ILSA-Basic™ v.2.0

Integrated Longitudinal Strength-based Assessment, Version 2.0

A RECOVERY-ORIENTED PROCESS FOR ADULTS

The ILSA™ is an integrated, recovery-oriented, strength-based assessment process that is designed to establish a helping partnership between clinicians or helpers or any kind (including peer specialists) and clients or families, and to help clients and families identify their goals, strengths, issues, and next steps, all in the context of "telling their story."

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Section 1
Can be completed by Clinician (with Client) or by Client or Family Member

I

INSTRUCTIONS

The ILSA™ is an integrated, recovery-oriented, strength-based assessment process that is designed to establish a helping partnership between clinicians or helpers or any kind (including peer specialists) and clients or families, and to help clients and families identify their goals, strengths, issues, and next steps, all in the context of "telling their story."

You may find it helpful to get training on how to use the ILSA™ to perform an assessment, as it is very different from the usual "assessment tool." Whatever your background, if you practice using the ILSA™ template, you will not only learn how to use the ILSA™ to gather all the information you need for the assessment, you can learn how to get that information more quickly, at the same time you are developing a more positive and hopeful connection with the person or family.

This format, the ILSA™ template, is intended to help clinicians and/or clients walk through the recovery-oriented assessment process step by step. As such, instructions are written into the sections on the form.

To help you complete the form, we are providing below a guide to the abbreviations and acronyms used in the form:

MH	Mental health	**HepC**	Heptatitis C
AOD	Alcohol and other drugs	**TB**	Tuberculosis
DD	Developmental or intellectual disability	**PCP**	Primary care physician/provider
BI	Brain Injury	**LOCUS**	Level of Care Utilization System
FAS	Fetal Alcohol Syndrome	**ASAM**	American Society of Addiction Medicine Patient Placement Criteria
DV	Domestic violence		

Cognitive issues refer to any problems with intellectual functioning, memory, or learning, including developmental disability, learning disability, brain injury, organic brain syndromes, or dementia.

Trauma issues refer to any past or present experiences of traumatic events (including combat), and/or emotional, physical, or sexual abuse or neglect.

START HERE

Name: _____ **DOB:** _____ **Phone:** _____

Interviewer: _____

Welcome!

We want to welcome you to our program. We know that, for most people, coming for help for your problems is not easy. We want to thank you for coming, and let you know that we want to do whatever we can to get to know you and help you to feel hopeful that your issues can be addressed. Our goal is to help you identify and address all your concerns—whether they involve mental health, alcohol or other drug, trauma, learning, health, or other problems—in order that you might have the happiest and most hopeful, productive and meaningful life that you can.

Request for Help

■ **What is it you most want us to help you with?** Please describe in as much detail as you can.

Hopeful Goals

■ **What is your vision of your most hopeful, happy and productive life, or your most important life goals? How would you like to make progress toward these goals?** Please describe in as much detail as you can.

Demographic Info

Name: _____

Address: _____

City, State, ZIP: _____ County: _____

Phones: (home)_____ (work) _____ (mobile) _____

Social Security Number: _____

Date of birth:_____ Age:_____

Gender: ☐ M ☐ F ☐ Transgender M to F ☐ Transgender F to M ☐ Nonbinary

Sexual orientation: _____ Religious affiliation:_____

Race/Ethnicity/Tribe: _____ Language preference: _____

Marital Status: ☐ Single ☐ Married ☐ Partnered ☐ Divorced ☐ Widowed

Accompanying family members (names/relationships): _____

_____

_____

☐ Guardian or legal caregiver:_____

Household composition:_____

Source(s) of income:_____

Insurance Carrier: _____

Group #: _____ID #:_____

Emergency Contact

Emergency Contact Name: _____

Relationship:_____Phone #: _____

Referral Contact

Referral Source:_____

Phone: _____

Email: _____

Name: _____ DOB: _____

Tell Your Story

Tell us a little bit about the story that led you to come for help today. What has been going on during the past several days, weeks, or months that led up to your coming in? We would like to help you tell your recent story in chronological order, to best understand what is happening in your life. Start with where you live, who you live with, how you spend your time, etc. Then when and where do your symptoms and issues fit into your story? As we listen to your story, we are going to identify the important issues in your life.

