcohol where they reside.

Mildly stressful environment

- Check this box if the person is not generally exposed to alcohol or drug users where they live, has no ongoing health issues that are getting worse, or has some social support system.

17) Mental Health Symptoms (*Select only one*)

Individual can meet daily needs, but symptoms frequently hinder him/her from accomplishing activities.

- Check this box if the person's symptoms cause serious behavioral problems which affect their ability to live independently or make independent progress on their recovery goals.

Individual can meet daily needs, but symptoms occasionally prevent some activities

- Check this box if the person's symptoms are controlled to the point that they can perform most daily tasks such as shopping, navigating the community, attending appointments, most of the time but *occasionally* are prevented from accomplishing these tasks because of symptoms like depression, paranoia, or anxiety.

If and when symptoms occur, the individual manages them so effectively that they cause no major interference.

- Check this box if the person is very rarely prevented from completing a task by the symptoms of their mental illness.