

ADULT NEEDS AND STRENGTHS ASSESSMENT (ANSA)

Indiana ANSA Manual

Version 2.4



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A large number of individuals have collaborated in the development of the Adult Needs and Strength Assessment (ANSA). Along with the Child and Adolescent Strength and Needs (CANS) versions (mental health, developmental disabilities, juvenile justice, and child welfare) and a comprehensive multi-system CANS, this information integration tool is designed to support individual intervention planning, to monitor progress, and to evaluate and improve services. The copyright is held by the Praed Foundation to ensure that it remains free to use.

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John S. Lyons, PhD

Senior Policy Fellow
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
jlyons@chapinhall.org

Betty A. Walton, Ph.D.

Indiana University School of Social Work &
Indiana Family Social Services Administration
Division of Mental Health and Addiction
402 W. Washington Street, W353
Indianapolis, IN 46204-2739
Betty.Walton@fssa.in.gov

Praed Foundation

<http://praedfoundation.org>
praedfoundation@yahoo.com

The Adult Needs and Strengths Assessment (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, not the 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 but would be for an older individual or 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 ANSA 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 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: 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'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.

Training and periodic certification are 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[®] is auditable and audit reliabilities demonstrate that the ANSA[®] is reliable at the item level (Anderson & Estle, 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) *Communitrics: A Communication Theory of Measurement in Human Service Settings*.

Validity

Studies have demonstrated the ANSA's validity, or its 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® 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 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

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide 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. To complete the ANSA, an ANSA trained and certified care coordinator, recovery coach, 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). Domain scores can also be generated by averaging or summing items within each of the domains (Behavioral Health, Risk Behaviors, Functioning, Strengths, and Cultural Factors, 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, forensic settings intensive community treatment, and community mental health settings.

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 young adults, individuals 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 families, this guide can be helpful in ensuring that all the information required is gathered. Most items include “Questions to Consider” which may be useful in when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful to use during initial sessions either in person or over the phone if there are follow up sessions required to get a full picture of needs before treatment or service planning and beginning therapy or other services.

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 young adults, adults, 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 among professionals, individuals, and families, 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

The ANSA is an excellent strategy in addressing individual’s behavioral health care. As it is meant to be an output of an assessment, it can be used to organize and integrate the information gathered from clinical interviews, records reviews, and information from screening tools or 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 than 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, individuals and families 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 at work, you can follow that and ask some questions about situational anger, and then explore other employment related issues that you know are a part of the Vocational/Career module.

Making the Best Use of the ANSA

Most young and older adults often 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 10) 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 youth or youth that you are with the youth.
- ★ **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 CANS 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 likeis that right? Would you say that is something that you feel needs to be watched, or is help needed?”
- ★ **Redirect the conversation to parents’/caregivers’/ 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?” The CANS is a tool to organize all

points of observation, but the parent or caregiver's perspective can be the most critical. Once you have the youth's perspective, you can then work on organizing and coalescing the other points of view.

★ **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.

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Basic Structure of the ANSA

The ANSA Comprehensive tool expands depending upon the needs of individual. Basic core items are rated for all individuals. Extension modules are triggered by key core questions. The basic structure of the ANSA consists of six domains:

Life Functioning Domain

Medical/Physical
Family Functioning
Employment
Social Functioning
Recreational
Developmental/Intellectual
Sexuality
Independent Living Skills
Residential Stability
Legal
Sleep
Self Care
Decision Making
Involvement in Recovery
Transportation
Medication Involvement
Parental/Caregiver Role

Strengths Domain

Family Strengths
Social Connectedness
Optimism
Talents/Interests
Educational
Volunteering
Job History
Spiritual/Religious
Community Connection
Natural Supports
Resiliency
Resourcefulness

Cultural Factors Domain

Language
Cultural Identity
Traditions and Rituals
Cultural Stress

Behavioral Health Needs Domain

Psychosis
Impulse Control
Depression
Anxiety
Interpersonal Problems
Antisocial Behavior
Adjustment to Trauma
Anger Control
Substance Use
Eating Disturbance

Risk Behaviors Domain

Suicide Risk
Danger to Others
Self Injurious Behavior
Other Self Harm
Exploitation
Gambling
Sexual Aggression
Criminal Behavior

Caregiver Needs & Resources Domain (optional)

Physical/Behavioral Health
Involvement with Care
Knowledge
Social Resources
Family Stress
Safety

CODING DESCRIPTIONS

LIFE FUNCTIONING DOMAIN

	MEDICAL/PHYSICAL <i>This rating includes both acute/chronic health problems and physical conditions</i>
0	There is no evidence of physical or medical problems.
1	Mild or well-managed physical or medical problems are indicated. This might include well-managed chronic conditions like diabetes or asthma. A person in need of a physical/medical examination would be rated here.
2	Chronic physical or moderate medical problems are present.
3	Severe, life threatening physical or medical condition exists.

	FAMILY FUNCTIONING <i>The definition of family should be from the perspective of the individual (i.e., who does the individual consider to be family) and with whom the individual has contact. Family functioning should be rated independently of the problems the individual experienced or stimulated by the individual currently assessed.</i>
0	No evidence of family problems is identified.
1	A mild to moderate level of family problems including marital difficulties and problems between siblings is indicated.
2	A significant level of family problems exists, such as frequent arguments, difficult separation and/or divorce, and siblings with significant mental health, developmental or criminal justice problems.
3	A profound level of family disruption including significant criminality or domestic violence is indicated.

	EMPLOYMENT <i>This item rates the performance of the individual in work settings. In addition to traditional employment, this can include supported employment, sheltered workshops, long term volunteer experiences and internships. This performance can include issues of behavior, attendance or productivity.</i>
0	No evidence of problems related to work are identified.
1	Individual experiences a mild degree of problems with work functioning. Individual may have some problems in work environment involving attendance, productivity, or relations with others. OR the individual is not currently working, but is motivated and is actively seeking work.
2	A moderate degree of work problems including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned individual about problems with his/her work performance. OR although not working, the individual seems interested in doing so, but may have some anxiety about working.
3	A severe degree of work problems including aggressive behavior toward peers or superiors or severe attendance problems is evidenced. Individual may be recently fired or at very high risk of firing (e.g. on notice). OR the individual has a long history of unemployment.
NA	Not applicable if the individual is a homemaker, student, or retired.

	SOCIAL FUNCTIONING <i>This item refers to the individual's current status in getting along with others in his/her life.</i>
0	Individual has good relations with others.
1	Individual is having some minor problems with his/her social functioning.
2	Individual is having some moderate problems with his/her social functioning. Problems with relationships currently interfere with functioning in other life domains.
3	Individual is experiencing severe disruptions in his/her social functioning. Individual is socially disabled. Either he/she has no relations with others or all relationships are currently conflictual.

	RECREATIONAL <i>This item is intended to reflect the individual's access to and use of leisure time activities.</i>
0	Individual has and enjoys positive recreational activities on an ongoing basis.
1	Individual is adequately engaged in and enjoys recreational activities, although some problems may exist.
2	Individual is having moderate problems with recreational activities. Individual may experience some problems with effective use of leisure time.
3	Individual has no access to or interest in recreational activities. Individual has significant difficulties making positive use of leisure time.

