



**Behavioral Health**

# **Adult Needs and Strengths Assessment San Bernardino**

**An Information Integration Tool  
for Adults with Behavioral Health Challenges**

**ANSA-SB 2.0 Manual**

## INTRODUCTION

The ANSA is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the ANSA is to accurately represent the shared vision of the individual/individual serving system—children, individual, and families. As such, completion of the ANSA is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the ANSA is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the ANSA.

### SIX KEY PRINCIPLES OF THE ANSA

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the individual/individual, not the individual/individual in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. ‘2’ or ‘3’).
4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the individual/individual’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young individual/individual but would be for an older individual/individual or individual/individual regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the individual/individual’s developmental age.
5. The ratings are generally “agnostic as to etiology”. In other words this is a descriptive tool; it is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the individual/individual’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

### HISTORY AND BACKGROUND OF THE ANSA

The Adults Needs and Strengths Assessment is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The ANSA was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The ANSA gathers information on individuals and parents/caregivers’ needs and strengths. Strengths are the individual’s assets: areas life where he or she is doing well or has an interest or ability. Needs are areas where an individual requires help or serious intervention. Care providers use an assessment process to get to know the individual or individual and families with whom they work and to understand their strengths and needs. The ANSA helps care providers decide which of an individual’s needs are the most important to address in a treatment or service planning. The ANSA also helps identify strengths, which can be the basis of a treatment or service plan. By working with the individual and family during the assessment process and talking together about the ANSA, care providers can develop a treatment or service plan that addresses an individual’s strengths and needs while building strong engagement.

The ANSA is made of domains that focus on various areas in an individual's life, and each domain is made up of a group of specific items. There are domains that address how the individual functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a section that asks about the family's beliefs and preferences, and a section that asks about general family concerns. The provider gives a number rating to each of these items. These ratings help the provider, individual and family understand where intensive or immediate action is most needed, and also where an individual has assets that could be a major part of the treatment or service plan.

The ANSA ratings, however, do not tell the whole story of an individual's strengths and needs. Each section in the ANSA is merely the output of a comprehensive assessment process and is documented alongside narratives where a care provider can provide more information about the individual.

## HISTORY

The Adults Needs and Strengths Assessment grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assess those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the ANSA. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy to use, yet provides comprehensive information regarding clinical status.

The ANSA and ANSA assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the individual and the parent/caregiver, looking primarily at the 30-day period prior to completion of the ANSA. It is a tool developed with the primary objective of supporting decision making at all levels of care: children, individual and families, programs and agencies, individual serving systems. It provides for a structured communication and critical thinking about the individual and their context. The ANSA is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual individual's progress. It can also be used as a communication tool that provides a common language for all individual-serving entities to discuss the individual's needs and strengths. A review of the case record in light of the ANSA assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

Annual training and certification is required for providers who administer the ANSA and their supervisors. Additional training is available for ANSA super users as experts of ANSA assessment administration, scoring, and use in the development of service or recovery plans.

## MEASUREMENT PROPERTIES

### **Reliability**

Strong evidence from multiple reliability studies indicates that the ANSA can be completed reliably by individuals working with individual and families. A number of individuals from different backgrounds have been trained and certified to use the ANSA assessment reliably including health and mental health providers, individual welfare case workers, probation officers, and family advocates. With approved training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications or more complex versions of the ANSA require a higher educational degree or relevant experience. The average reliability of

the ANSA is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The ANSA<sup>©</sup> is auditable and audit reliabilities demonstrate that the ANSA<sup>©</sup> is reliable at the item level (Anderson et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the ANSA assessment is found in Lyons (2009) *Communitometrics: A Communication Theory of Measurement in Human Service Settings*.

### **Validity**

Studies have demonstrated the ANSA' validity, or it's the ability to measure and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the ANSA-Mental Health retrospectively distinguished level of care (Lyons, 2004). The ANSA<sup>©</sup> assessment has also been used to distinguish needs of individuals in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the ANSA has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the ANSA (Chor, et al, 2012, 2013, 2014; Cardall, et al, 2016; Epstein, et al, 2015; Israel, et al, 2015, Lardner, 2015).

## RATING NEEDS & STRENGTHS

The ANSA is easy to learn and is well liked by children, individual and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the individual and family.

- ★ Basic core items – grouped by domain - are rated for all individuals.
- ★ A rating of 1, 2 or 3 on key core questions triggers extension modules.
- ★ Individual assessment module questions provide additional information in a specific area.

Each ANSA rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. These item level definitions, however, are designed to translate into the following action levels (separate for needs and strengths):

### Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

### Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength preset	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

Note: A few items have a “N/A” rating available for instances when the item does not apply to the individual.

The rating of ‘N/A’ for ‘not applicable’ is available for a few items under specified circumstances (see item descriptions). For those items where the ‘N/A’ rating is available, the N/A rating should be used only in the rare instances where an item does not apply to that particular individual or individual. To complete the ANSA, an ANSA trained and certified care coordinator, case worker, clinician, or other care provider, should read the anchor descriptions for each item and then record the appropriate rating on the ANSA form (or electronic record).

Remember that the item anchor descriptions are examples of circumstances which fit each rating (0, 1, 2, or 3). The descriptions, however, are not inclusive. The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The ANSA is an information integration tool, intended to include multiple sources of information (e.g., individual and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the ANSA supports the belief that children, individual and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with individual and their families to discover individual and family functioning and strengths. Failure to demonstrate an individual's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on individual's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and individual in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the ANSA and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for individual and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the ANSA assessment. A rating of '2' or '3' on an ANSA need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities. It is important to remember that when developing service and treatment plans for healthy individual/individual trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop individual and individual capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the ANSA can be used to monitor outcomes. This can be accomplished in two ways. First, ANSA items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Symptoms, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. ANSA dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The ANSA has demonstrated reliability and validity. With training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications require a higher degree. The average reliability of the ANSA is 0.75 with vignettes, 0.84 with case records, and can be above 0.90 with live cases. The ANSA is auditable, and audit reliabilities demonstrate that the ANSA tool is reliable at the item level. Validity is demonstrated with the ANSA relationship to level of care decisions and other similar measures of symptoms, risk behaviors, and functioning.

The ANSA and is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the ANSA and share experiences, additional items, and supplementary tools.

## HOW IS THE ANSA USED?

The ANSA is used in many ways to transform the lives of children, individual and their families and to improve our programs. Hopefully, this guide will help you to also use the ANSA as a multi-purpose tool. What is the ANSA?

### IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered.

### IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the ANSA is rated a ‘2’ or ‘3’ (‘action needed’ or ‘immediate action needed’) we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any Needs, Impacts on Functioning, or Risk factors that you rate as a 2 or higher in that document.

### IT FACILITATES OUTCOMES MEASUREMENT

Many users of the ANSA and organizations complete the ANSA every 6 months to measure change and transformation. We work with children, individual and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

### IT IS A COMMUNICATION TOOL

When a client leaves a treatment programs, a closing ANSA may be completed to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing ANSA, much like a discharge summary integrated with ANSA ratings, provides a picture of how much progress has been made, and allowing for recommendations for future care which tie to current needs. And finally, it allows for a shared language to talk about our individual and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the ANSA and guide you in filling it out in an accurate way that helps you make good clinical decisions.

### ANSA: A BEHAVIOR HEALTH CARE STRATEGY IN EDUCATIONAL SETTINGS

The ANSA is an excellent strategy in addressing children and individual’s behavioral health care. As it is meant to be an outcome of an assessment, it can be used to organize and integrate the information gathered from clinical interviews, records reviews, and information from screening tools and other measures.

It is a good idea to know the ANSA and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the individual and family. This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The ANSA domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Individual Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, “We can start by talking about what you feel that you and your individual/individual need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?”

Some people may “take off” on a topic. Being familiar the ANSA items can help in having more natural conversations. So, if the family is talking about situations around the individual’s anger control and then shift into something like---“you know, he only gets angry when he is in Mr. S’s classroom”, you can follow that and ask some questions about situational anger, and then explore other school related issues that you know are a part of the School/Preschool/Daycare module.

### MAKING THE BEST USE OF THE ANSA

Children and individual have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe ANSA and how it will be used. The description of the ANSA should include teaching the individual and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, have share with the individual and family the ANSA domains and items (see the ANSA Core Item list on page 11) and encourage the family to look over the items prior to your meeting with them. The best time is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed ANSA ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

### LISTENING USING THE ANSA

Listening is the most important skill that you bring to working with the ANSA. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- ★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes”, “and”—things that encourage people to continue

- ★ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking “if I were this person, I would do X” or “that’s just like my situation, and I did “X”. But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.

- ★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the individual or individual that you are with him/her.

- ★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask “does that make sense to you”? “Or do you need me to explain that in another way”?

- ★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person’s unconscious motivations, personality, etc. The ANSA is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about

causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying “Ok, it sounds like is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

### REDIRECT THE CONVERSATION TO ONE’S OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people’s observations such as “well, my mother thinks that his behavior is really obnoxious.” It is important to redirect people to talk about their observations: “so your mother feels that when he does X, that is obnoxious. What do YOU think?”

### ACKNOWLEDGE FEELINGS

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as “I hear you saying that it can be difficult when ...” demonstrates empathy.

### WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their young person, and if there is anything that they would like to add. This is a good time to see if there is anything “left over”— feelings or thoughts that they would like to share with you.

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a “total picture” of the individual and family, and offer them the opportunity to change any ratings as you summarize or give them the “total picture”.

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

So you might close with a statement such as: “OK, now the next step is a “brainstorm” where we take this information that we’ve organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So let’s start...”

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**I. Life Domain Functioning** **Page 14**

1. Family Relationships
2. Social Functioning
3. Recreational
4. Developmental/Intellectual
5. Employment Functioning
6. Legal
7. Physical/Medical
8. Sexual Relations
9. Sleep
10. Living Skills
11. Residential Stability
12. Self-Care
13. Medication Compliance
14. Decision-Making/Judgment
15. Involvement in Recovery/Motivation for Treatment
16. Transportation
17. Parenting Roles
18. Intimate Relationships
19. Educational Attainment

**II. Strengths** **Page 25**

1. Family/Family Strengths/Support
2. Interpersonal/Social Connectedness
3. Optimism
4. Educational Setting
5. Vocational
6. Job History
7. Talents and Interests
8. Spiritual/Religious
9. Cultural Identity
10. Community Connection
11. Natural Supports
12. Relationship Permanence
13. Resilience
14. Resourcefulness

**III. Culture** **Page 33**

1. Language
2. Traditions and Rituals
3. Cultural Stress

**IV. Care/Support Strengths and Needs** **Page 35**

1. Involvement with Care
2. Knowledge
3. Social Resources
4. Physical/Behavioral Health
5. Safety
6. Family Stress

**V. Behavioral Health Needs** **Page 38**

1. Psychosis (Thought Disorder)
2. Impulse Control
3. Depression
4. Anxiety
5. Antisocial Behavior\*
6. Adjustment to Trauma\*
7. Anger Control
8. Eating Disturbances
9. Somatization
10. Substance Use\*
11. Cognition
12. Mania

**VI. Risk Behaviors** **Page 47**

1. Suicide Risk\*
2. Danger to Others\*
3. Non-Suicidal Self-Injurious Behavior (Self-Mutilation)
4. Other Self-Harm (Recklessness)
5. Exploitation
6. Sexual Aggression
7. Criminal Behavior\*
8. Fire Setting
9. Gambling
10. Command Hallucinations
11. Grave Disability

**VII. Physical/Medical** **Page 52**

1. Primary Care Physician (PCP) Connected
2. Chronic Health Conditions
3. Non-Psychiatric Medical Hospitalization or Emergency Room (ER) Visit
4. Non-Psychiatric Medical Prescription
5. Health Care Adherence

**VIII. Psychiatric Crises & Hospitalizations** **Page 54**

1. Number of Psychiatric Crisis Episodes Without Hospitalization
2. Number of Hospitalizations in the Past 6 Months
3. Number of Hospitalizations Lasting Less than 30 Consecutive Days Within the Past Two Years
4. Number of Hospitalizations Lasting More than 30 Consecutive Days Within the Past Two Years

\*Item associated with module.