Using the ZIP Screen™ checklist on the next page, note which issues may be present and any areas of immediate risk that require intervention.

Immediate risk means significant risk to self or others within the next 24-72 hours.

ZIP Screen™ Checklist

	Immediate Risk?	Important	An Issue?
Mental health	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			
SUD	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			
Gambling	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			
Cognitive/DD/BI	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			
Trauma	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			
Domestic violence	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			
Child abuse/parenting	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			
Medical	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			
Eating/weight	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			
Nicotine/tobacco	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			
Family/relationship	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			
Housing	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			
Legal	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			
Job/retired/volunteer/ school/on disability	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			
Money/payee	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N ☐ Maybe
Describe:			

Immediate Risk Summary (ASAM Dimension 1)

List and describe any immediate risk issues noted above, and provide enough information about the risk to help develop a good safety plan. Examples of problems for which there could be immediate risk are suicide/violence; severe intoxication or risk of severe withdrawal; severe psychiatric or cognitive symptoms that lead to inability to function safely; severe and immediate medical risk; immediate risk of domestic violence, elder abuse or child abuse; immediate risk of housing loss; or incarceration.

Current MH/SUD/DD/BI Diagnoses and Services

Provider/Agency/Program/Clinician	Diagnosis	Medications, If Any

Biomedical Conditions (ASAM Dimension 2)

List all medical issues or conditions, with medications prescribed for each:

Medical Issue/Condition	Provider/Physician	Medications, If Any

Comments:

☐ Pregnant now / Due date: Prenatal care: Y N Over-the-counter meds: Allergies: ☐ Infectious disease screening (HIV, HepC, TB): Next steps:	☐ Nicotine/smoking cessation addressed Next steps: Primary Care Provider: ☐ Release obtained (date): Date of last physical:

Strengths and Successes (Previous Baseline Periods of Stability)

Our treatment philosophy is that every client already has strengths and periods of success in addressing their issues. We want to help you build on your strengths to be more successful. Your previous periods of success or relative stability may have lasted weeks or months, or sometimes only a few days. They may be periods in which you felt things were going perfectly well, or periods in which you felt that things were only somewhat better. In any case, these periods are a starting place for help.

In relation to your request for help, please identify a previous period of success or a period where you were more stable than now. If you received treatment prior to or during that period, please describe what you did and how it helped. Start with the most recent period of success. If there are multiple periods of success and/or relapse that you wish to share, you can use multiple pages.

Describe how you were doing during that period, what you did and the help you received that worked during that period, and how you tried to address all your issues during that period.

Period of Success or Stability #1

Period of time of success (be as specific [with dates] as you can):

MH and/or SUD and/or DD/BI treatment/service/support provider (if any) and dates:

Description of period of success (describe your life, your challenges, and what you did that worked):

Strengths and Successes (Continued)

Period of Success or Stability #2 (Optional)

Period of time of success (be as specific [with dates] as you can):

MH and/or SUD and/or DD/BI treatment/service/support provider (if any) and dates:

Description of period of success (describe your life, your challenges, and what you did that worked):

Relapse/Risk Analysis

Once we have a clear picture of how you did well, please explain the sequence of events that led up to your not doing as well (relapse, recurrence of symptoms, etc.). Describe stressors that may have caused your problems, if any, and how you tried to handle them. We want to look for opportunities for you to learn NEW SKILLS AND SUPPORTS so you can build on what you did well or what worked in the past to do better in the future. If your best period of time is RIGHT NOW, let's look at things that might be coming up (stresses, changes, loss of support) that might lead to risk of relapse, so we can anticipate what you need to work on to continue your success.

History

Early Experiences and Family Background

Tell us some of your family background and early experiences. Include place of birth, early family experiences, family's occupation/social class, culture/language of origin, key life events and losses (with dates), and any experiences of emotional, physical or sexual trauma in the family.