	DEVELOPMENTAL/INTELLECTUAL <i>This item rates the presence of any developmental or intellectual disability. It includes Intellectual Developmental Disorder (IDD) and the Autism Spectrum Disorders.</i>
0	There is no evidence of A developmental delay and/or individual has no developmental problem or intellectual disability.
1	There are concerns about a possible developmental delay. Mild deficits in adaptive functioning are indicated.
2	Individual has mild developmental delays (deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability. (If available, IQ =/ \leq 70.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
3	Individual has severe to profound intellectual disability (IQ, 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.

	SEXUALITY <i>This rating describes issues around sexual development including developmentally inappropriate sexual behavior and problematic sexual behavior. Sexual orientation or gender identity issues could be rated here if they are leading to difficulties.</i>
0	There is no evidence of any problems with sexuality.
1	Mild to moderate problems with sexuality are indicated. This may include concerns about sexual identity or anxiety about the reactions of others.
2	Significant problems with sexuality are indicated. These may include multiple partners with limited relationships or high-risk sexual behavior.
3	Profound problems with sexuality are indicated. This level would include prostitution, very frequent, risky sexual behavior or sexual aggression.

	INDEPENDENT LIVING SKILLS <i>This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities.</i>
0	This level indicates a person who is fully capable of independent living. There is no evidence of any deficits that could impede maintaining individual's own home.
1	This level indicates a person with mild 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.
2	This level indicates a person with moderate 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.
3	This level indicates a person with profound 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 <i>This item is used to rate the individual's or caregiver's current and likely future housing circumstances. If the individual lives independently, rate his or her history of residential stability.</i>
0	There is no evidence of residential instability. The individual has stable housing for the foreseeable future.
1	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. This level also reflects 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.
2	The individual has moved multiple times in the past year. This level also includes a moderate degree of residential instability if the person is living independently, characterized by recent and temporary lack of permanent housing.
3	The individual has experienced periods of homelessness in the past six months. This level also includes a 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.

	LEGAL <i>This item involves only the individual's involvement with the legal (criminal justice) system.</i>
0	Individual has no known legal difficulties.
1	Individual has a history of legal problems but currently is not involved with the legal system.
2	Individual has some legal problems and is currently involved in the legal system.
3	Individual has serious current or pending legal difficulties that place him/her at risk for incarceration.

	SLEEP <i>This item is used to describe any problems with sleep, regardless of the cause, including difficulties falling asleep, staying asleep, or sleeping too much.</i>
0	There is no evidence of problems with sleep. Individual gets a full night's sleep each night.
1	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 have difficulties falling asleep or awakening early or in the middle of the night.
2	Individual is having problems with sleep. Sleep is often disrupted and individual seldom obtains a full night of sleep
3	Individual is generally sleep deprived. Sleeping is difficult for the individual and they are not able to get a full night's sleep.

	SELF CARE <i>This rating focuses on current status of self care functioning. Suicidal or homicidal behavior would not be rated here, but severe eating disorders could be included.</i>
0	There is 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.
1	A mild degree of impairment with self care is indicated. 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.
2	A moderate degree of self care impairment is evidenced. This is characterized by an extreme disruption in one self care skill or moderate disruption in more than one self care skill. 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.
3	A significant degree of self care impairment is evidenced by extreme disruptions in multiple self care skills. Self care abilities are sufficiently impaired that he/she represents an immediate threat to himself/herself and requires 24-hour supervision.

	DECISION MAKING <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 of decisions, and follow-through on decisions.</i>
0	There is no evidence of any problems with decision making.
1	Mild to moderate problems with decision-making are indicated. Individual may have some challenges with thinking through problems or concentrating.
2	Significant problems with decision making. Individual may be struggling with thinking through problems, anticipating consequences or concentrating.
3	Profound problems with decision making are evident. Individual is currently unable to make decisions.

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

	TRANSPORTATION <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>
0	The individual has no transportation needs.
1	The individual has occasional transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle.
2	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.
3	The individual requires frequent (e.g., daily to work or therapy) transportation in a special vehicle.

	MEDICATION INVOLVEMENT <i>This item focuses on the individual's involvement in using prescription medication.</i>
0	The person takes medications as prescribed without assistance or has not been prescribed any medication.
1	The person usually takes medications as prescribed but may intermittently stop, skip, or forget to take medications without causing instability of the underlying medical condition(s); he/she may benefit from reminders and checks to consistently take medications.
2	The person takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition; he/she may benefit from direct supervision of medication.
3	The person does not take medication(s) prescribed for management of underlying medical conditions and his/her underlying medical conditions are not well controlled.

	PARENTAL/CAREGIVER ROLE FUNCTIONING <i>This item focuses on an individual in any parental/caregiver role. For example, an individual with a son or daughter or an individual responsible for the care of another family member (e.g. an elderly parent or grandparent) would be rated here. Include pregnancy as a parenting role. An adult whose children are in the custody of child welfare, but who retains parental rights, would be rated in a parental role.</i>
0	The individual has a parenting or care giving role, and he/she is functioning appropriately in that role. There is no evidence of a problem with parenting or care giving.
1	The individual has responsibilities as a parent (caregiver) and occasionally experiences difficulties with this role.
2	The individual has responsibilities as a parent (caregiver), and the person is currently unable to meet these responsibilities, or these responsibilities are currently interfering with the individual's functioning in other life domains.
3	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. The individual has the potential of abuse or neglect in his/her parenting (care giving).
NA	The individual is not in a parental or caregiver role.

STRENGTHS DOMAIN

	FAMILY STRENGTHS <i>All family members with whom the individual remains in contact, along with other individuals in relationships with these family members are considered when rating Family Strengths.</i>
0	Significant family strengths are evident. This level indicates a family with much love and mutual respect for each other. Family members are central in each other's lives.
1	A moderate level of family strengths is present. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members.
2	A slight level of family strengths is indicated. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other.
3	This level indicates an individual with no known family strengths.

	SOCIAL CONNECTEDNESS <i>This item is used to refer to the interpersonal skills of the individual as they relate to others.</i>
0	Individual has significant interpersonal strengths. The individual is seen as well liked by others and has significant ability to form and maintain positive relationships. The individual has multiple close friends and is friendly with others.
1	Individual has a moderate level of interpersonal strengths. The individual has formed positive interpersonal relationships with peers and other non-caregivers. The individual may currently have no friends, but has a history of making and maintaining friendships with others.
2	Individual has a minimal level of interpersonal strengths. The individual has some social skills that facilitate positive relationships with peers and has a history of making and maintaining healthy friendships with others, but may not have any current healthy relationships.
3	Individual has no known interpersonal strengths. The individual currently does not have any friends nor has he/she had any friends in the past.