## **MODULES OF THE ANSA-SB**

Modules are triggered when needs are identified for targeted items. The EPSDT modules are required for clients who are age 20 and under.

### **I. Substance Use Disorder Page 55**

1. Severity of Use
2. Duration of Use
3. Stage of Recovery
4. Peer Influences
5. Environmental Influences
6. Recovery Support Group Participation

### **II. Criminal Behavior Page 57**

1. Seriousness
2. History
3. Arrests
4. Planning
5. Community Safety
6. Legal Compliance
7. Peer Influences
8. Immediate Family Criminal Behavior Influences
9. Environmental Influences

*This module is required for all Forensics Programs and discretionary for all other programs.*

### **III. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)-Needs/Risks Page 60**

1. Sexual Development
2. Living Situation
3. School Behavior
4. School Achievement
5. School Attendance
6. Attachment Difficulties
7. Oppositional
8. Runaway
9. Intentional Misbehavior

### **IV. EPSDT – Caregiver Resources and Needs Page 67**

1. Supervision
2. Organization
3. Residential Stability
4. Developmental
5. Mental Health
6. Substance Use
7. Medical/Physical

## **DISCRETIONARY MODULES:**

These modules may be completed when triggered by relevant items and there seems to be clinical benefit to obtaining and documenting the additional information. A program may also choose to always complete a module when triggered.

### **V. Danger to Self Page 70**

1. Ideation
2. Intent
3. Planning
4. Suicide History
5. History of Family/Friend Suicide

### **VI. Danger to Others Page 71**

1. Ideation
2. Intent
3. Planning
4. Lethal Aggression History
5. History of Family/Friend Aggression

### **VII. Dangerousness Page 72**

1. Frustration Management
2. Hostility
3. Paranoid Thinking
4. Secondary Gains from Anger
5. Violent Thinking
6. Awareness of Violence Potential
7. Response to Consequences
8. Commitment to Self Control
9. Treatment Involvement

### **VIII. Trauma Page 75**

1. Sexual Abuse
2. Physical Abuse
3. Emotional Abuse
4. Neglect
5. Medical Trauma
6. Natural Disaster
7. Witness to Family Violence
8. Witness to Domestic Violence
9. Witness to Community Violence
10. Witness/Victim to Criminal Activity
11. War Affected
12. Terrorism Affected
13. Affect Regulation
14. Intrusions
15. Attachment
16. Traumatic Grief/Separation
17. Reexperiencing
18. Avoidance
19. Numbing
20. Dissociation

## I. LIFE DOMAIN FUNCTIONING

### FAMILY RELATIONSHIPS

*This item evaluates and rates the individual's relationships with those who are in his/her family. It is recommended that the description of family should come from the individual's perspective (i.e. who the individual describes as his/her family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the individual is still in contact.*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. No evidence of problems in relationships with family members, and/or individual is doing well in relationships with family members.	Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of problems. Individual might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with individual. Arguing may be common but does not result in major problems.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual is having problems with parents, siblings and/or other family members that are impacting the individual's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.

<b>SOCIAL FUNCTIONING</b>			
<i>This item rates social skills and relationships. It includes age appropriate behavior and the ability to make and sustain relationships.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. No evidence of problems and/or individual has developmentally appropriate social functioning.	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of problems in social relationships. Individual is having some difficulty interacting with others and building and/or maintaining relationships.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual is having some problems with social relationships that interfere with functioning in other life domains.	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual is experiencing significant disruptions in social relationships. Individual may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the individual's social relationships presents imminent danger to the individual's safety, health, and/or development.

<b>RECREATIONAL</b>			
<i>This item is intended to reflect the individual's access to and use of leisure time activities.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. Individual has and enjoys positive recreation activities on an ongoing basis.	Identified need requires monitoring, watchful waiting, or preventive activities. Individual is doing adequately with recreational activities although some problems may exist.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual is having moderate problems with recreational activities. Individual may experience some problems with effective use of leisure time.	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual has no access to or interest in recreational activities. Individual has significant difficulties making positive use of leisure time.

<b>DEVELOPMENTAL/INTELLECTUAL</b>			
<i>This item describes the individual's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. No evidence of developmental delay and/or individual has no developmental problems or intellectual disability.	Identified need requires monitoring, watchful waiting, or preventive activities. There are concerns about possible developmental delay. Individual may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

<b>EMPLOYMENT FUNCTIONING</b>				
<i>This rates the performance of the individual in work settings. This performance can include issues of behavior, attendance or productivity.</i>				
<b>N/A</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence of a need to create employment at this time (e.g., retired).	No current need; no need for action or intervention. No evidence of problems at work. Individual is gainfully employed.	Identified need requires monitoring, watchful waiting, or preventive activities. Problems with work functioning. Individual may have some problems in work environment involving attendance, productivity or relations with others.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Work problems including disruptive behavior and/or difficulties with performing required work. Supervisors likely have warned individual about problems with his/her work performance.	Problems are dangerous or disabling; requires immediate and/or intensive action School or work problems including aggressive behavior toward peers or superiors or severe attendance problems. Individual may be recently fired or at very high risk of firing (e.g. on notice).

<b>LEGAL</b>			
<i>This item involves only the individual's involvement with the legal system.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. Individual has no known legal difficulties.	Identified need requires monitoring, watchful waiting, or preventive activities. Individual has a history of legal problems but currently is not involved with the legal system.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual has some legal problems and is currently involved in the legal system.	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual has serious current or pending legal difficulties that place him/her at risk for incarceration.

<b>PHYSICAL/MEDICAL</b>			
<i>This rating includes both health problems and chronic/acute physical conditions.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. No evidence that the individual has any medical or physical problems, and/or the individual is healthy.	Identified need requires monitoring, watchful waiting, or preventive activities. Individual has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual has serious medical or physical problems that require medical treatment or intervention. Or individual has a chronic illness or a physical challenge that requires ongoing medical intervention.	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to individual's safety, health, and/or development.

<b>SEXUAL RELATIONS</b>			
<i>This item describes inappropriate, problematic, and dysfunctional sexual behavior. This includes risky behaviors, sexual dissatisfaction, and libido problems, if leading to relationship concerns.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence of any problems with sexual relations.	Mild to moderate problems with sexual relations are indicated. This may include concerns about the reactions of others.	Significant problems with sexual relations are indicated.	Profound problems with sexual relations are indicated. This rating would include frequent, risky sexual behavior or sexual aggression.

<b>SLEEP</b>			
<i>This item rates the individual's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. Individual gets a full night's sleep each night.	Identified need requires monitoring, watchful waiting, or preventive activities. Individual has some problems sleeping. Generally, individual gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual is having problems with sleep. Sleep is often disrupted and individual seldom obtains a full night of sleep.	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual is generally sleep deprived. Sleeping is almost always difficult and the individual is not able to get a full night's sleep.

<b>LIVING SKILLS</b>			
<i>This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. This level indicates a person who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.	Identified need requires monitoring, watchful waiting, or preventive activities. This level indicates a person with an impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. This level indicates a person with an impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services.	Problems are dangerous or disabling; requires immediate and/or intensive action. This level indicates a person with an impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment.

**RESIDENTIAL STABILITY**

*This item is used to rate the caregiver's current and likely future housing circumstances for the individual. If the individual lives independently, their history of residential stability can be rated.*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No current need; no need for action or intervention. There is no evidence of residential instability. The individual has stable housing for the foreseeable future.</p>	<p>Identified need requires monitoring, watchful waiting, or preventive activities. The individual has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, a mild degree of residential instability if living independently, characterized by the potential loss of housing due to the person's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful would be rated here.</p>	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. The individual has moved multiple times in the past year. Also, a moderate degree of residential instability if the person is living independently, characterized by recent and temporary lack of permanent housing.</p>	<p>Problems are dangerous or disabling; requires immediate and/or intensive action. The individual has experienced periods of homelessness in the past six months. Also, significant degree of residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.</p>

<b>SELF-CARE</b>			
<i>This rating focuses on current status of self-care functioning.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No current need; no need for action or intervention.</p> <p>No evidence of self-care impairments. This is characterized by the ability to independently complete all activities of daily living such as bathing, grooming, dressing, cooking, and managing personal finances.</p>	<p>Identified need requires monitoring, watchful waiting, or preventive activities.</p> <p>Individual has an impairment with self-care. This is characterized by self-care difficulties that impair the individual's level of functioning, but do not represent a significant short or long-term threat to the person's well-being.</p>	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</p> <p>Individual has an impairment with self-care. This is characterized by an extreme disruption in one self-care skill or moderate disruption in more than one self-care skill. The person's self-care does not represent an immediate threat to the person's safety but has the potential for creating significant long-term problems if not addressed.</p>	<p>Problems are dangerous or disabling; requires immediate and/or intensive action.</p> <p>Individual has an impairment with self-care. This is characterized by extreme disruptions in multiple self-care skills. The person's self-care abilities are sufficiently impaired that he/she represents an immediate threat to himself/herself and requires 24-hour supervision to ensure safety. (Suicidal or homicidal ideation or behavior would not be coded here, however, an acute eating disorder would be coded here).</p>

<b>MEDICATION COMPLIANCE</b>			
<i>This rating focuses on the level of the individual's willingness and participation in taking prescribed medications.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No current need; no need for action or intervention. This level indicates a person who takes psychotropic medications as prescribed and without reminders, or a person who is not currently on any psychotropic medication.</p>	<p>Identified need requires monitoring, watchful waiting, or preventive activities. This level indicates a person who will take psychotropic medications routinely, but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rated here.</p>	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. This level indicates a person who is somewhat non-compliant. This person may be resistant to taking psychotropic medications or this person may tend to overuse his or her medications. He/she might comply with prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication in prescribed dose or protocol.</p>	<p>Problems are dangerous or disabling; requires immediate and/or intensive action. This level indicates a person who has refused to take prescribed psychotropic medications during the past 30 day period or a person who has abused his or her medications to a significant degree (i.e., overdosing or over using medications to a dangerous degree).</p>

<b>DECISION-MAKING/JUDGMENT</b>			
<i>This item describes the individual's judgment. This item should reflect the degree to which an individual can concentrate on issues, think through decisions, anticipate consequences, and follow-through on decisions.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence of any problems with decision-making.	Mild to moderate problems with decision-making are indicated. Individual may have some challenges with thinking through problems or concentrating.	Significant problems with decision-making. Individual may be struggling with thinking through problems, anticipating consequences or concentrating.	Profound problems with decision-making are evident. Individual is currently unable to make decisions.