Childhood and Educational History

Tell us about your childhood and school history. Include significant early events, educational experiences and learning problems, onset of any mental health symptoms or substance use, and early experiences of receiving treatment or help.

History (Continued)

Family

List age, AOD use, DD/BI and/or MH diagnoses and current relationship with your parent(s)/ guardian(s) and sibling(s) (include stepfamily if appropriate, and other relatives if you live with them).

Name: Age: ☐Deceased

☐Mo ☐Fa ☐Bro ☐Sis ☐Other:

AOD/MH History:

Current Relationship: ☐Live with ☐Close ☐Estranged

Name: Age: ☐Deceased

☐Mo ☐Fa ☐Bro ☐Sis ☐Other:

AOD/MH History:

Current Relationship: ☐Live with ☐Close ☐Estranged

Name: Age: ☐Deceased

☐Mo ☐Fa ☐Bro ☐Sis ☐Other:

AOD/MH History:

Current Relationship: ☐Live with ☐Close ☐Estranged

Name: Age: ☐Deceased

☐Mo ☐Fa ☐Bro ☐Sis ☐Other:

AOD/MH History:

Current Relationship: ☐Live with ☐Close ☐Estranged

History (continued)

Adult History, Including Treatment History

Tell us about some of the important issues and experiences in your life, including strengths and successes equally to episodes of illness and treatment, so we can get a picture of what your real life has been life between childhood and now. Chronological history is best, attending to employment, relationships (marriage/partnership, children), military, and treatment experiences. Describe the flow of substance use, mental health symptoms, trauma, learning issues, and health issues at each signficant period of your life.

Use of a timeline can be very helpful, because it can help you and us associate your symptoms with other significant life events.

As you are proceeding through the sequence, fill out the charts on the facing page.

History (continued)

Employment/Education History

Current job: ☐Full-time ☐Part-time ☐Volunteer ☐Unemployed

Current school: ☐Full-time ☐Part-time

What do you do, or what are you studying, if you are in school? _____

_____

Previous jobs/schools (include dates): _____

_____

_____

Military History (if none, skip this section)

Former military (Dates): _____

☐Army ☐Navy ☐Marines ☐Air Force ☐National Guard ☐Coast Guard

Rank/job:_____ Type of discharge: _____

Receiving services from VA: ☐No ☐Yes (describe) _____

Contact at VA: _____

VA disability: ☐No ☐Yes (describe:)_____

Combat trauma, MH/SUD issues, significant events:

MH, Addiction, DD/BI Treatment/Support (most recent first)

Program: _____

Phone: _____ Dates: _____

Diagnosis: _____ Level of Care: _____

Meds: _____

☐Records requested (date) _____

History (continued)

MH, Addiction, DD/BI Treatment/Support (most recent first)

Program: _____

Phone: _____ Dates: _____

Diagnosis: _____ Level of Care: _____

Meds: _____

☐Records requested (date) _____

Program: _____

Phone: _____ Dates: _____

Diagnosis: _____ Level of Care: _____

Meds: _____

☐Records requested (date) _____

Program: _____

Phone: _____ Dates: _____

Diagnosis: _____ Level of Care: _____

Meds: _____

☐Records requested (date) _____

Program: _____

Phone: _____ Dates: _____

Diagnosis: _____ Level of Care: _____

Meds: _____

☐Records requested (date) _____

Section 1
Can be completed by Clinician and Client/Family Together

Stages of Change	
Precontemplation	"You may think it's an issue, but I don't, and even if I do, I don't want to do anything about it, so don't bug me."
Contemplation	"I am willing to discuss it, think about it, and consider whether to change, but I have no interest in changing, at least not now."
Preparation	"I am ready to start changing, but I haven't started, and need some help to begin."
Early action	I have already begun to make changes and need some help to continue, but I am not committed to maintenance."
Late action	"I am working toward maintenance but haven't gotten there, and need some help to get there."
Maintenance	"I am stable and I am trying to stay that way as life throws challenges at me."