	OPTIMISM (Hopefulness) <i>This rating should be based on the individual's sense of his/her own future. This is intended to rate the individual's positive future orientation.</i>
0	Individual has a strong and stable optimistic outlook on his/her life. Individual is future oriented.
1	Individual is generally optimistic. Individual is likely able to articulate some positive future vision.
2	Individual has difficulties maintaining a positive view of him/herself and his/her life. Individual may vary from overly optimistic to overly pessimistic.
3	Individual has difficulties seeing any positives about him/herself or his/her life.

	TALENTS/INTERESTS <i>This rating should be based broadly on any talent, creative or artistic skills an individual may have including art, theater, music, athletics, and so forth.</i>
0	This level indicates an individual with significant creative/artistic strengths. An individual who receives a significant amount of personal benefit from activities surrounding a talent would be rated here.
1	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.
2	This level indicates an individual who has expressed interest in developing a specific talent or talents even if they have not yet developed that talent.
3	This level indicates an individual with no known talents, interests or hobbies.

	EDUCATIONAL <i>This item is used to refer to the strengths of the school/vocational training environment and may or may not reflect any specific educational/work skills possessed by the individual.</i>
0	This level indicates an individual who is in school or a training program and is involved with an educational plan or work environment that appears to exceed expectations. The school works exceptionally well with the individual and family to create an effective learning environment.
1	This level indicates an individual who is in school or a training program; however, there have been problems such as tardiness, absenteeism, reductions in productivity, or conflict with supervisors or instructors.
2	This level indicates an individual who is in school or a training program, but has a plan that does not appear to be effective.
3	This level indicates an individual who has dropped out of school or training program. Completing school or a vocational program is required to meet individual's career aspirations.

	VOLUNTEERING <i>This item describes the degree to which an individual is involved in volunteer activities that give back to the community.</i>
0	Individual understands the importance of giving back to others and actively seeks out and engages in volunteer activities on a regular basis (e.g., at least once a month).
1	Individual understands the importance of giving back to others, but does not actively seek out volunteer activities. The individual only engages in volunteer activities sporadically (e.g., once or twice per year).
2	Individual is starting to understand the importance of giving back to others. The individual has never engaged in any volunteer activities.
3	Individual does not value giving back to others and refuses to engage in volunteer activities.

	JOB HISTORY <i>This item describes the individual's experience with paid employment.</i>
0	Individual has significant job history with positive outcomes. Individual is currently employed as a valued employee.
1	Individual has held jobs for a reasonable period of time and has former employers willing to recommend him/her for future employment.
2	Individual has some work history; however, it is marked by periodic job loss.
3	Individual has no positive work history.

	SPIRITUAL/RELIGIOUS <i>This rating should be based on the individual's involvement in spiritual or religious beliefs and activities.</i>
0	This level indicates an individual with strong religious and spiritual strengths. The individual may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort him/her in difficult times.
1	This level indicates an individual with some religious and spiritual strength. The individual may be involved in a religious community.
2	This level indicates an individual with few spiritual or religious strengths. The individual may have little contact with religious institutions.
3	This level indicates an individual with no known spiritual or religious strengths or involvement.

	COMMUNITY CONNECTION <i>This rating should be based on the individual's level of involvement in the cultural aspects of life in his/her community.</i>
0	This level indicates an individual with extensive and substantial long-term ties with the community and/or support. For example, involvement in a community group for more than one year, may be widely accepted by neighbors, or involved in other community activities or informal networks.
1	This level indicates an individual with significant community ties and/or support although they may be relatively short-term (i.e., past year).
2	This level indicates an individual with limited ties and/or supports from the community.
3	This level indicates an individual with no known ties or supports from the community.

	NATURAL SUPPORTS <i>This rating refers to unpaid individuals other than family members.</i>
0	Individual has significant natural supports who significantly contribute to his/her health and well-being
1	Individual has identified natural supports who provide some assistance in contributing to his/her health and well-being.
2	Individual has some identified natural supports; however they are not actively contributing to his/her health or well-being.
3	Individual has no known natural supports (outside of family and paid caregivers).

	RESILIENCY <i>This rating should be based on the individual's ability to identify and use personal strengths in managing their lives.</i>
0	This level indicates an individual who is able to both identify and use strengths to better themselves and successfully manage difficult challenges.
1	This level indicates an individual who is able to identify most of his/her strengths and to partially utilize them.
2	This level indicates an individual who is able to identify strengths, but is not able to utilize them effectively.
3	This level indicates an individual who is not yet able to identify personal strengths.

	RESOURCEFULNESS <i>This rating should be based on the individual's ability to recognize external or environmental strengths (e.g. Family, Social Connection) and to use them to promote healthy development.</i>
0	Individual is quite skilled at finding the necessary resources required to aid in managing challenges.
1	Individual has some skills at finding necessary resources required to aid in a healthy lifestyle, but sometimes requires assistance at identifying or accessing these resources.
2	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.
3	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.

CULTURAL FACTORS DOMAIN *These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, finding therapist who speaks family's primary language, and/or ensure that a child in placement has the opportunity to participate in cultural rituals associated with their cultural identity).*

	LANGUAGE <i>This item includes both spoken language and sign language.</i>
0	Individual and significant others speak English well. There is no evidence of need for translator or potential communication problems due to language.
1	Individual and significant others speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Individual and/or significant others do not speak English. Translator or native language speaker is needed for successful intervention, but qualified individual can be identified within natural supports.
3	Individual and/or significant others do not speak English. Translator or native language speaker is needed for successful intervention, and no such individual is available from among natural supports.

	CULTURAL IDENTITY <i>Cultural identify 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 including race, religion, ethnicity, geography or lifestyle.</i>
0	Individual has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Individual is experiencing some confusion or concern regarding cultural identity.
2	Individual has significant struggles with his/her own cultural identity. Individual may have cultural identity but is not connected with others who share this culture.
3	Individual has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.

	TRADITIONS AND RITUALS <i>Traditions and rituals are cultural activities that include the celebration of culturally specific holidays such as Kwanza, Cinco de Mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media).</i>
0	Individual and significant others are consistently able to practice rituals consistent with their cultural identity.
1	Individual and significant others are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals.
2	Individual and significant others experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.
3	Individual and significant others are unable to practice rituals consistent with their cultural identity.

	CULTURAL STRESS <i>Cultural stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives.</i>
0	There is no evidence of stress between individual's cultural identity and current living situation.
1	Some mild or occasional stress exists as a result of friction between the individual's cultural identity and his/her current living situation.
2	Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain.
3	Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances.

BEHAVIORAL HEALTH NEED DOMAIN

	PSYCHOSIS (Thought Disturbance) <i>This item is used to rate symptoms of psychosis such as hallucinations, delusions, very bizarre behavior and very strange ways of thinking.</i>
0	This level indicates an individual with no evidence of thought disturbances. Both thought processes and content are within normal range.
1	This rating indicates an individual with evidence of mild disruption in thought processes or content. The individual may be somewhat tangential in speech or has somewhat illogical thinking. This also includes a person with a history of psychotic symptoms but none currently.
2	This rating indicates an individual with evidence of moderate disturbance in thought process or content. The individual may be somewhat delusional or have brief or intermittent hallucinations. The person's speech may be at times quite tangential or illogical.
3	This rating indicates an individual with severe psychotic disorder. The individual frequently experiences symptoms of psychosis and frequently has no reality assessment. There is evidence of ongoing delusions or hallucinations or both. Command hallucinations would be coded here.