<b>INVOLVEMENT IN RECOVERY/MOTIVATION FOR TREATMENT</b>			
<i>This item focuses on the level of the individual's active participation in treatment and self-management of behavioral health needs.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
This rating indicates an individual who is fully involved in his/her recovery. He or she has identified treatment choices and fully participates.	This rating indicates an individual who is generally involved in his/her recovery. He or she participates in treatment but does not actively exercise choice.	This rating indicates an individual who is marginally involved in his/her recovery. He or she is minimally involved in treatment.	This rating indicates an individual who is uninvolved in his/her recovery. He or she is currently not making effort to address needs.

<b>TRANSPORTATION</b>			
<i>This item is used to rate the level of transportation required to ensure that the individual could effectively participate in his/her own treatment.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention The individual has no transportation needs.	Identified need requires monitoring, watchful waiting, or preventive activities. The individual has occasional transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. The individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle.	Problems are dangerous or disabling; requires immediate and/or intensive action. The individual requires frequent (e.g., daily to work or therapy) transportation in a special vehicle.

<b>PARENTING ROLES</b>			
<i>This item is intended to rate the individual in any caregiver roles. For example, an individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role. Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
The individual has no role as a parent/caregiver.	The individual has responsibilities as a parent/caregiver but is currently able to manage these responsibilities.	The individual has responsibilities as a parent/caregiver and either the individual is struggling with these responsibilities, or responsibilities are currently interfering with the individual's functioning in other life domains.	The individual has responsibilities as a parent/caregiver and the individual is currently unable to meet these responsibilities, or these responsibilities are making it impossible for the individual to function in other life domains.

<b>INTIMATE RELATIONSHIPS</b>			
<i>This item is used to rate the individual's current status in terms of romantic/intimate relationships. Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
The individual has a strong, positive partner relationship with an age-appropriate peer. This peer functions as a member of the family.	The individual has a generally positive partner relationship with an age-appropriate peer.	The individual is currently not involved in any partner relationship, which is a concern for the individual, or in a relationship where dysfunction, including power/control concerns, may exist.	Significant difficulties exist with a partner relationship. The individual is currently involved in a negative, unhealthy relationship.

<b>EDUCATIONAL ATTAINMENT</b>			
<i>This item focuses the degree to which the individual has completed, or progressed toward, their planned education. Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual has achieved all educational goals. Or, individual has no educational goals; however, this has no impact on lifetime vocational functioning.	Individual has set educational goals and is currently making progress towards achieving them.	Individual has set educational goals but is currently not making progress towards achieving them.	Individual has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning.

## II. STRENGTHS

### FAMILY/FAMILY STRENGTHS/SUPPORT

*This item refers to the presence of a sense of family identity as well as love and communication among family members.*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the individual and is able to provide significant emotional or concrete support. Individual is fully included in family activities.	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the individual and is able to provide limited emotional or concrete support.	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.	An area in which no current strength is identified; efforts are needed to identify potential strengths. Family needs significant assistance in developing relationships and communications, or individual has no identified family. Individual is not included in normal family activities.

**INTERPERSONAL/SOCIAL CONNECTEDNESS**

*This item is used to identify an individual’s social and relationship skills. Interpersonal skills are rated independently of Social Functioning because an individual can have social skills but still struggle in his or her relationships at a particular point in time.*

0	1	2	3
<p>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Significant interpersonal strengths. Individual has well-developed interpersonal skills and healthy friendships.</p>	<p>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Individual has good interpersonal skills and has shown the ability to develop healthy friendships.</p>	<p>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Individual requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Individual has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.</p>	<p>An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of observable interpersonal skills or healthy friendships at this time and/or individual requires significant help to learn to develop interpersonal skills and healthy friendships.</p>

**OPTIMISM**

*This refers to the individual’s orientation toward the future.*

0	1	2	3
<p>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Individual has a strong and stable optimistic outlook for his/her future.</p>	<p>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Individual is generally optimistic about his/her future.</p>	<p>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Individual has difficulty maintaining a positive view of him/herself and his/her life. Individual’s outlook may vary from overly optimistic to overly pessimistic.</p>	<p>An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of optimism at this time and/or individual has difficulties seeing positive aspects about him/herself or his/her future.</p>

<b>EDUCATIONAL SETTING</b>				
<i>This item is used to evaluate the nature of the school’s relationship with the individual and family, as well as, the level of support the individual receives from the school.</i>				
<b>N/A</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual is not in school.	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. The school works closely with the individual and family to identify and successfully address the individual’s educational needs; OR the individual excels in school.	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. School works with the individual and family to address the individual’s educational needs; OR the individual likes school.	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. The school is currently unable to adequately address the individual’s academic or behavioral needs.	An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of the school working to identify or successfully address the individual’s needs at this time and/or the school is unable and/or unwilling to work to identify and address the individual’s needs and/or there is no school to partner with at this time.

<b>VOCATIONAL</b>				
<i>This item is used to refer to the strengths of the school/vocational environment and may or may not reflect any specific educational/work skills possessed by the youth. Generally this rating is reserved for youth/adolescents and is not applicable for children 12 years and under. Computer skills would be rated here.</i>				
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Youth is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Youth is working; however, the job is not consistent with developmentally appropriate career aspirations.	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Youth is temporarily unemployed. A history of consistent employment should be demonstrated and the potential for future employment without the need for vocational rehabilitation should be evidenced. This also may indicate a youth without a clear vocational preference.	An area in which no current strength is identified; efforts are needed to identify potential strengths. Youth is unemployed and has no clear vocational aspirations or a plan to achieve these aspirations. This level indicates a youth with no known or identifiable vocational skill and no expression of any future vocational preferences.	

<b>JOB HISTORY</b>			
<i>This item describes the individual's experience with paid employment.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Individual has significant job history with positive outcomes. Individual is currently employed as a valued employee.	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Individual has held jobs for a reasonable period of time and has former employers willing to recommend him/her for future employment.	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Individual has some work history.	An area in which no current strength is identified; efforts are needed to identify potential strengths. Individual has no work history.

<b>TALENTS AND INTERESTS</b>			
<i>This item refers to hobbies, skills, artistic interests and talents that are positive ways that young people can spend their time, and also give them pleasure and a positive sense of self.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Individual has a talent that provides pleasure and/or self-esteem. Individual with significant creative/artistic/athletic strengths would be rated here.	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Individual has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates an individual with a notable talent. For example, an individual who is involved in athletics or plays a musical instrument would be rated here.	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Individual has expressed interest in developing a specific talent, interest or hobby even if that talent has not been developed to date, or whether it would provide with any benefit.	An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of identified talents, interests or hobbies at this time and/or individual requires significant assistance to identify and develop talents and interests.

<b>SPIRITUAL/RELIGIOUS</b>			
<i>This item refers to the individual's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the individual; however an absence of spiritual/ religious beliefs does not represent a need for the family.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Individual is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community. Individual may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort the individual in difficult times.	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Individual is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Individual has expressed some interest in spiritual or religious belief and practices.	An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of identified spiritual or religious beliefs, nor does the individual show any interest in these pursuits at this time.

<b>CULTURAL IDENTITY</b>			
<i>Cultural identity refers to the individual's view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors that include, but are not limited to, race, religion, ethnicity, geography, sexual orientation, gender, age, and lifestyle (e.g., military).</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual has clear and consistent cultural identity and is connected to others who share his/her cultural identity.	Individual is experiencing some confusion or concern regarding cultural identity.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Individual and/or significant family members do not speak the primary language where the individual or family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.	Individual has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.

<b>COMMUNITY CONNECTION</b>			
<i>This item reflects the individual's connection to people, places or institutions in his or her community.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Individual is well integrated into his/her community. The individual is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Individual is somewhat involved with his/her community. This level can also indicate an individual with significant community ties although they may be relatively short term.	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Individual has an identified community but has only limited, or unhealthy, ties to that community.	An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of an identified community of which individual is a member at this time.

<b>NATURAL SUPPORTS</b>			
<i>Refers to unpaid helpers in the youth's natural environment. These include individuals who provide social support to the target youth and family. All family members and paid caregivers are excluded.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Youth has significant natural supports that contribute to helping support the youth's healthy development.	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Youth has identified natural supports that provide some assistance in supporting the youth's healthy development.	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Youth has some identified natural supports however the youth is not actively contributing to the youth's healthy development.	An area in which no current strength is identified; efforts are needed to identify potential strengths. Youth has no known natural supports (outside of family and paid caregivers).

<b>RELATIONSHIP PERMANENCE</b>			
<i>This rating refers to the stability of significant relationships in the child's or youth's life. This likely includes family members, but may also include other individuals.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/Youth has very stable relationships. Family members, friends, and community have been stable for most of her life and are likely to remain so in the foreseeable future. Child/Youth is involved with both parents.	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/Youth has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/Youth has had at least one stable relationship over her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.	An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/Youth does not have any stability in relationships. Independent living or adoption must be considered.

<b>RESILIENCE</b>			
<i>This rating refers to the individual or individual's ability to recognize his or her internal strengths and use them in times of and in managing daily life. Resilience also refers to the individual's ability to bounce back from stressful life events.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Individual is able to both identify and use strengths to better oneself and successfully manage difficult challenges. The individual expresses confidence in being able to handle the challenges adversity brings or has demonstrated an ability to do so over time.	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Individual is to identify most of one's strengths and is able to partially utilize them. The individual is able to handle the challenges adversity brings in specific situations or at certain time periods in life, or has examples when the individual was able to do so.	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Individual is able to identify strengths but is not able to utilize them effectively. An individual currently has limited confidence in the ability to overcome setbacks.	An area in which no current strength is identified; efforts are needed to identify potential strengths. Individual is not yet able to identify personal strengths and has no known evidence of being able to overcome adverse life situations. An individual who currently has no confidence in the ability to overcome setbacks should be rated here.

<b>RESOURCEFULNESS</b>			
<i>This rating should be based on the individual's ability to identify and use external/environmental strengths in managing their lives.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Individual is quite skilled at finding the necessary resources required to aid the individual in managing challenges.	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Individual has some skills at finding necessary resources required to aid the individual in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Individual has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.	An area in which no current strength is identified; efforts are needed to identify potential strengths. Individual has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

### III. CULTURE

#### LANGUAGE

*This item looks at whether the individual and family need help with communication to obtain the necessary resources, supports and accommodations (e.g., translator). This item includes spoken, written, and sign language, as well as issues of literacy.*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. No evidence that there is a need or preference for an interpreter and/or the individual and family speak and read the primary language where the individual or family lives.	Identified need requires monitoring, watchful waiting, or preventive activities. Individual and/or family speak or read the primary language where the individual or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Individual and/or significant family members do not speak the primary language where the individual or family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual and/or significant family members do not speak the primary language where the individual or family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

#### TRADITIONS AND RITUALS

*This item rates the individual and family's access to and participation in cultural tradition, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, Dia de los Muertos, Yom Kippur, Quinceañera, etc. This also may include daily activities that are culturally specific (e.g., wearing a hijab, praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities.*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. Individual and/or family are consistently practice their chosen traditions and rituals consistent with their cultural identity.	Identified need requires monitoring, watchful waiting, or preventive activities. Individual and/or family are generally practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Individual and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.