Screen: Substance/Gambling/Acute Intoxication and/or Withdrawal Potential (ASAM Dimension 1)

Identify drug(s) of choice by checking the checkbox. Include other addictive behavior (gambling, sex, internet, etc.) if applicable.

Substance or addictive behavior: _____

☐Drug of choice Onset (age or date): _____ Date of last use: _____

Recent pattern of use:_____

Problems? ☐No ☐Yes Evidence of addiction? ☐No ☐Yes

Substance or addictive behavior: _____

☐Drug of choice Onset (age or date): _____ Date of last use: _____

Recent pattern of use:_____

Problems? ☐No ☐Yes Evidence of addiction? ☐No ☐Yes

Substance or addictive behavior: _____

☐Drug of choice Onset (age or date): _____ Date of last use: _____

Recent pattern of use:_____

Problems? ☐No ☐Yes Evidence of addiction? ☐No ☐Yes

Substance or addictive behavior: _____

☐Drug of choice Onset (age or date): _____ Date of last use: _____

Recent pattern of use:_____

Problems? ☐No ☐Yes Evidence of addiction? ☐No ☐Yes

Tolerance/withdrawal history; IV drug use risk:

Current evidence of intoxication or withdrawal risk:

Comments on the above information:

Mental Status Exam (ASAM Dimension 3)

Suicidality/self-harm: ☐Not present ☐Ideation ☐Plan ☐Intent ☐Prior attempts:

Evidenced by:

Homicidality/violence potential: ☐Not present ☐Ideation ☐Plan ☐Intent ☐Past history:

Evidenced by:

Orientation, Level of Consciousness

Appearance, hygiene, general attitude and behavior (describe concretely):

Speech and tone:

Mood and affect:

Energy and Activity

Sleep: ☐Normal ☐Diminished ☐Excessive

Appetite: ☐Normal ☐Diminished ☐Excessive

Thought Process and Content

Insight and Judgment:

Cognition, attention, memory and learning ability:

Comments on the above:

Strength-based Review of *Current Situation*

Now we have put your story together. Let's review in more depth the *details of your current situation* and your request for help. Then we can use your strengths to address the list of issues we have identified, and see if we can figure out what makes sense as a next step toward your hopeful goals.

Problem or Issue Summary (ASAM Dimensions 3,4,5,6)

Describe the issues that have been identified and stage of change for each issue. Note that there may be more than one issue in a category (multiple substances or multiple mental health problems, etc.). Mark with an asterisk the issues that are most important to address in the treatment plan. For each area, describe skills and supports that may be relevant to the treatment plan. Skills include both ability to manage the issue on one's own and ability to ask for help when needed. Supports include professional, family, peer, spiritual, and natural community supports.

Issue(s): Mental health

Issue(s)	Stage of Change
1.	
2.	
3.	

Description of Current Status (including issue-specific skills and supports):

Problem or Issue Summary (ASAM Dimensions 3,4,5,6) - *continued*

Issue(s): AOD, including Gambling

Issue(s)	Stage of Change
1.	
2.	
3.	

Description of Current Status (including issue-specific skills and supports):

Issue(s): Trauma

Issue(s)	Stage of Change

Description of Current Status (including issue-specific skills and supports):

Issue(s): Cognitive/learning/DD/BI/FAS

Issue(s)	Stage of Change

Description of Current Status (including issue-specific skills and supports):

Issue(s): Medical

Issue(s)	Stage of Change
1.	
2.	
3.	