	IMPULSE CONTROL <i>This item refers to symptoms of Impulse Control problems that might occur in a number of disorders including Intermittent Explosive Disorder or Borderline Personality Disorder.</i>
0	This rating is used to indicate an individual with no evidence of impulse problems. Individual is able to regulate and self-manage behavior and affect.
1	This rating is used to indicate an individual with evidence of mild problems with impulse control. An individual may have some difficulties with sitting still or paying attention or may occasionally engage in impulsive behavior.
2	This rating is used to indicate an individual with moderate impulse control problems. An individual who meets DSM diagnostic criteria for impulse control disorder would be rated here. Persons who use poor judgment or put themselves in jeopardy would be rated here (e.g., picking fights).
3	This rating is used to indicate an individual with severe impulse control problems. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g., running into the street and dangerous driving).

	DEPRESSION <i>Symptoms included in this item are depressed mood, social withdrawal, anxious, sleep disturbances, weight/eating disturbances, and loss of motivation.</i>
0	This rating is given to an individual with no evidence of depression.
1	This rating is given to an individual with mild depression. This could include brief duration of depression, irritability, or impairment of peer, family, vocational or academic function that does not lead to extreme avoidance behavior.
2	This rating is given to an individual with a moderate level of depression. This level is used to rate individuals who meet the criteria for an affective (mood) disorder as listed above.
3	This rating is given to an individual with a severe level of depression. This would include a person who stays at home or in bed all day due to depression or whose emotional symptoms prevent any participation in school/work, social settings, or family life. More severe forms of depressive diagnoses would be coded here. This level is used to indicate a person who is disabled in multiple life domains by his/her depression.

	ANXIETY <i>This item is used to rate worrying and fearfulness.</i>
0	This rating is given to an individual with no evidence of problems with anxiety.
1	This level is used to rate either a mild phobia or anxiety problem or a level of symptoms that is below the threshold for the other listed disorders.
2	This could include major conversion symptoms, frequent anxiety attacks, obsessive rituals, flashbacks, hypervigilance, or school/work avoidance.
3	This rating is given to an individual with a severe level of anxiety. This would include a person who stays at home or in bed all day due to anxiety or whose emotional symptoms prevent any participation in school/work, social settings, or family life. More severe forms of anxiety disorder diagnoses would be coded here. This level is used to indicate a person who is disabled in multiple life domains by his/her anxiety.

	INTERPERSONAL PROBLEMS <i>This rating identifies problems with relating to other people including significant manipulative behavior, social isolation or significant conflictual relationships.</i>
0	No evidence of notable interpersonal problems is identified.
1	Evidence of a mild degree of interpersonal problems; probably sub-threshold for the diagnosis of a personality disorder exists. For example, mild but consistent dependency in relationships might be rated here or some evidence of mild antisocial or narcissistic behavior would be rated here. Also, an unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.
2	Evidence of significant degree of interpersonal problems exists. Individual's relationship problems may warrant a DSM personality disorder diagnosis.
3	Evidence of severe interpersonal problems that has significant implications for the individual's long-term functioning. Interpersonal problems are disabling and block the individual's ability to function independently.

	ANTISOCIAL BEHAVIOR (Noncompliance with Society's Rules) <i>These symptoms include antisocial behaviors like shoplifting, lying, vandalism, cruelty to animals, and assault.</i>
0	This rating indicates an individual with no evidence of antisocial disorder.
1	This rating indicates an individual with a mild level of conduct problems. Some difficulties in school/work and home behavior. Problems are recognizable but not notably deviant. This might include occasional lying or petty theft from family.
2	This rating indicates an individual with a moderate level of conduct disorder. This could include episodes of planned aggression or other antisocial behavior.
3	This rating indicates an individual with a severe Antisocial Personality Disorder. This could include frequent episodes of unprovoked, planned aggression or other antisocial behavior.

	ADJUSTMENT TO TRAUMA <i>This rating covers the reactions of individuals to a variety of traumatic or other adverse experiences. This is a cause and effect item that describes how the individual is currently adjusting to previously experienced trauma. Trauma exposure could have occurred any time in the past .This dimension covers both the DSM diagnoses of Adjustment Disorders and Posttraumatic Stress Disorder as well as a range of other significant symptoms that may be related to trauma history.</i>
0	The individual has not experienced any trauma.
1	The individual has some mild adjustment problems and exhibits some signs of distress. This may include one or mental health problems (such as depression, sleep problems) that may be associated with their trauma history. Individual may also be in the process of recovering from a more extreme reaction to a traumatic experience.
2	The individual has moderate level, marked adjustment problems and is symptomatic in response to recent or past traumatic event(s) (e.g., anger, depression, and anxiety). Symptoms can vary widely and may include sleeping or eating disturbances, avoidance, anxiety, depression, behavior problems, or problems with attachment. Individual may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis including, but not limited to diagnoses of Post-Traumatic Stress Disorder (PTSD) and Adjustment Disorder.
3	The individual has severe symptoms as a result of traumatic or adverse experiences that require immediate or intensive attention. The individual likely meets criteria for more than one diagnosis, including but not limited to PTSD or have a range of other symptoms consistent with complex trauma (e.g. problems with affect, dissociation, interpersonal functioning, disturbed sense of self, etc.). Individuals who have been exposed to multiple and chronic interpersonal trauma may experience traumatic stress symptoms, as well as other behavioral health needs (depression, anxiety, interpersonal and substance use), higher risk behaviors, (suicide self-mutilation, aggression, and sexually reactive behaviors), and functional problems (family, employment, social and community functioning).

	ANGER CONTROL <i>This item captures the individual's ability to identify and manage their anger when frustrated.</i>
0	This rating indicates an individual with no evidence of any significant anger control problems.
1	This rating indicates an individual with some problems with controlling anger. He/she may sometimes become verbally aggressive when frustrated. Peers and family members are aware of and may attempt to avoid stimulating angry outbursts.
2	This rating indicates an individual with moderate anger control problems. His/her temper has gotten him/her in significant trouble with peers, family and/or work. This level may be associated with some physical violence. Others are likely quite aware of anger potential and may be intimidated by the individual.
3	This rating indicates an individual with severe anger control problems. His/her temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

	SUBSTANCE USE <i>This item includes use of alcohol and other drugs, the misuse of prescription medications and the inhalation of any substance. This item is rated consistently with DSM Substance Related Disorders. This item does not apply to the use of tobacco or caffeine.</i>
0	This rating is for an individual who has no notable substance use history or difficulties at the present time.
1	This rating is for an individual with mild substance use problems that might occasionally present problems of living for the person (i.e., intoxication, loss of money, and reduced work performance). This rating is also used to reflect a significant history of substance use problems without evidence of current problems related to use.
2	This rating is for an individual with a moderate substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
3	This rating is for an individual with a severe substance use problem that presents complications to functional issues which may result in danger to self, public safety issues, or the need for detoxification of the individual. Immediate and/or intensive interventions are indicated.