<b>CULTURAL STRESS</b>			
<i>This item identifies circumstances in which the individual and family’s cultural identity is met with hostility or other problems within his/her environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the individual and his/her family). Racism, negativity toward sexual orientation, gender identity and expression (SOGIE) and other forms of discrimination would be rated here.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. No evidence of stress between the individual’s cultural identity and current living situation.	Identified need requires monitoring, watchful waiting, or preventive activities. Some mild or occasional stress resulting from friction between the individual’s cultural identity and current living situation.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain. Individual needs support to learn how to manage culture stress.	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Individual needs immediate plan to reduce culture stress.

**IV. CARE/SUPPORT STRENGTHS AND NEEDS**

*Care/supportive person refers to a parent(s) or other adult(s) with primary care-taking responsibilities for the individual. This core element would not be applicable to an individual living in an institutionalized setting.*

<b>INVOLVEMENT WITH CARE</b>			
<i>This item is used to rate the level of involvement the caregiver(s) has in the planning and provision of mental health related services.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. No evidence of problems with caregiver involvement in services or interventions, and/or caregiver is able to act as an effective advocate for child.	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver is consistently involved in the planning and/or implementation of services for the individual but is not an active advocate on behalf of the individual. Caregiver is open to receiving support, education, and information.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver is not actively involved in the individual's services and/or interventions intended to assist.	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver wishes for individual to be removed from his/her care.

<b>KNOWLEDGE</b>			
<i>This item identifies the caregiver's knowledge of the individual's strengths and needs, and the caregiver's ability to understand the rationale for the treatment or management of these problems.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the individual's psychological strengths and weaknesses, talents and limitations.	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver, while being generally knowledgeable about the individual, has some mild deficits in knowledge or understanding of the individual's psychological condition, talents, skills and assets.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver does not know or understand the individual well and significant deficits exist in the caregiver's ability to relate to the individual's problems and strengths.	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has little or no understanding of the individual's current condition. Caregiver's lack of knowledge about the individual's strengths and needs place the individual at risk of significant negative outcomes.

<b>SOCIAL RESOURCES</b>			
<i>This item is used to refer to the financial and social assets (extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the individual and family.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. Caregiver has significant social and family networks that actively help with caregiving.	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has some family or friend or social network that actively helps with caregiving.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Work needs to be done to engage family, friends or social network in helping with caregiving.	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has no family or social network to help with caregiving.

<b>PHYSICAL/BEHAVIORAL HEALTH</b>			
<i>Physical and Behavioral Health includes medical, physical, mental health, and substance abuse challenges faced by the caregiver(s).</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. The caregiver(s) has no physical or behavioral health limitations that impact assistance or attendant care.	Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver(s) has some physical or behavioral health limitations that interfere with provision of assistance or attendant care.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. The caregiver(s) has significant physical or behavioral health limitations that prevent them from being able to provide some needed assistance or that make attendant care difficult.	Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver(s) is unable to provide any needed assistance or attendant care.

<b>SAFETY</b>			
<i>This item is used to refer to the safety of the assessed individual. It does not refer to the safety of other family or household members. The presence of an individual (family or stranger) that presents a safety risk to the individual should be rated. This item does not refer to the safety of the physical environment in which the individual lives (e.g., a broken or loose staircase).</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. No evidence of safety issues. Household is safe and secure. Individual is not at risk from others.	Identified need requires monitoring, watchful waiting, or preventive activities. Household is safe but concerns exist about the safety of the individual due to history or others who might be abusive.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Individual is in some danger from one or more individuals with access to the home.	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual is in immediate danger from one or more individuals with unsupervised access.

<b>FAMILY STRESS</b>			
<i>This item reflects the degree of stress or burden experienced by the family as a result of the individual's needs as described elsewhere in the assessment.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. Caregiver able to manage the stress of individual's needs.	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has some problems managing the stress of individual's needs.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has notable problems managing the stress of individual's needs. This stress interferes with their capacity to give care.	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver is unable to manage the stress associated with individual's needs. This stress prevents caregiver from providing care.

## V. BEHAVIORAL HEALTH NEEDS

### PSYCHOSIS (THOUGHT DISORDER)

*This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders.*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No current need; no need for action or intervention. No evidence of psychotic symptoms. Both thought processes and content are within normal range.</p>	<p>Identified need requires monitoring, watchful waiting, or preventive activities. Evidence of disruption in thought processes or content. Individual may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes individual with a history of hallucinations but none currently. Use this category for individual who are below the threshold for one of the DSM diagnoses listed above.</p>	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Evidence of disturbance in thought process or content that may be impairing the individual's functioning in at least one life domain. Individual may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.</p>	<p>Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the individual or others at risk of physical harm.</p>

<b>IMPULSE CONTROL</b>			
<i>Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. No evidence of symptoms of loss of control of behavior.	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or evidence of mild levels of impulsivity evident in action or thought that place the individual at risk of future functioning difficulties. The individual may exhibit limited impulse control, e.g., individual may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the individual's functioning in at least one life domain. This indicates an individual with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). An individual who often intrudes on others and often exhibits aggressive impulses would be rated here.	Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the individual at risk of physical harm. This indicates an individual with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The individual may be impulsive on a nearly continuous basis. The individual endangers self or others without thinking.

<b>DEPRESSION</b>			
<i>Symptoms included in this item are depressed mood, social withdrawal, anxious, sleep disturbances, weight/eating disturbances, and loss of motivation.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. No evidence of problems with depression.	Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual’s functioning. Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in individual’s ability to function in at least one life domain.	Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of disabling level of depression that makes it virtually impossible for the individual to function in any life domain. This rating is given to an individual with a severe level of depression. This would include an individual who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

<b>ANXIETY</b>			
<i>This item rates symptoms associated with DSM-5 anxiety disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors).</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. No evidence of anxiety symptoms.	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the individual significant distress or markedly impairing functioning in any important context.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the individual's ability to function in at least one life domain.	Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of debilitating level of anxiety that makes it virtually impossible for the individual to function in any life domain.

<b>ANTISOCIAL BEHAVIOR</b>			
<i>This item rates the degree to which an individual engages in behavior that is consistent with the presence of an Antisocial Disorder.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. Individual shows no evidence of antisocial behavior.	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The individual may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. An individual rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.	Problems are dangerous or disabling; requires immediate and/or intensive action. Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the individual or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.
<b>DISCRETIONARY: COMPLETE DANGEROUSNESS MODULE</b>			

<b>ADJUSTMENT TO TRAUMA</b>			
<i>This item is used to describe the individual who is having difficulties adjusting to a traumatic experience, as defined by the individual.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No current need; no need for action or intervention. No evidence that individual has experienced a traumatic life event, OR individual has adjusted well to traumatic/adverse experiences.</p>	<p>Identified need requires monitoring, watchful waiting, or preventive activities. The individual has experienced a traumatic event and there are some changes in his/her behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Individual may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.</p>	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with individual's functioning in at least one life domain.</p>	<p>Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the individual to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).</p>
<p><b>DISCRETIONARY: COMPLETE <u>TRAUMA MODULE</u></b></p>			

<b>ANGER CONTROL</b>			
<i>This item captures the individual's ability to identify and manage their anger when frustrated.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. No evidence of any anger control problems.	Identified need requires monitoring, watchful waiting, or preventive activities. History, suspicion of, or evidence of some problems with controlling anger. Individual may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual's difficulties with controlling anger are impacting functioning in at least one life domain. Individual's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual's temper or anger control problem is dangerous. Individual frequently gets into fights that are often physical. Others likely fear the individual.

**EATING DISTURBANCES**

*These symptoms include problems with eating including disturbances in body image, refusal to maintain normal body weight and recurrent episodes of binge eating. These ratings are consistent with DSM-IV Eating Disorders.*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No current need; no need for action or intervention. This rating is for an individual with no evidence of eating disturbances.</p>	<p>Identified need requires monitoring, watchful waiting, or preventive activities. This rating is for an individual with a mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.</p>	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. This rating is for an individual with a moderate level of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This individual may meet criteria for a DSM-IV Eating Disorder (Anorexia or Bulimia Nervosa).</p>	<p>Problems are dangerous or disabling; requires immediate and/or intensive action. This rating is for an individual with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).</p>

<b>SOMATIZATION</b>			
<i>These symptoms include the presence of recurrent physical complaints without apparent physical cause, medical problems exacerbated by psychogenic causes, and associated with psychosocial distress and medical help-seeking. Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
This rating is for an individual with no evidence of somatic symptoms.	This rating indicates an individual with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.	This rating indicates an individual with a moderate level of somatic problems. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches).	This rating indicates an individual with severe somatic symptoms causing significant disturbance in school, work, or social functioning. This could include significant and varied symptomatic disturbance without medical cause and/or medical problems exacerbated by psychogenic causes.

<b>SUBSTANCE USE</b>			
<i>This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by an individual.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. Individual has no notable substance use difficulties at the present time.	Identified need requires monitoring, watchful waiting, or preventive activities. Individual has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the individual.
<b><u>REQUIRED: COMPLETE SUBSTANCE USE DISORDER MODULE</u></b>			

<b>COGNITION</b>			
<i>This item is used to rate cognitive functioning such as forgetfulness, confusion, and lack of engagement in life activities. Dementia and brain injury could be rated here.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
This rating indicates an individual with no evidence of problems with cognitive functioning.	This rating describes an individual with some concerns about cognitive functioning but no clear evidence that cognitive functioning is currently impacting his/her life. Early stages of dementia might be rated here. Old age forgetting could be rated here.	This rating describes an individual whose cognitive functioning is interfering with his/her ability to fully engage in life activities. Dementias might be rated here before they cause problems and become dangerous. Traumatic Brain Injury could be rated here.	This rating describes an individual whose cognitive functioning results in situations or behavior either dangerous or disabling.

<b>MANIA</b>			
<i>Symptoms included in this item are mood disturbance (including elevated/expansive, but also depressive at times), increase in energy, decrease in sleep, pressured speech, racing thoughts, and grandiosity that are characteristic of mania.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
This rating is given to an individual with no evidence of mania.	This rating is given to an individual with mild mania. Brief duration of mania, irritability, or impairment of peer, family, vocational or academic function that does not lead to gross manic behavior.	This rating is given to an individual with a moderate level of mania. This level is used to rate individuals who meet the criteria for an affective disorder.	This rating is given to an individual with a severe level of mania. For example, the individual may be wildly over-spending, rarely sleeping, or pursuing a special “mission” that only he or she can accomplish. Functioning in multiple domains, such as school/work, social settings and family are severely compromised. The manic episode rated here could include psychotic symptoms.