Description of Current Status (including issue-specific skills and supports):

Problem or Issue Summary (ASAM Dimensions 3,4,5,6) - *continued*

Issue(s): Eating/Weight

Issue(s)	Stage of Change

Description of Current Status (including issue-specific skills and supports):

Issue(s): Nicotine/tobacco/smoking

Issue(s)	Stage of Change

Description of Current Status (including issue-specific skills and supports):

Issue(s): Housing

Issue(s)	Stage of Change

Description of Current Status (including issue-specific skills and supports):

Issue(s): Nicotine/tobacco/smoking

Issue(s)	Stage of Change

Description of Current Status (including issue-specific skills and supports):

Issue(s): Domestic violence

Issue(s)	Stage of Change

Description of Current Status (including issue-specific skills and supports):

Problem or Issue Summary (ASAM Dimensions 3,4,5,6) - *continued*

Issue(s): Child abuse/parenting

Issue(s)	Stage of Change

Description of Current Status (including issue-specific skills and supports):

Issue(s): Social/family/relationship

Issue(s)	Stage of Change

Description of Current Status (including issue-specific skills and supports):

Issue(s): Education/job/disability

Issue(s)	Stage of Change

Description of Current Status (including issue-specific skills and supports):

Issue(s): Legal

Issue(s)	Stage of Change

Description of Current Status (including issue-specific skills and supports):

Issue(s): Financial/payeeship (include brief description of income situation)

Issue(s)	Stage of Change

Description of Current Status (including issue-specific skills and supports):

Hopeful, Strength-based Clinical Summary

Elaborate client's goals, issues, strengths and successes by a brief narrative summary that integrates history with current functioning and severity; risks, strengths, stage of change, skills, supports, and challenges in each issue; and the interaction of functioning in each issue with the other issues.

Diagnoses: DSM-V (Include rule-out diagnoses)

Issue	
Check all that are applicable: ☐ MH: _____ ☐ Co-occurring MH/SUD: _____ ☐ SUD: _____ ☐ Co-occurring MH/DD or BI: _____ ☐ DD/BI: _____ ☐ Co-occurring SUD/DD or BI: _____	
Axis I: Mental Health Diagnoses (Include Trauma-related Diagnoses)	**Diagnosis**
Axis I: Substance Abuse/Dependence and other Addictive Diagnoses	
Primary Drug:	
Secondary Drug:	
Tertiary Drug:	
Nicotine:	
Axis II: Personality and Developmental Disorder Diagnoses	
Axis III: General Medical Conditions	
Axis IV: Psychosocial and Environmental Problems (Specify)	
Axis V: Global Assessment of Functioning Scale Score: _____ Time Frame: _____	

Diagnoses: DSM-V (Include rule-out diagnoses) (continued)

Next Steps
Explain choice of next steps:

Appointments(???): (Include MD appointment, if applicable)

Program	Level of Care	Clinician(s)	Next Appointment(s)

Preliminary Person-centered Planning: Integrated Strength-based Treatment/Recovery/Service Plan

Team Members:	
Person's Goals for a Happy Life:	
Strength-based discussion: Describe recent/ relevant periods of success:	

Goals and Objectives (Begin with immediate risk issues that need attention)		What Do We Do? (Stage-matched interventions)	Responsible Persons	Milestones of Progress and Opportunities for Rounds of Applause
Issue				
Stage				
Goal:				
Objec-tives:				
Issue				
Stage				
Goal:				
Objec-tives:				
Issue				
Stage				
Goal:				
Objec-tives:				
Issue				
Stage				
Goal:				
Objec-tives:				
Counselor signature/credentials:				
Supervisor signature, if applicable:				

Level of Care Assessments (if indicated)

MH/DV Placement/Clinical Summary

If client needs placement at a higher level of care (for mental health, domestic violence, or other issue), please explain, and document how level of care was determined (e.g., LOCUS).

SUD Placement/Clinical Summary

For clients who are admitted to a level of care for substance use disorder services: Explain why the client meets criteria for that level of care (e.g., ASAM criteria).

DD/BI Placement/Clinical Summary

If clients needs assignment to a level of care for DD/BI services, please explain, and document how level of care was determined.