	EATING DISTURBANCE <i>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 Eating Disorders.</i>
0	This rating is for an individual with no evidence of eating disturbances.
1	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 individual is of normal weight or below weight. This could also include some binge eating patterns.
2	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). The individual may meet criteria for a DSM Eating Disorder (Anorexia or Bulimia Nervosa).
3	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).

RISK BEHAVIOR DOMAIN

	SUICIDE RISK <i>This item is intended to describe the presence of suicidal thoughts and behavior. Only overt and covert thoughts and efforts at attempting to kill oneself are rated on this item. Other self-destructive behavior is rated elsewhere. Please rate the highest level from the past 30 days. A rating of '2' or '3' would indicate the need for a safety plan.</i>
0	No evidence found of suicide risk.
1	Individual has history of risk, but no recent ideation or gesture.
2	Individual has recent suicidal ideation or gesture, but not in the past 24 hours.
3	Current ideation and intent OR command hallucinations that involve self-harm.

	DANGER TO OTHERS <i>This item rates the individual's violent or aggressive ideation or behavior. Reckless behavior that may cause physical harm to others is not rated on this item. Please rate the highest level from the past 30 days. A rating of '2' or '3' would indicate the need for a safety plan.</i>
0	No evidence or history of dangerous behavior to others.
1	The individual has a history of violent ideation and/or behavior, but no such behavior during the past 30 days.
2	The individual has recent violent ideation or behavior, but not within the last 24 hours.
3	Current/acute violent ideation (including command hallucinations) or behavior in the past 24 hours.

	SELF-INJURIOUS BEHAVIOR <i>This rating includes repetitive physically harmful behavior that generally serves a self-soothing functioning with the individual.</i>
0	There is no evidence of any forms of intentional self-injury (e.g. cutting, burning, face slapping, head banging)
1	The individual has a history of intentional self-injury but none evident in the past 30 days.
2	The individual has engaged in intentional self injury that does not require medical attention.
3	The individual has engaged in intentional self injury that requires medical attention.

	OTHER SELF HARM (Recklessness) <i>This rating includes reckless and dangerous behaviors that while not intended to harm self or others, place the individual or others at some jeopardy. Suicidal or self-mutilation behavior is NOT rated here.</i>
0	There is no evidence of behaviors that place the individual at risk of physical harm.
1	The individual has a history of behavior, other than suicide or self-mutilation, which places the individual at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the individual.
2	The individual is engaged in behavior, other than suicide or self-mutilation, which places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
3	The individual is engaged in behavior, other than suicide or self-mutilation, which places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.

	EXPLOITATION <i>This item is used to examine a history and level of current risk for exploitation.</i>
0	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.
1	This level indicates a person with a history of exploitation but who has not been exploited or victimized to any significant degree in the past year. Person is not presently at risk for re-exploitation.
2	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.
3	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.

	GAMBLING <i>This item includes all forms of gambling—legal and illegal, organized and social. Ratings should be consistent with the South Oaks Gambling Screen (SOGS) rating within the last 12 months.</i>
0	Individual has no evidence of any problem gambling.
1	Individual has either a history or suspicion of problems with gambling; however, currently gambling behavior is not known to impact his/her functioning.
2	Individual has problems with gambling that impact his/her functioning and/or wellbeing. (SOGS score of 3 or 4)
3	Individual has problems with gambling that dramatically impacts his/her life and make functioning difficult or impossible in at least one life domain. (SOGS score > 4.)

	SEXUAL AGGRESSION <i>This includes all sexual offending that could result in charges being made against the individual. Sexual aggression includes the use or threat of physical force or taking advantage of a power differential to engage in non-consenting sexual activity. An adult who sexually abuses a child or youth would be rated here.</i>
0	No evidence of problems with sexual aggression is identified.
1	Individual has a history of sexual aggression, but no known sexually aggressive behavior in the past year.
2	Individual has recently been sexually aggressive, but is not at immediate risk of re-offending.
3	Individual has recently been sexually aggressive with acute risk of re-offending due to attitude, behavior, or circumstances.

	CRIMINAL BEHAVIOR <i>This rating includes what is known about criminal behavior 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>
0	No evidence or history of criminal behavior exists.
1	Individual has a history of criminal behavior, but none in the past year.
2	A moderate level of criminal activity is indicated. 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.
3	A severe level of criminal activity is indicated. This level indicates a person who has been engaged in violent criminal activity during the past year which represents a significant physical risk to others in the community. Examples would include rape, armed robbery, and assault.

CAREGIVER NEEDS AND RESOURCES DOMAIN (Optional)

“Caregiver” refers to parent(s) or other adult(s) with primary care-taking responsibilities for the individual.

	PHYSICAL/BEHAVIORAL HEALTH <i>Physical and Behavioral Health includes medical, physical, mental health, and substance misuse challenges faced by the caregiver(s).</i>
0	The caregiver(s) has no physical or behavioral health limitations that impact assistance or attendant care.
1	The caregiver(s) has some physical or behavioral health limitations that interfere with provision of assistance or attendant care.
2	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.
3	The caregiver(s) is unable to provide any needed assistance or attendant care.

	INVOLVEMENT WITH CARE <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>
0	This level indicates a caregiver(s) who is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the individual.
1	This level indicates a caregiver(s) who is consistently involved in the planning and/or implementation of services for the individual, but is not an active advocate on their behalf.
2	This level indicates a caregiver(s) who is minimally involved in the care of the individual. Caregiver(s) may visit the individual when living in an out-of-home placement, but does not become involved in service planning and implementation.
3	This level indicates a caregiver(s) who is uninvolved with the care of the individual. The caregiver(s) may want the individual out of home or fails to visit the individual when in residential placement.

	KNOWLEDGE <i>This item is used to rate the caregiver’s knowledge of the specific strengths of the individual and any problems experienced by the individual and their ability to understand the rationale for the treatment or management of these problems.</i>
0	This level indicates that the present caregiver(s) is fully knowledgeable about the individual’s psychological strengths and weaknesses, talents and limitations.
1	This level indicates that the present caregiver(s), while being generally knowledgeable about the individual, has some mild deficits in knowledge or understanding of either the person’s psychological condition or his/her talents, skills and assets.
2	This level indicates that the caregiver(s) does not know or understand the individual well and that significant deficits exist in the caregiver’s ability to relate to the person’s problems and strengths.
3	This level indicates that the present caregiver(s) has little or no understanding of the individual’s current condition. The caregiver(s) is unable to cope with the individual given his/her status at the time, not because of the needs of the person but because the caregiver(s) does not understand or accept the situation.

	SOCIAL RESOURCES <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>
0	The caregiver(s) has sufficient resources so that there are few limitations on what can be provided for the individual.
1	The caregiver(s) has the necessary resources to help address the individual's major and basic needs, but those resources might be stretched.
2	The caregiver(s) has limited resources (e.g., a relative living in the same town who is sometimes available to assist with the individual).
3	The caregiver(s) has severely limited resources that are available to assist in the care and treatment of the individual.