## VI. RISK BEHAVIORS

### SUICIDE RISK

*This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of an individual or individual to end his/ her life.*

0	1	2	3
No evidence of any needs. No evidence of suicidal ideation.	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.	Action or intervention is required to ensure that the identified need is addressed. Recent ideation or gesture. Recent, but not acute, suicidal ideation or gesture.	Intensive and/or immediate action is required to address the need or risk behavior. Current ideation and intent OR command hallucinations that involve self-harm. Current suicidal ideation and intent.
<b>DISCRETIONARY: COMPLETE <u>DANGER TO SELF</u> MODULE</b>			

### DANGER TO OTHERS

*This item rates the individual's or individual's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others.*

0	1	2	3
No evidence of any needs. No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.	Action or intervention is required to ensure that the identified need is addressed. Occasional or moderate level of aggression towards others. Individual has made verbal threats of violence towards others.	Intensive and/or immediate action is required to address the need or risk behavior. Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Individual is an immediate risk to others.
<b>DISCRETIONARY: COMPLETE <u>DANGER TO OTHERS</u> MODULE</b>			

<b>NON-SUICIDAL SELF-INJURIOUS BEHAVIOR (SELF-MUTILATION)</b>			
<i>This rating includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the individual (e.g., cutting, carving, burning self, face slapping, head banging, etc.).</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No evidence of any needs. No evidence of any forms of self-injury.</p>	<p>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. A history or suspicion of self-injurious behavior.</p>	<p>Action or intervention is required to ensure that the identified need is addressed. Engaged in self-injurious behavior (cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.</p>	<p>Intensive and/or immediate action is required to address the need or risk behavior. Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the individual's health at risk.</p>

<b>OTHER SELF-HARM (RECKLESSNESS)</b>			
<i>This rating includes reckless and dangerous behaviors that, while not intended to harm self or others, place the individual or others in some jeopardy.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No evidence of any needs. No evidence of behaviors (other than suicide or self-mutilation) that place the individual at risk of physical harm.</p>	<p>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. There is a history, suspicion or mild behavior (other than suicide or self-mutilation) that places individual at risk of physical harm such as reckless and dangerous risk-taking behavior.</p>	<p>Action or intervention is required to ensure that the identified need is addressed. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the individual in danger of physical harm.</p>	<p>Intensive and/or immediate action is required to address the need or risk behavior. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the individual at immediate risk of death.</p>

<b>EXPLOITATION</b>			
<i>This item is used to examine a history and level of current risk for exploitation.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No evidence of any needs This level indicates a person with no evidence of recent exploitation and no significant history of exploitation within the past year. The person may have been robbed or burglarized on one or more occasions in the past, but no pattern of exploitation exists. Person is not presently at risk for re-exploitation.</p>	<p>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. This level indicates a person with a history of exploitation but who has not been victimized to any significant degree in the past year. Person is not presently at risk for re-exploitation.</p>	<p>Action or intervention is required to ensure that the identified need is addressed. This level indicates a person who has been recently exploited (within the past year) but is not in acute risk of re-exploitation. This might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.</p>	<p>Intensive and/or immediate action is required to address the need or risk behavior. This level indicates a person who has been recently exploited and is in acute risk of re-exploitation. Examples include working as a prostitute and living in an abusive relationship.</p>

<b>SEXUAL AGGRESSION</b>			
<i>This item is intended to describe both aggressive sexual behavior and sexual behavior in which the individual/individual takes advantage of a younger or less powerful individual. The severity and recency of the behavior provide the information needed to rate this item.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No evidence of any needs. No evidence of sexually aggressive behavior.</p>	<p>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History or suspicion of sexually aggressive behavior and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public excessive masturbation.</p>	<p>Action or intervention is required to ensure that the identified need is addressed. Individual engages in sexually aggressive behavior that impairs his/her functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching of others). Frequent disrobing would be rated here only if it was sexually provocative.</p>	<p>Intensive and/or immediate action is required to address the need or risk behavior. Individual engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.</p>

<b>CRIMINAL BEHAVIOR</b>			
<i>This rating includes both criminal behavior and status offenses that may result from the individual failing to follow required behavioral standards. This category does not include drug usage but it does include drug sales and other drug related activities. Sexual offenses should be included as criminal behavior.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence of any needs. No evidence or history of criminal behavior	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. A history of criminal behavior but none in the past year	Action or intervention is required to ensure that the identified need is addressed. A moderate level of criminal activity. This level indicates a person who has been engaged in criminal activity during the past year, but the criminal activity does not represent a significant physical risk to others in the community. Examples would include vandalism and shoplifting.	Intensive and/or immediate action is required to address the need or risk behavior. A severe level of criminal activity. This level indicates a person who has been engaged in violent criminal activity during the past year which represent a significant physical risk to others in the community. Examples would include rape, armed robbery, and assault.
<p><b>REQUIRED: FORENSIC PROGRAMS - COMPLETE <u>CRIMINAL BEHAVIOR MODULE</u> FOR ALL CLIENTS</b></p> <p><b>DISCRETIONARY FOR ALL OTHER PROGRAMS (SCORES OF 2 OR 3)</b></p>			

<b>FIRE SETTING</b>			
<i>This item refers to behavior involving the intentional setting of fires that might be dangerous to the individual or others. This includes both malicious and non-malicious fire-setting. This does not include the use of candles or incense or matches to smoke.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need: no need for action or intervention. No evidence of fire setting by the individual.	Identified need requires monitoring, watchful waiting, or preventive activities. This may have been a risk behavior in the past. History of fire setting but not in the recent past.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Recent fire setting behavior but not of the type that has endangered the lives of others OR repeated fire-setting behavior in the recent past.	Problems are dangerous or disabling; requires immediate and/or intensive action. Acute threat of fire setting. Set fire that endangered the lives of others (e.g., attempting to burn down a house).

<b>GAMBLING</b>			
<i>This item includes all forms of gambling—legal and illegal, organized and social.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence of any needs. Individual has no evidence of any problem gambling.	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. Individual has either a history or suspicion of problems with gambling; however, currently gambling behavior is not known to impact his/her functioning.	Action or intervention is required to ensure that the identified need is addressed. Individual has problems with gambling that impact his/her functioning and/or wellbeing.	Intensive and/or immediate action is required to address the need or risk behavior. Individual has problems with gambling that dramatically impacts his/her life and make functioning difficult or impossible in at least one life domain.

<b>COMMAND HALLUCINATIONS</b>			
<i>This includes hallucinations in which an individual with psychosis believes he/she is being commanded to perform an act that may result in harm to himself/herself or another.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence of hallucinations, either command or otherwise.	History of command hallucinations but not within past year, or commands are not compelling client to act (e.g., easily ignored by client) or which do not involve harm to self or other.	Recent command hallucinations that have threatening content, but which the individual is able to resist acting on.	Recent command hallucinations which individual feels he/she is (or shortly will be) compelled to react. Enacting the commands would result in harm to individual or another.

<b>GRAVE DISABILITY</b>			
<i>This item refers to an individual's inability to provide for his or her basic personal needs (food, shelter, and clothing) due to his or her mental illness.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence of behaviors that indicate the individual has difficulty providing for basic personal needs (e.g., food, shelter, and clothing).	History of difficulty providing for basic physical needs, or currently having minor difficulty providing for needs in one area (food, shelter, and clothing) but not to the extent that harm is likely.	The individual has difficulty providing for basic physical needs. At risk of endangering him or herself (e.g., eating rotten food, unable to feed self, no, or unlivable housing, delusions about food or clothing, or too disorganized to feed or clothe self).	Individual is currently unable to provide for food, clothing and shelter to the extent that he or she has endangered him or herself and there is evidence of physical harm.

## VII. PHYSICAL/MEDICAL

<b>PRIMARY CARE PHYSICIAN (PCP) CONNECTED</b>			
<i>Primary care physician can include an assigned or selected personal physician or primary care clinic.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual has a PCP and has been seen by the provider in the past 6 months.	Individual has a PCP but has not been seen by the provider in over 6 months.	Individual has a PCP but does not know the doctor's name nor when last seen.	Individual does not have a PCP.

<b>CHRONIC HEALTH CONDITIONS</b>			
<i>Examples: high blood pressure, diabetes, heart condition, and metabolic syndrome.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual has no chronic health conditions.	Individual has chronic health condition(s) but reports being able to manage effectively.	Individual has chronic health condition(s) but reports difficulty managing alone.	Individual has chronic health condition(s) and reports not being managed.

<b>NON-PSYCHIATRIC MEDICAL HOSPITALIZATION OR EMERGENCY ROOM (ER) VISIT</b>			
<i>This item addresses non-psychiatric hospitalizations or emergency room visits in the past year.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual reports no hospitalization or ER visit in past year.	Individual reports one hospitalization or ER visit in past year.	Individual reports more than one hospitalization or ER visit in past year.	Individual reports a hospitalization or ER visit in past 30 days.

<b>NON-PSYCHIATRIC MEDICAL PRESCRIPTION</b>			
<i>This item addresses medication for non-psychiatric medical conditions.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual has not been prescribed any drugs for a medical condition.	Individual uses over the counter medications for a medical condition(s).	Individual has been prescribed at least one medication for a medical condition.	Individual has been prescribed more than 2 medications for a medical condition.

**HEALTH CARE ADHERENCE**

*This item focuses on the level of the individual's willingness and participation in necessary health care treatment. Health care treatments can include chemotherapy, dialysis, physical therapy, or other interventions or assessments.*

<b>N/A</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual is not taking any medications or does not need any general health care intervention.	This rating indicates an individual who takes medications and attends other health care treatments as prescribed and without reminders.	This rating indicates an individual who will take or will participate in prescribed medications or treatments routinely, but who sometimes needs reminders to maintain adherence. Also, a history of inconsistent use or abuse of medications or attendance to health care treatment, but no current problems would be rated here.	This rating indicates an individual who is somewhat non-adherent. This individual may be unconvinced to the value of the health care treatment or this individual may tend to overuse his or her medications. The individual might adhere with prescription or treatment plans for periods of time (1-2 weeks) but generally does not sustain taking medication in prescribed dose or protocol or maintain consistent participation in other health care treatments.	This rating indicates an individual who has refused to take or participate in necessary prescribed medications or treatment during the past 30 day period or an individual who has abused his or her medications to a significant degree (i.e., overdosing or over using medications to a dangerous degree).

## VIII. PSYCHIATRIC CRISES AND HOSPITALIZATIONS

*This rating includes community, private, and state psychiatric hospitalizations.*

<b>NUMBER OF PSYCHIATRIC CRISIS EPISODES WITHOUT HOSPITALIZATION</b>			
<i>This addresses psychiatric crisis interventions that do not result in hospitalization, such as Community Crisis Response Team, Crisis Walk-In Clinics, Diversion, Adult Emergency Services, and Emergency Room visits.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
This rating indicates zero number of psychiatric crisis episodes in past 90 days.	This rating indicates one psychiatric crisis episodes in past 90 days.	This rating indicates two psychiatric crisis episodes in past 90 days.	This rating indicates three or more psychiatric crisis episodes in past 90 days.