Contact Information for Helpful Partners/Supports

Name: _____

Type of Contact: _____

Address: _____

Phone(s): _____

Release: Client willing? Y / N Signed (date): _____ Sent (date): _____

Name: _____

Type of Contact: _____

Address: _____

Phone(s): _____

Release: Client willing? Y / N Signed (date): _____ Sent (date): _____

Name: _____

Type of Contact: _____

Address: _____

Phone(s): _____

Release: Client willing? Y / N Signed (date): _____ Sent (date): _____

Name: _____

Type of Contact: _____

Address: _____

Phone(s): _____

Release: Client willing? Y / N Signed (date): _____ Sent (date): _____

Name: _____

Type of Contact: _____

Address: _____

Phone(s): _____

Release: Client willing? Y / N Signed (date): _____ Sent (date): _____

Local Adaptations

The ILSA™ is intended to be able to incorporate additional materials to meet local (state, county, program) requirements for use in local systems. Examples of information that local users might include are:

- Local mental health data field requirements for adults or children admitted to mental health services.
- Local alcohol and other drug or gambling data field requirements for individuals admitted to substance-abuse-funded services.
- Local developmental disability or brain injury data requirements for individuals admitted to developmental disability or brain injury services
- State or local or program-specific outcome data fields that are mandated by the particular local system, or to meet program-specific outcome data requirements.
- Additional screening tools that local systems or providers have chosen to use as part of their assessment.
- Eligibility checklists for particular populations such as seriously emotionally disturbed children, seriously and persistently mentally ill adults, or individuals with developmental disabilities, and so on.
- Use of a specific level of care assessment or utilization management tool.

In addition, the ordering of the list of issues in the ZIP Screen™ may be adapted according to the needs of the program agency, or local system.

ZIA TOOLS

For Systems in Transformation

ZiaPartners has developed a comprehensive array of tools to improve welcoming, person/family-centered, recovery/resiliency-oriented, integrated systems of care in real-world systems. These tools use the Comprehensive Continuous Integrated System of Care (CCISC) as a framework and a process for designing a whole system of care in a quality improvement partnership to be about the complex needs of individuals and families being served. In CCISC, all programs in the system engage in partnership with system leadership and individuals and their families to become complexity (co-occurring) capable. The tools below are designed to be used by systems in transformation to help the partners learn how to apply CCISC principles to practice, programming, and design. For more details, visit *www.ziapartners.com/tools*.

System Tools

- SOCAT™ **-** A self-survey tool for participating organizations and agencies in community-based system of care partnerships.
- CO-FIT100™ - A systems measurement tool for CCISC outcome fidelity and implementation.
- COCAP™ - A self-assessment tool for identifying measurable indicators of progress in integration for programs, agencies and systems.
- COMPASS-EXEC™ - A self-assessment tool for executive leadership and administrative teams of large systems working on integration.

Agency/Program Tools

- COMPASS-EZ™ - A self-assessment tool for behavioral health programs.
- COMPASS-ID™ - A self-assessment tool for intellectual disability programs and services.
- COMPASS-PREVENTION™ - A self-assessment tool for prevention and early intervention programs.
- COMPASS-PH/BH™ **[For primary health/behavioral health integration]** - A self-survey tool for primary health and/or behavioral health clinics, programs and/or teams. [One of the assessment tools in the OATI; in the Public Domain]
- OATI™ (Organizational Assessment Toolkit for Primary and Behavioral Healthcare Integration) - Co-authored by CIHS, ZiaPartners, and MTM Associates, the OATI contains a suite of public-domain assessment tools used together to provide an understanding of an organization's capability for integrated care. Visit *www.integration.samhsa.gov/operations-administration/assessment-tools#OATI*.

Staff Competency Tools

- CODECAT-EZ™ - A self-assessment tool for behavioral health treatment and service provider staff working with adults, children, youth and families.

Clinical Practice Tools

- ILSA-Basic™ (Integrated Longitudinal Strength-based Assessment) - A documentation format that organizes a welcoming, hopeful, integrated, recovery-oriented assessment for adults or older adolescents.
- Z-Planner™ - Guidelines for documentation of integrated, strength-based, stage-matched mental health and substance abuse recovery planning for children, youth, and adults.

How to Acquire and Use These Tools

Licensing these tools is required, except for those in the public domain. Some tools may have already been licensed in your system. Please contact us at *info@ziapartners.com* to obtain information on licensure.