	FAMILY STRESS <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>
0	Caregiver is able to manage the stress of the individual's needs.
1	Caregiver has some problems managing the stress of the individual's needs.
2	Caregiver has notable problems managing the stress of the individual's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with the individual's needs. This stress prevents caregiver from providing care.

	SAFETY <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>
0	This rating indicates that the current placement presents no risk to the safety of the individual in his/her present condition.
1	This rating indicates that the current placement presents some mild risk of neglect or exposure to drug use, but that no immediate risk is present.
2	This rating indicates that there is risk to the individual including such things as the risk of abuse or exposure to individuals who could harm the individual.
3	This rating indicates that the current placement presents a significant risk to the well-being of the individual. Risk of harm is imminent and immediate.

INDIVIDUALIZED ASSESSMENT MODULES

Complete any specific module only if indicated on the initial rating page.

VOCATIONAL/CAREER MODULE

If the individual is working, rate Vocational/Career items for the last 30 days; if unemployed, rate each item based on last work experience.

	CAREER ASPIRATIONS
0	Individual has clear and feasible career plans.
1	Individual has career plans but significant barriers may exist to achieving these plans.
2	Individual wants to work but does not have a clear idea regarding jobs or careers.
3	Individual has no career plans or aspirations

	JOB TIME
0	Individual works at least full-time.
1	Individual works more than 20 hours per week but not full-time.
2	Individual works less than 20 hours per week.
3	Individual is not working.

	JOB ATTENDANCE
0	Individual goes to work consistently as scheduled.
1	Individual has occasional problems going to work. He/she may sometimes call in sick when not ill.
2	Individual has difficulty consistently going to work.
3	Individual has severe job attendance problems that threaten termination or have resulted in recent firing.
NA	Not applicable

	JOB PERFORMANCE
0	Individual is a productive employee.
1	Individual is generally a productive employee but some performance issues exist.
2	Individual is having problems performing adequately on the job.
3	Individual has severe performance problems that threaten termination or have resulted in recent firing.
NA	Not applicable

	JOB RELATIONS
0	Individual gets along well with superiors and co-workers.
1	Individual is experiencing some problems with relationships at work.
2	Individual's is having problems with his/her relationships with superiors and/or co-workers. Difficulties are causing functioning problems at work.
3	Individual is having severe relationship problems with superiors and/or co-workers. Relationship issues threaten employment or have resulted in recent firing.
NA	Not applicable

	JOB SKILLS
0	Individual has significant job skills consistent with career aspirations.
1	Individual has basic job skills but they may not match career aspirations.
2	Individual has limited job skills.
3	Individual has no job skills.

DEVELOPMENTAL NEEDS MODULE

	COGNITIVE
0	Individual's intellectual functioning appears to be in normal range. There is no reason to believe that the individual has any problems with intellectual functioning.
1	Individual has borderline IQ (if available, 70 to 85) or has identified learning challenges and mild functional effects.
2	Individual has mild to moderate intellectual disability. If available, IQ is between 55 and 70.
3	Individual has severe to profound intellectual disability. If available, IQ is less than 55.

	COMMUNICATION
0	Individual's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the individual has any problems communicating.
1	Individual has receptive communication skills, but limited expressive communication skills.
2	Individual has both limited receptive and expressive communication skills.
3	Individual is unable to communicate.

	DEVELOPMENTAL
0	Individual's development appears within normal range. There is no reason to believe that the individual has any developmental problems.
1	Evidence of a mild developmental delay is apparent.
2	Evidence of an Autism Spectrum Disorder or other developmental disability including Tourette's, Down's Syndrome or other significant developmental delay is apparent with related functional problems in at least one setting.
3	Severe developmental disorder is evident with severe or profound related functional problems in multiple settings.

PARENTING/CAREGIVER ROLE MODULE

	KNOWLEDGE OF CHILD'S/INDIVIDUAL'S NEEDS <i>This rating should be based on caregiver's knowledge of the specific strengths of the child (individual) and any needs experienced by the child (individual) and his/her ability to understand the rationale for the treatment or management of these problems.</i>
0	This level indicates that the parent/caregiver is fully knowledgeable about the child's psychological strengths and needs, talents and limitations.
1	This level indicates that the parent/caregiver, while being generally knowledgeable about the child, has some mild deficits in knowledge or understanding of either the child's psychological condition or his/her talents, skills and assets.
2	This level indicates that the parent/caregiver does not know or understand the child well and that significant deficits exist in the caregiver's ability to relate to the child's problems and strengths.
3	This level indicates that the parent/caregiver has little or no understanding of the child's current condition. The placement is unable to cope with the child given his/her status at the time, not because of the needs of the child but because the caregiver does not understand or accept the situation.

	SUPERVISION <i>This rating is used to determine the parent/caregiver's capacity to provide the level of monitoring needed by the child (individual).</i>
0	This rating is used to indicate a caregiver circumstance in which supervision and monitoring are appropriate and functioning well.
1	This level indicates a caregiver circumstance in which supervision is generally adequate but inconsistent. This may include a placement in which one member is capable of appropriate monitoring and supervision but others are not capable or not consistently available.
2	This level indicates a caregiver circumstance in which appropriate supervision and monitoring are very inconsistent and frequently absent.
3	This level indicates a caregiver circumstance in which appropriate supervision and monitoring are nearly always absent or inappropriate.

	INVOLVEMENT WITH CARE <i>This rating should be based on the level of involvement and follow-through the caregiver(s) has in the planning and provision of behavioral health, child welfare, educational, and medical services.</i>
0	This level indicates a caregiver(s) who is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child or adolescent.
1	This level indicates a caregiver(s) who is consistently involved in the planning and/or implementation of services for the child or adolescent, but is not an active advocate on behalf of the child or adolescent.
2	This level indicates a caregiver(s) who is minimally involved in the care of the child, adolescent, or adult. Caregiver may visit the child when in out of home placement, but does not become involved in service planning and implementation.
3	This level indicates a caregiver(s) who is uninvolved with the care of the child or adolescent. Caregiver may want individual out of home or fails to visit the child when in residential placement.

	ORGANIZATION <i>This rating should be based on the ability of the parent/caregiver to participate in or direct the organization of the household, services, and related activities.</i>
0	Parent/caregiver is well organized and efficient in coordinating household, services, and activities.
1	Parent/caregiver has minimal difficulties with organizing or maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to call back case manager.
2	Parent/caregiver has moderate difficulty organizing or maintaining household to support needed services.
3	Parent/caregiver is unable to organize household to support needed services.

	MARITAL/PARTNER VIOLENCE IN THE HOME <i>This rating describes the degree of difficulty or conflict in the parent/caregiver's relationship and the impact on parenting and care giving.</i>
0	Parent/caregiver(s) appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
1	Mild to moderate level of family problems including marital difficulties and partner arguments. Parent/caregivers are generally able to keep arguments to a minimum when child is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
2	Significant level of caregiver difficulties including frequent arguments that often escalate to verbal aggression or the use of verbal aggression by one partner to control the other. Child often witnesses these arguments between caregivers or the use of verbal aggression by one partner to control the other.
3	Profound level of caregiver or marital violence that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate child's difficulties or put the child at greater risk.