<b>NUMBER OF HOSPITALIZATIONS IN THE PAST 6 MONTHS</b>			
<i>This item addresses psychiatric hospitalizations in the past 6 months.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
This rating indicates zero number of hospitalizations in the past 6 months.	This rating indicates one hospitalization in the past 6 months.	This rating indicates two hospitalizations in the past 6 months.	This rating indicates three or more hospitalizations in the past 6 months.

<b>NUMBER OF HOSPITALIZATIONS LASTING LESS THAN 30 CONSECUTIVE DAYS WITHIN THE PAST TWO YEARS</b>			
<i>This item addresses short-term psychiatric hospitalizations within the past two years.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
This rating indicates zero hospitalizations in the past two years lasting less than 30 consecutive days.	This rating indicates one hospitalization in the past two years lasting less than 30 consecutive days.	This rating indicates two hospitalizations in the past two years lasting less than 30 consecutive days.	This rating indicates three or more hospitalizations in the past two years lasting less than 30 consecutive days.

<b>NUMBER OF HOSPITALIZATIONS LASTING MORE THAN 30 CONSECUTIVE DAYS WITHIN THE PAST TWO YEARS</b>			
<i>This item addresses long-term psychiatric hospitalizations within the past two years.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
This rating indicates zero hospitalizations in the past two years lasting more than 30 consecutive days.	This rating indicates one hospitalization in the past two years lasting more than 30 consecutive days.	This rating indicates two hospitalizations in the past two years lasting more than 30 consecutive days.	This rating indicates three or more hospitalizations in the past two years lasting more than 30 consecutive days.

**MODULES**

**I. SUBSTANCE USE DISORDER MODULE**

**REQUIRED MODULE: Complete if Substance Use is rated at a 2 or 3**

<b>SEVERITY OF USE</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual has been free from alcohol and/or drug use for at least six months.	Individual is currently free from alcohol and/or drug use, but only in the past 30 days, or individual has been free from alcohol or drug use for more than 30 days, but is living in an environment that makes staying alcohol or drug free difficult.	Individual regularly uses alcohol and/or drugs, but not daily.	Individual uses alcohol and/or drugs on a daily basis.

<b>DURATION OF USE</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual has begun use in the past year.	Individual has been using alcohol and/or drugs for at least one year, but has had periods of at least 30 days where he/she did not have any use.	Individual has been using alcohol or drugs for at least one year (but less than five years), but not daily.	Individual has been using alcohol and/or drugs daily for more than the past year or intermittently for at least five years.

<b>STAGE OF RECOVERY</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual is in maintenance phase of recovery. Individual is free from alcohol and/or drug use and able to recognize and avoid risk factors for future alcohol and/or drug use.	Individual is actively trying to use treatment to remain free from alcohol and/or drug use.	Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery.	Individual is in denial regarding the existence of any substance use problem.

<b>PEER INFLUENCES</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual's primary peer social network does not engage in alcohol and/or drug use.	Individual has peers in his/her primary peer social network who do not engage in alcohol and/or drug use, but has some peers who do.	Individual predominantly has peers who engage in alcohol and/or drug use.	Individual is a member of a peer group that consistently engages in alcohol and/or drug use.

<b>ENVIRONMENTAL INFLUENCES</b>			
<i>Please rate the environment around the individual's living situation.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that the individual's environment stimulates or exposes the individual to any alcohol and/or drug use.	Mild problems in the individual's environment that might expose the individual to alcohol and/or drug use.	Moderate problems in the individual's environment that clearly expose the individual to alcohol and/or drug use.	Severe problems in the individual's environment that stimulate the individual to engage in alcohol and/or drug use.

<b>RECOVERY SUPPORT GROUP PARTICIPATION</b>			
<i>Please rate the individual's participation in recovery programs such as AA, NA, or other types of recovery groups or activities that are community based.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No problems with maintaining social connectivity through recovery support groups or activities. Individual attends recovery support groups regularly and has no problems in attending the meetings.	Mild problems with maintaining social connectivity through recovery support groups or activities. Individual may attend meetings irregularly.	Moderate problems with maintaining social connectivity through recovery support groups or activities. Individual has attended recovery support groups in the past but is no longer attending meetings.	Severe problems with maintaining social connectivity through recovery support groups or activities. Individual has never participated in recovery support groups or activities.

**II. CRIMINAL BEHAVIOR MODULE**

**REQUIRED FOR FORENSICS PROGRAMS: Complete regardless of Criminal Behavior rate  
DISCRETIONARY FOR ALL OTHER PROGRAMS**

<b>SERIOUSNESS</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual has engaged only in status violations (e.g. curfew).	Individual has engaged in delinquent behavior.	Individual has engaged in criminal behavior.	Individual has engaged in criminal behavior that places other citizens at risk of significant physical harm.

<b>HISTORY</b>			
<i>Please rate using time frames provided in the anchors.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Current criminal/delinquent behavior is the first known occurrence.	Individual has engaged in multiple criminal/delinquent acts in the past one year.	Individual has engaged in multiple criminal/delinquent acts for more than one year, but has had periods of at least 3 months where he/she did not engage in delinquent behavior.	Individual has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal or delinquent behavior.

<b>ARRESTS</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual has no known arrests in past.	Individual has history of arrests, but no arrests in past 30 days.	Individual has 1 to 2 arrests in last 30 days.	Individual has more than 2 arrests in last 30 days.

<b>PLANNING</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence found of any planning. Criminal/delinquent behavior appears opportunistic or impulsive.	Evidence suggests that individual places him/herself into situations where the likelihood of criminal/delinquent behavior is enhanced.	Evidence indicates some planning of criminal/delinquent behavior.	Considerable evidence indicates significant planning of criminal/delinquent behavior. Behavior is clearly premeditated.

<b>COMMUNITY SAFETY</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual presents no risk to the community. He/she could be unsupervised in the community.	Individual engages in behavior that represents a risk to community property.	Individual engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the individual's behavior.	Individual engages in behavior that directly places community members in danger of significant physical harm.

<b>LEGAL COMPLIANCE</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place.	Individual is in general compliance with responsibilities imposed by the court. (e.g. occasionally missed appointments).	Individual is in partial noncompliance with standing court orders (e.g. individual is going to school but not attending court-order treatment).	Individual is in serious and/or complete noncompliance with standing court orders (e.g. parole violations).

<b>PEER INFLUENCES</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual's primary peer social network does not engage in criminal/delinquent behavior.	Individual has peers in his/her primary peer social network who do not engage in criminal/delinquent behavior but has some peers who do.	Individual predominantly has peers who engage in delinquent behavior but individual is not a member of a gang.	Individual is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

<b>IMMEDIATE FAMILY CRIMINAL BEHAVIOR INFLUENCES</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that the individual's immediate family members have ever engaged in criminal/delinquent behavior.	One of the individual's immediate family members has history of criminal/delinquent behavior but individual has not been in contact with this member for at least one year.	One of the individual's immediate family members has history of criminal/delinquent behavior and individual has been in contact with this member in the past year.	More than one of individual's family members has a history of criminal/delinquent behavior.

<b>ENVIRONMENTAL INFLUENCES</b>			
<i>Please rate the environment around the individual's living situation.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that the individual's environment stimulates or exposes the individual to any criminal/delinquent behavior.	Mild problems in the individual's environment that might expose the individual to criminal/delinquent behavior.	Moderate problems in the individual's environment that clearly expose the individual to criminal/delinquent behavior.	Severe problems in the individual's environment that stimulate the individual to engage in criminal/delinquent behavior.

**III. EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) – NEEDS/RISKS**

***REQUIRED FOR YOUTH 20 AND UNDER***

<b>SEXUAL DEVELOPMENT</b>			
<i>This item looks at broad issues of sexual development, including developmentally inappropriate sexual behavior or sexual concerns, and the reactions of others to any of these factors. The youth’s sexual orientation, gender identity or expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need: no need for action or intervention. Child/Youth has healthy sexual development.	Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has some history or suspicion of problems with sexual development, but not interfere with her functioning in other life domains. May include the youth’s concern about sexual orientation, gender identity, and expression (SOGIE), or anxiety about the reaction of others.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth’s functioning. Child/Youth has moderate to serious problems with sexual development that interfere with her functioning in other life domains.	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth has severe problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.

<b>LIVING SITUATION</b>			
<i>This item refers to how the youth is functioning in the youth's current living arrangement, which could be with a relative, in a foster home, etc. This item should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No current need: no need for action or intervention. No evidence of problem with functioning in current living environment. Youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.</p>	<p>Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth experiences mild problems with functioning in current living situation. Caregivers express some concern about youth's behavior in living situation, and/or youth and caregiver have some difficulty dealing with issues that arise in daily life.</p>	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has moderate to severe problems with functioning in current living situation. Child/youth difficulties in maintaining her behavior in this setting are creating significant problems for others in the residence. Child/Youth and caregivers have difficulty interacting effectively with each other much of the time. have difficulty interacting effectively with each other much of the time.</p>	<p>Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has profound problems with functioning in current living situation. Youth is at immediate risk of being removed from living situation due to problematic behaviors.</p>

**SCHOOL BEHAVIOR**

*This item rates the child’s or youth’s behavior in school or school-like settings (e.g., Head Start, pre-school). This is rated independently from attendance. Sometimes children are often truant but when they are in school they behave appropriately. If the school placement is in jeopardy due to behavior, or where the child/youth is still having problems after special efforts have been made (e.g., special education), this would be rated a “3.” If the youth is no longer a student, N/A is used.*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need: no need for action or intervention. Child/Youth is behaving well in school.	Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth is behaving adequately in school although some behavior problems exist.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth’s functioning. Child’s/Youth’s behavior problems are interfering with functioning at school. She is disruptive and may have received sanctions including suspensions.	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is having severe problems with behavior in school. She is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

**SCHOOL ACHIEVEMENT**

*This item describes academic achievement and functioning. A child/youth having some problems with achievement and functioning would be rated a “1”. A child/youth having moderate problems with achievement and failing some subjects would be rated a “2.” A child/ failing most subjects or who is more than one year behind her peers would be a “3.” Use developmental age instead of chronological age, if appropriate. If the youth is no longer a student, N/A is used.*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need: no need for action or intervention. Child/Youth is doing well in school.	Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth is doing adequately in school although some problems with achievement exist.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth’s functioning. Child/Youth is having moderate problems with school achievement. She may be failing some subjects.	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is having severe achievement problems. She may be failing most subjects or more than one year behind same-age peers in school achievement.