TRAUMA MODULE

These ratings are made based on **LIFETIME** exposure to trauma or adverse experiences.

Rating Guide for Characteristics of Potentially Traumatic/Adverse Experiences Section

- 0 – No evidence of any trauma of this type
- 1 – A single incident of trauma occurred or suspicion exists of this type of trauma
- 2 – Multiple incidents or a moderate degree of trauma of this type
- 3 – Repeated and severe incidents of trauma of this type

CHARACTERISTICS OF TRAUMATIC/ADVERSE EXPERIENCES:

	SEXUAL ABUSE
0	There is no evidence that individual has experienced sexual abuse.
1	There is a suspicion that individual has experienced sexual abuse, but there is no confirming evidence.
2	Individual has experienced one or two incidents of sexual abuse that were not severe or chronic.
3	Individual has experienced severe or repeated sexual abuse with multiple episodes or lasting over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or physical harm.

	PHYSICAL ABUSE
0	There is no evidence that individual has experienced physical abuse.
1	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.
2	Individual has experienced a moderate level of physical abuse and/or repeated forms of physical harm (e.g. hitting, punching.).
3	Individual has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

	EMOTIONAL ABUSE <i>This rating described the severity of emotional abuse, including verbal and nonverbal forms. Emotional abuse includes psychological maltreatment, such as insults or humiliation and/or emotional neglect defined as the denial of emotional attention and/or support from significant others.</i>
0	There is no evidence that individual has experienced emotional abuse.
1	Individual has experienced mild emotional abuse. For example, the individual may experience some insults or is occasionally referred to in a derogatory manner by significant others.
2	Individual has experienced a moderate degree of emotional abuse over an extended period of time (at least one year).
3	Individual has experienced severe and repeated emotional abuse over an extended period of time (at least one year).

	MEDICAL TRAUMA <i>This item describes the severity of medical trauma over the person's lifetime. Not all medical procedures are traumatic. Medical trauma results when a medical experience is perceived by the individual as mentally or emotionally overwhelming. Potential medical traumas include, but are not limited to the following: the onset of life threatening illness, sudden painful medical events, chronic medical conditions resulting from an injury.</i>
0	There is no evidence that individual has experienced any medical trauma.
1	Individual has had a medical experience that was mildly overwhelming. Examples events that are acute in nature and did not result in ongoing medical needs and associated distress. Examples include minor surgery, stitches, or bone setting.
2	Individual has had a medical experience that was perceived as moderately emotionally overwhelming. Such events might include major surgery or injuries requiring a short term hospitalization.
3	Individual has had a medical experience that was perceived as extremely emotionally or mentally overwhelming. The event may have been life threatening or may have resulted in chronic health problems that alter the individual's functioning.

	NATURAL or MANMADE DISASTER <i>This rating describes the severity of lifetime exposure to either natural or manmade disasters.</i>
0	There is no evidence that individual has experienced any natural or manmade disaster.
1	Individual has been indirectly affected by natural or manmade disasters (i.e., on television, hearing others discuss disasters). This would include second-hand exposure to natural disasters such as fire or earthquake or manmade disaster such as car accident, plane crashes, or bombings.
2	Individual has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend.
3	Individual has been directly exposed to multiple and severe natural or manmade disasters and/or a disaster that caused significant harm or death to a loved one or there is an ongoing impact or life disruption due to the disaster.

	WITNESS TO FAMILY VIOLENCE <i>This item describes the lifetime severity of exposure to family violence.</i>
0	There is no evidence that individual has witnessed family violence.
1	Individual has witnessed one episode of family violence.
2	Individual has witnessed repeated episodes of family violence, but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.
3	Individual has witnessed repeated and severe episodes of family violence or had to intervene in episodes of family violence. Significant injuries have occurred as a direct result of the violence.

	COMMUNITY VIOLENCE <i>This item describes the severity of lifetime exposure to community violence.</i>
0	There is no evidence that individual has witnessed or experienced violence in the community.
1	Individual has witnessed occasional fighting or other forms of violence in the community. Individual has not been directly impacted by the community violence (i.e. violence not directed at self, family, or friends) and exposure has been limited.
2	Individual has witnessed multiple instances of community violence and/or the significant injury of others in his/her community. Or, the individual has had friends/family members injured as a result of violence or criminal activity in the community, or is the direct victim of violence/criminal activity that was not life threatening.
3	Individual has witnessed the death of another person in his/her community as a result of violence, or is the direct victim of violence/criminal activity that was life threatening or has experienced chronic/ongoing impact as a result of community violence (e.g. family member injured and no longer able to work).

	WAR/TERRORISM AFFECTED <i>This rating describes the degree of severity of exposure to war, political violence, torture or terrorism.</i>
0	No evidence that the adult has been exposed to war, political violence, torture or terrorism.
1	There is suspicion that the adult has experienced or been affected by war, terrorism or political violence.
2	Adult has experienced or been affected by war, terrorism or political violence. Examples include: Family members directly related to the youth may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been physically or psychologically disabled from the war and are unable to adequately care for the individual; adult may have spent an extended amount of time in a refugee camp, or feared for his/her own life during war or terrorism due to bombings or shelling very near to him/her. Adult who did not live in war or terrorism-affected region or refugee camp, but family was affected by war.
3	Adult has been exposed to chronic and/or severe instances war or terrorism and/or is a direct victim of political violence or terrorism that was life threatening or caused significant physical harm or child witnessed the death of a loved one. Individual may have been directly injured, tortured, or kidnapped in a terrorist attack; youth may have served as a soldier, guerrilla, or other combatant in his/her home country.

	NEGLECT <i>This rating describes the degree of severity of neglect an individual has experienced. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or lack of access to needed medical care (medical neglect), or failure to receive an academic instruction (educational neglect).</i>
0	There is no evidence that individual has experienced neglect.
1	Individual has experienced minor occasional neglect. As a child, the individual may have been left home alone for a short period of time with no adult supervision or there may be occasional failure to provide adequate supervision of child .
2	Individual has experienced a moderate level of neglect. As a child, individual may have been left home alone overnight or there may be occasional failure to provide adequate food, shelter, or clothing with corrective action .
3	Individual has experienced a severe level of neglect including multiple and/or prolonged absences by adults, with minimal supervision, and failure to provide basic necessities of life on a regular basis .

	DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES <i>This rating describes the extent to which the individual has been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses. Individuals who experienced placement changes in childhood, including foster care, residential treatment facilities or juvenile justice settings can be rated here. Short term hospital stays or brief juvenile detention stays, during which the caregiver remained the same, would not be rated here.</i>
0	There is no evidence that individual has experienced disruptions in caregiving or attachment losses.
1	Individual may have experienced one disruption in caregiving but was placed with a familiar alterative caregiver, such as a relative . Individual may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent.
2	As a child, the individual has been exposed to 2 or more disruptions in caregiving with known alternative caregiver , or has had at least one disruption involving placement with an unknown caregiver . Individuals who had been place in foster or other out-of-home care such as residential facilities would be rated here.
3	As a child, the individual was exposed to multiple/repeated placement changes resulting in caregiving disruptions in a way that has negatively impacted various domains in individual's life (loss of community, school placement, peer group).