**SCHOOL ATTENDANCE**

*This item assesses the degree to which the child/youth attends school regardless of the cause. Both truancy and expulsion or suspension could be rated as school attendance problems. If school is not in session, rate the last 30 days when school was in session. If the youth is no longer a student, N/A is used.*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No current need: no need for action or intervention. Child/Youth attends school regularly.</p>	<p>Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has some problems attending school but generally goes to school. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending school regularly in the past month.</p>	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth is having problems with school attendance. She is missing at least two days each week on average.</p>	<p>Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is generally truant or refusing to go to school.</p>

<b>ATTACHMENT DIFFICULTIES</b>			
<i>This item rates the level of difficulties the youth has with attachment and their ability to form relationships.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No current need: no need for action or intervention. No evidence of attachment problems. Caregiver-child/youth relationship is characterized by mutual satisfaction of needs and youth's development of a sense of security and trust. Caregiver is able to respond to child/youth cues in a consistent, appropriate manner, and child/youth seeks age-appropriate contact with caregiver for both nurturing and safety needs.</p>	<p>Identified need requires monitoring, watchful waiting, or preventive activities. Some history or evidence of insecurity in the caregiver-child/youth relationship. Caregiver may have difficulty accurately reading child's/youth's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child/Youth may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child/Youth may have minor difficulties with appropriate physical/emotional boundaries with others.</p>	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Problems with attachment that interfere with child's/youth's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret child/youth cues, act in an overly intrusive way, or ignore/avoid youth bids for attention/nurturance. Child/Youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.</p>	<p>Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in caregiving relationships) OR child/youth presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child/Youth is considered at ongoing risk due to the nature of her attachment behaviors. Child/Youth may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child/youth may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.</p>

<b>OPPOSITIONAL (NON-COMPLIANCE WITH AUTHORITY):</b>			
<i>This item rates the youth's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the youth.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need: no need for action or intervention. No evidence of oppositional behaviors.	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child's/youth's functioning in at least one life domain. Behavior causes emotional harm to others. A youth whose behavior meets the minimal criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.	Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the youth has severe problems with compliance with rules or adult instruction or authority.

<b>RUNAWAY</b>			
<i>This item describes the risk of running away or actual runaway behavior. In general, to classify as a runaway or elopement, the child/youth is gone overnight or very late into the night. Impulsive behavior that represents an immediate threat to personal safety would also be rated here.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need: no need for action or intervention. Child/Youth has no history of running away or ideation of escaping from current living situation.	Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has no recent history of running away but has not expressed ideation about escaping current living situation. Youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has run from home once or run from one treatment setting. Also rated here is a youth who has runaway to home (parental or relative).	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth has run from home and/or treatment settings in the recent past and present an imminent flight risk. A youth who is currently a runaway is rated here.

**INTENTIONAL MISBEHAVIOR**

*This rating describes intentional behaviors that a child/youth engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which she lives) that put the child/youth at some risk of consequences. It is not necessary that the youth be able to articulate the purpose of her misbehavior is to provide reactions/consequences to rate this item. There is always, however, a benefit to the youth resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., youth feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for youth who engage in such behavior solely due to development delays.*

*NOTE: This item was formally labeled as “SOCIAL BEHAVIOR (aka Sanction Seeking Behavior)”*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No current need: no need for action or intervention. No evidence of problematic social behavior. Child/Youth shows no evidence of problematic social behaviors that cause adults to administer consequences.</p>	<p>Identified need requires monitoring, watchful waiting, or preventive activities. Some problematic social behaviors that force adults to administer consequences to the youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.</p>	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth’s functioning. Child/Youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences is causing problems in the youth’s life.</p>	<p>Problems are dangerous or disabling; requires immediate and/or intensive action. Frequent seriously inappropriate social behavior force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g., expulsion, removal from the community).</p>

**IV. EPSDT – CAREGIVER RESOURCES AND NEEDS**

**REQUIRED FOR YOUTH 20 AND UNDER**

<b>SUPERVISION</b>			
<i>This item refers to the caregiver’s ability to provide the level of monitoring and discipline needed by the child/youth. Discipline is defined in the broadest sense as all of the things that parents/caregivers can do to promote positive behavior with their children. A mother who reports frequent arguments with her teenage son, who is not following house rules, is staying out all night and who may be using drugs or alcohol may be rated a “2.”</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need: no need for action or intervention. No evidence caregiver needs help or assistance in monitoring or disciplining the youth, and/or caregiver has good monitoring and discipline skills.	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver generally provides adequate supervision, but is inconsistent. May need occasional help or technical assistance.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth’s functioning. Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child/Youth is at risk of harm due to absence of supervision.

<b>ORGANIZATION</b>			
<i>This item is used to rate the caregiver’s ability to organize and manage their household within the context of intensive community services.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need: no need for action or intervention. Caregiver is well organized and efficient.	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth’s functioning. Caregiver has moderate difficulty organizing and maintaining household to support needed services.	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver is unable to organize household to support needed services.

<b>RESIDENTIAL STABILITY</b>			
<i>This item rates the housing stability of the caregiver(s) and does not include the likelihood that the youth or youth will be removed from the household.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need: no need for action or intervention. Caregiver has stable housing with no known risks of instability.	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Caregiver has moved multiple times in the past year. Housing is unstable.	Problems are dangerous or disabling; requires immediate and/or intensive action. Family is homeless, or has experienced homelessness in the recent past.

<b>DEVELOPMENTAL</b>			
<i>This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to provide care for the youth.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need: no need for action or intervention. Caregiver has no developmental needs.	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has developmental challenges. The developmental challenges do not interfere with parenting.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has severe developmental challenges that make it impossible to parent the child/youth at this time.

<b>MENTAL HEALTH</b>			
<i>This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to youth.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No current need; no need for action or intervention. No evidence of caregiver mental health difficulties.	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver's mental health difficulties interfere with his or her capacity to parent.	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has mental health difficulties that make it impossible to parent the youth at this time.

**SUBSTANCE USE**

*This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the youth.*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No current need; no need for action or intervention. No evidence of caregiver substance use issues.</p>	<p>Identified need requires monitoring, watchful waiting, or preventive activities. There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in his/her ability to parent.</p>	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has some substance abuse difficulties that interfere with his or her capacity to parent.</p>	<p>Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has substance abuse difficulties that make it impossible to parent the youth at this time.</p>

**MEDICAL/PHYSICAL**

*This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit his or her ability to parent the youth. This item does not rate depression or other mental health issues.*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No current need; no need for action or intervention. No evidence of medical or physical health problems. Caregiver is generally healthy.</p>	<p>Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.</p>	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has medical/physical problems that interfere with the capacity to parent the youth.</p>	<p>Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has medical/physical problems that make parenting the youth impossible at this time.</p>

## V. DANGER TO SELF MODULE

**DISCRETIONARY MODULE: Complete if Suicide Risk is rated as a 2 or 3**

**IF THIS MODULE IS TRIGGERED, BE SURE TO COMPLETE THE SUBSTANCE USE AND COMMAND HALLUCINATIONS CORE ITEMS, AS BOTH INCREASE RISK.**

<b>IDEATION</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence.	History but no recent ideation.	Recent ideation, but not in past 48 hours.	Current or within 48 hours ideation OR command hallucinations that involve self-harm.

<b>INTENT</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence.	History, but no recent intent to act on suicidal urges.	Recent intention to suicidal urges.	Current intention.

<b>PLANNING</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence of a concrete plan.	Vague notions of a plan, but that plan is not realistic.	Individual has a plan to act on suicidal urges or to harm others that is feasible (Complete Safety Plan).	Individual has a plan that is immediately accessible and feasible (Complete Safety Plan).

<b>SUICIDE HISTORY</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No history of suicidal ideation or attempt.	History of significant suicidal ideation but no potentially lethal attempts.	History of a potentially lethal suicide attempt.	History of multiple potentially lethal suicide attempts.

<b>HISTORY OF FAMILY/FRIEND SUICIDE</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that any family or friend has killed him/herself.	Individual has an acquaintance or relative who has killed him/herself.	A close family member or friend has killed him/herself.	Individual was a witness to the suicide death of a close family member or friend.

**VI. DANGER TO OTHERS MODULE**

*DISCRETIONARY MODULE: Complete if Danger to Others is rated as a 2 or 3*

***IF THIS MODULE IS TRIGGERED, BE SURE TO COMPLETE THE SUBSTANCE USE AND COMMAND HALLUCINATIONS CORE ITEMS, AS BOTH INCREASE RISK.***

<b>IDEATION</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence.	History but no recent ideation.	Recent ideation, but not in past 48 hours.	Current or within 48 hours ideation OR command hallucinations that involve homicide or significant aggression.

<b>INTENT</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence.	History, but no recent intent to act on homicidal or aggressive urges.	Recent intention to homicidal or aggressive urges.	Current intention.

<b>PLANNING</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence of a concrete plan.	Vague notions of a plan, but that plan is not realistic.	Individual has a plan to act on homicidal or aggressive urges or to harm others that is feasible (Complete Safety Plan).	Individual has a plan that is immediately accessible and feasible (Complete Safety Plan).

<b>LETHAL AGGRESSION HISTORY</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No history of aggressive ideation or attempt.	History of significant aggressive ideation but no potentially lethal attempts.	History of a potentially lethal aggressive episode.	History of homicide or multiple potentially lethal aggressive episodes.

<b>HISTORY OF FAMILY/FRIEND AGGRESSION</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that any family or friend has an aggression history.	Individual has an acquaintance or relative who has a history of aggression.	A close family member or friend has engaged in significant aggression.	Individual was a witness to severe aggression by a family member or friend.

**VII. DANGEROUSNESS MODULE**

*DISCRETIONARY MODULE: Complete if Antisocial Behavior is rated at a 2 or 3*

<b>FRUSTRATION MANAGEMENT</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual appears to be able to manage frustration well. No evidence of problems of frustration management.	Individual has some mild problems with frustration. He/she may anger easily when frustrated; however, he/she is able to calm self down following an angry outburst.	Individual has problems managing frustration. His/her anger when frustrated is causing functioning problems in school, at home, or with peers.	Individual becomes explosive and dangerous to others when frustrated. He/she demonstrates little self-control in these situations and others must intervene to restore control.

<b>HOSTILITY</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual appears to not experience or express hostility except in situations where most people would become hostile.	Individual appears hostile but does not express it. Others experience individual as being angry.	Individual expresses hostility regularly.	Individual is almost always hostile either in expression or appearance. Others may experience individual as ‘full of rage’ or ‘seething’.

<b>PARANOID THINKING</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual does not appear to engage in any paranoid thinking.	Individual is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.	Individual believes that others are ‘out to get’ him/her. Individual has trouble accepting that these beliefs may not be accurate. Individual at times is suspicious and guarded, but at other times can be open and friendly. Suspicions can be allayed with reassurance.	Individual believes that others plan to cause them harm. Individual is nearly always suspicious and guarded.

<b>SECONDARY GAINS FROM ANGER</b>			
<i>Please rate the highest level in the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual either does not engage in angry behavior or, when they do become angry, does not appear to derive any benefits from this behavior.	Individual unintentionally has benefited from angry behavior; however, there is no evidence that individual intentionally uses angry behavior to achieve desired outcomes.	Individual sometimes uses angry behavior to achieve desired outcomes with others.	Individual routinely uses angry behavior to achieve desired outcomes with others. Others in individual's life appear intimidated.

<b>VIOLENT THINKING</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that individual engages in violent thinking.	Individual has some occasional or minor thoughts about violence.	Individual has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.	Individual has specific homicidal ideation or appears obsessed with thoughts about violence. For example, an individual who spontaneously and frequently draws only violent images may be rated here.

<b>AWARENESS OF VIOLENCE POTENTIAL</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual is completely aware of his/her level of risk of violence. Individual knows and understands risk factors. Individual accepts responsibility for past and future behaviors. Individual is able to anticipate future challenging circumstances. An individual with no violence potential would be rated here.	Individual is generally aware of his/her potential for violence. Individual is knowledgeable about his/her risk factors and is generally able to take responsibility. Individual may be unable to anticipate future circumstances that may challenge him/her.	Individual has some awareness of his/her potential for violence. Individual may have tendency to blame others but is able to accept some responsibility for his/her actions.	Individual has no awareness of his/her potential for violence. Individual may deny past violent acts or explain them in terms of justice or as deserved by the victim.

<b>RESPONSE TO CONSEQUENCES</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual is clearly and predictably responsive to identified consequences. Individual is regularly able to anticipate consequences and adjust behavior.	Individual is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences.	Individual responds to consequences on some occasions, but sometimes does not appear to care about consequences for his/her violent behavior.	Individual is unresponsive to consequences for his/her violent behavior.

<b>COMMITMENT TO SELF CONTROL</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual fully committed to controlling his/her violent behavior.	Individual is generally committed to control his/her violent behavior; however, individual may continue to struggle with control in some challenging circumstances.	Individual ambivalent about controlling his/her violent behavior.	Individual not interested in controlling his/her violent behavior at this time.

<b>TREATMENT INVOLVEMENT</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Individual fully involved in his/her own treatment. Family supports treatment as well.	Individual or family involved in treatment but not both. Individual may be somewhat involved in treatment, while family members are active or individual may be very involved in treatment while family members are unsupportive.	Individual and family are ambivalent about treatment involvement. Individual and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.	Individual and family are uninterested in treatment involvement. An individual with treatment needs who is not currently in treatment would be rated here.

**VIII. TRAUMA MODULE**

*DISCRETIONARY MODULE: Complete if Adjustment to Trauma is rated at a 2 or 3*

<b>SEXUAL ABUSE</b>			
<i>Please rate within the lifetime.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that individual has experienced sexual abuse.	Individual has experienced one episode of sexual abuse or there is a suspicion that individual has experienced sexual abuse, but there is no confirming evidence.	Individual has experienced repeated sexual abuse.	Individual has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.

<b>PHYSICAL ABUSE</b>			
<i>Please rate within the lifetime.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that individual has experienced physical abuse.	Individual has experienced one episode of physical abuse or there is a suspicion that individual has experienced physical abuse, but there is no confirming evidence.	Individual has experienced repeated physical abuse.	Individual has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

<b>EMOTIONAL ABUSE</b>			
<i>Please rate within the lifetime.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that individual has experienced emotional abuse.	Individual has experienced mild emotional abuse.	Individual has experienced emotional abuse over an extended period of time (at least one year).	Individual has experienced severe and repeated emotional abuse over an extended period of time (at least one year).

<b>NEGLECT</b>			
<i>This item describes the degree of severity of neglect (e.g., abandoned, ignored, disregarded, avoided, mistreated, not fed, clothed, sheltered or cared for in an appropriate manner). Consider age and functioning of dependent person when rating.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that dependent person has experienced neglect.	Dependent person has experienced minor or occasional neglect. Dependent person may have been left at home alone with no supervision or there may be occasional failure to provide adequate supervision of dependent person.	Dependent person has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.	Dependent person has experienced a severe level of neglect including prolonged absences by caregiver, without minimal supervision. Caregiver has failed to provide basic necessities of life on a regular basis.

<b>MEDICAL TRAUMA</b>			
<i>Please rate within the lifetime.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that individual has experienced any medical trauma.	Individual has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).	Individual has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.	Individual has experienced life threatening medical trauma.

<b>NATURAL DISASTER</b>			
<i>Please rate within the lifetime.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that individual has experienced any natural disaster.	Individual has been indirectly affected by a natural disaster.	Individual has experienced a natural disaster which has had a notable impact on his/her well-being.	Individual has experienced life threatening natural disaster.

<b>WITNESS TO FAMILY VIOLENCE</b>			
<i>Please rate within the lifetime.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that individual has witnessed family violence.	Individual has witnessed one episode of family violence.	Individual has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.	Individual has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

<b>WITNESS TO DOMESTIC VIOLENCE</b>			
<i>Please rate within the lifetime.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that individual has witnessed domestic violence.	Individual has witnessed physical violence in household on at least one occasion but the violence did not result in injury.	Individual has witnessed repeated domestic violence that has resulted in the injury of at least one family member that required medical treatment.	Individual has witness to murder or rape of a family member.

<b>WITNESS TO COMMUNITY VIOLENCE</b>			
<i>Please rate within the lifetime.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that individual has witnessed violence in the community.	Individual has witnessed fighting or other forms of violence in the community	Individual has witnessed the significant injury of others in his/her community.	Individual has witnessed the death of another person in his/her community.

<b>WITNESS/VICTIM TO CRIMINAL ACTIVITY</b>			
<i>Please rate within the lifetime.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that individual has been victimized or witness significant criminal activity.	Individual is a witness of significant criminal activity.	Individual is a direct victim of criminal activity or witnessed the victimization of a family or friend.	Individual is a victim of criminal activity that was life threatening or caused significant physical harm or individual witnessed the death of a loved one.

<b>WAR AFFECTED</b>			
<i>This item describes the degree of severity of exposure to war, political violence, or torture. Violence or trauma related to Terrorism is not included here. Please rate within the lifetime.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that individual has been exposed to war, political violence or torture.	Individual did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the individual may have been exposed to war, political violence, or torture; family may have been forcibly displaced due to the war, or both. This does not include individuals who have lost parents or children during a war.	Individual is/was affected by war or political violence. He or she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Individual may have lost one family member. Individual may have spent extended amount of time in refugee camp.	Individual has experienced the direct affects of war. Individual may have feared for his or her own life during war. Individual may have lost multiple family members due to a war. They may have been directly injured, tortured, kidnapped or prisoner of war. They may have served as soldiers, guerrillas or other combatants in a war.

<b>TERRORISM AFFECTED</b>			
<p><i>This item describes the degree to which an individual has been affected by terrorism. Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious, or ideological." Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks). Please rate within the lifetime.</i></p>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>No evidence that individual has been affected by terrorism or terrorist activities.</p>	<p>Individual's community has experienced an act of terrorism, but the individual was not directly impacted by the violence (e.g. individual lives close enough to site of terrorism that they may have visited before or individual recognized the location when seen on TV, but individual's family and neighborhood infrastructure was not directly affected). Exposure has been limited to pictures on television.</p>	<p>Individual has been affected by terrorism within his/her community, but did not directly witness the attack. Individual may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of individual's daily life may be disrupted due to attack (e.g. utilities, school, or place of work), and individual may see signs of the attack in neighborhood (e.g. destroyed building). Individual may know people who were injured in the attack.</p>	<p>Individual has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured as a result of terrorism, or has directly been injured by terrorism leading to significant injury or lasting impact.</p>

<b>AFFECT REGULATION</b>			
<p><i>Please rate the highest level from the past 30 days.</i></p>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<p>Individual has no problems with affect regulation.</p>	<p>Individual has mild to moderate problems with affect regulation.</p>	<p>Individual has severe problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with individual's functioning in some life domains.</p>	<p>Individual unable to regulate affect.</p>

<b>INTRUSIONS</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that individual experiences intrusive thoughts of trauma.	Individual experiences some intrusive thoughts of trauma, but they do not affect his/her functioning.	Individual experiences intrusive thoughts that interfere in his/her ability to function in some life domains.	Individual experiences repeated and severe intrusive thoughts of trauma.

<b>ATTACHMENT</b>			
<i>Please rate the highest level from the past 30 days.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence of attachment problems. Parent-individual relationship is characterized by satisfaction of needs, individual's development of a sense of security and trust.	Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.	Moderate problems with attachment. Individual is having problems with attachment that require intervention. An individual who meets the criteria for an Attachment Disorder would be rated here.	Severe problems with attachment. An individual who is unable to separate or an individual who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.

<b>TRAUMATIC GRIEF/SEPARATION</b>			
<i>This item describes the level of traumatic grief due to death or loss or separation from significant partners, caregivers, siblings, or other significant figures.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
No evidence that the individual has experienced traumatic grief or separation from significant others or the individual has adjusted well to separation.	Individual is experiencing some level of traumatic grief due to death or loss of a significant person or distress from separation in a manner that is appropriate given the recent nature of loss or separation.	Individual is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others.	Individual is experiencing significant traumatic grief or separation reactions. Individual exhibits impaired functioning across several areas (e.g. interpersonal relationships, job or vocational setting) for a significant period of time following the loss or separation.

<b>REEXPERIENCING</b>			
<i>These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. These symptoms are part of the criteria for PTSD.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
This rating is given to an individual with no evidence of intrusive symptoms.	This rating is given to an individual with some problems with intrusions, including occasional nightmares about traumatic events.	This rating is given to an individual with moderate difficulties with intrusive symptoms. This individual may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This individual may exhibit trauma-specific intense physiological reactions to exposure to traumatic cues.	This rating is given to an individual with severe intrusive symptoms. This individual may exhibit trauma-specific reenactments that include sexually or physically traumatizing others. This individual may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the individual to function.

<b>AVOIDANCE</b>			
<i>These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the criteria for PTSD.</i>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
This rating is given to an individual with no evidence of avoidance symptoms.	This rating is given to an individual who exhibits some avoidance. This individual may exhibit one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.	This rating is given to an individual with moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the individual may also avoid activities, places, or people that arouse recollections of the trauma.	This rating is given to an individual who exhibits significant or multiple avoidant symptoms. This individual may avoid thoughts and feelings as well as situations and people associated with the trauma and be unable to recall important aspects of the trauma.

**NUMBING**

*These symptoms include numbing responses that are part of the criteria for PTSD. These responses were not present before the trauma.*

0	1	2	3
<p>This rating is given to an individual with no evidence of numbing responses.</p>	<p>This rating is given to an individual who exhibits some problems with numbing. This individual may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).</p>	<p>This rating is given to an individual with moderately severe numbing responses. This individual may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.</p>	<p>This rating is given to an individual with significant numbing responses or multiple symptoms of numbing. This individual may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.</p>

**DISSOCIATION**

*Symptoms included in this item are daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences but not due to the direct effects of substances. This item may be related to dissociative disorders, but can also exist with other primary diagnoses (e.g., PTSD, depression).*

0	1	2	3
<p>No evidence of dissociation.</p>	<p>Individual may experience some mild dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.</p>	<p>At a moderate level of dissociation, an individual clearly experiences episodes of dissociation which can include amnesia for traumatic experiences or inconsistent memory of trauma, persistent or perplexing difficulties with forgetfulness, frequent daydreaming or trance-like behavior. This can also include persistent symptoms of depersonalization, feeling detached from one's self and/or de-realization, a sense of disconnection with surroundings.</p>	<p>When profound dissociation occurs, the individual may experience significant memory difficulties or show significant problems with depersonalization and/or de-realization associated with trauma that impede day-to-day functioning. The individual is often forgetful or confused about things he/she should know about.</p>