TRAUMATIC STRESS SYMPTOMS:

	EMOTIONAL AND/OR PHYSICAL DYSREGULATION <i>This rating is characterized by difficulties with arousal regulation. This can include difficulties modulating or expressing emotions and energy states such as emotional outbursts or marked shifts in emotion, overly constricted emotional responses, and intense emotional responses, and/or evidence of constricted, hyperaroused, or quickly fluctuating energy states.</i>
0	Individual has no problems with affect regulation. Emotional and energy level responses are appropriate to the situation.
1	Individual has mild and occasional problems with affect regulation.
2	Individual has moderate 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.
3	Individual has severe and chronic problems, unable to regulate affective responses. The individual may have rapid shifts in mood and an inability to regulate emotional responses (feeling out of control of their emotions). The individual may tightly contained emotions with outbursts under stress. Alternatively, the individual may experience loss of motivation, no ability to concentrate or sustain engagement in activities.

	INTRUSIONS (Re-experiencing) <i>This item describes symptoms consisting of intrusive memories, re-experiencing past trauma.</i>
0	There is no evidence that individual experiences intrusive thoughts of trauma.
1	Individual experiences some intrusive thoughts of trauma (distressing memories, occasional nightmares about trauma), but they do not affect his/her functioning.
2	Individual experiences moderate difficulties with intrusive symptoms/distressing memories. This individual might have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This individual may have thoughts that interfere in his/her ability to function in some life domains or intense physiological reactions to exposure to traumatic cues.
3	This rating is given to an individual with repeated and/or severe intrusive symptoms/distressing memories. The individual may exhibit trauma-specific reenactments. The individual may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the individual to function.

ATTACHMENT DIFFICULTIES	
0	No evidence of attachment problems is identified. Interpersonal relationship(s) is/are characterized by satisfaction of needs, and individual's development of a sense of security and trust.
1	Mild problems with attachment are present. This could involve either mild problems with separation or mild problems of detachment.
2	Moderate problems with attachment, developing intimate, relationship are indicated with other adults and/or children. Individual is having problems with attachment that require intervention.
3	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 other adults and/or children would be rated here.

DISSOCIATION <i>Symptoms included in this dimension 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 dimension may be related to dissociative disorders, but can also exist with other primary diagnoses (e.g., PTSD, depression).</i>	
0	There is no evidence of dissociation.
1	Individual may experience some mild dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
2	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.
3	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.

AVOIDANCE <i>These symptoms include efforts to avoid stimuli associated with traumatic experiences.</i>	
0	This rating is given to an individual with no evidence of avoidance symptoms.
1	This rating is given to an individual who exhibits some avoidance . The individual may experience one primary avoidant symptom , including efforts to avoid thoughts, feelings, or conversations associated with the trauma .
2	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.
3	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 .

	TRAUMATIC GRIEF <i>This rating describes the level of traumatic grief the individual is experiencing due to death or loss/separation from significant others.</i>
0	There is no evidence that the individual is experiencing traumatic grief or separation from the loss of significant others. Either the individual has not experienced a traumatic loss (e.g. death of a loved one) or the individual has adjusted well to separation.
1	Individual is experiencing a mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation.
2	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 or other problems with day-to-day functioning.
3	Individual is experiencing significant traumatic grief reactions . Individual exhibits impaired functioning across several areas (e.g. interpersonal relationships, employment, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

SUBSTANCE USE MODULE

	SEVERITY OF USE
0	Individual has been free from alcohol and/or drug use for at least six months.
1	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.
2	Individual actively uses alcohol and/or drugs, but not daily.
3	Individual uses alcohol and/or drugs on a daily basis.

	DURATION OF USE
0	Individual has begun use in the past year.
1	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.
2	Individual has been using alcohol or drugs for at least one year (but less than five years), but not daily.
3	Individual has been using alcohol and/or drugs daily for more than the past year or intermittently for at least five years.

	STAGE OF RECOVERY
0	Individual is in maintenance stage 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.
1	Individual is actively trying to use treatment to remain free from alcohol and/or drug use.
2	Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
3	Individual is in denial regarding the existence of any substance use problem.

	PEER INFLUENCES
0	Individual's primary peer social network does not engage in alcohol and/or drug use.
1	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.
2	Individual predominantly has peers who engage in alcohol and/or drug use.
3	Individual is a member of a peer group that consistently engages in alcohol and/or drug use.

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

	RECOVERY SUPPORT IN COMMUNITY <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>
0	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.
1	Mild problems with maintaining social connectivity through recovery support groups or activities. Individual may attend meetings irregularly.
2	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.
3	Severe problems with maintaining social connectivity through recovery support groups or activities. Individual has never participated in recovery support groups or activities.

	ACUTE INTOXIACATION <i>This item describes reversible, substance-related, maladaptive psychological or behavioral changes causing physiologic effects on the central nervous system by recent ingestion of or exposure to a substance: alcohol, illicit drug, medication, or toxin (Medical Dictionary.com)</i>
0	No current need no need for action or intervention. Individual has no identified substance intoxication difficulties at the present time.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Individual has occasional intoxication which requires preventive activities. History of occasional intoxication and/or withdrawal symptoms without evidence of current problems would be rated here.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Evidence of acute intoxication interferes with individual's ability to function with moderate risks, requiring preventive or withdrawal management services.
3	Problems are dangerous, requiring immediate and/or intensive intervention. Individual has a substance use problem with complications that may result in danger to self or detoxication (e.g., managing acute alcohol poisoning after binge drinking, overdose, or significant risk of withdrawal symptoms, seizures, or medical complications based on withdrawal history and substance use: amount, frequency, duration, and recent discontinuation).

	WITHDRAWAL HISTORY <i>Withdrawal refers to a psychological and/or physical syndrome caused by abruptly stopping or reducing substance use in a habituated person. Specific symptoms and risks differ based on the substance. Withdrawal history, important in assess current risk and planning care, considers past substance use and withdrawal experiences.</i>
0	No current need no need for action or intervention. No evidence of prior withdrawal symptoms related to substance use, medications, or toxins.
1	Identified need requires monitoring, watchful waiting, or preventive activities. History of occasional acute withdrawal symptoms following substance use (e.g. mild nausea, mild tactile disturbances or sensitivity to light, slight headache, cannot do serial additions or uncertain about date, mild anxiety or irritability, chills or flushing, restless)
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. History of withdrawal symptoms after decreasing or discontinuing substance use or medications (e.g. anxiety, nausea, fever, tremor) that impact the individual's functioning. OR Chronic physical health problems could be worsened by withdrawal symptoms.
3	Problems are dangerous, requiring immediate and/or intensive intervention. History of significant withdrawal symptoms and risks after decreasing or discontinuing substance use or medications (e.g. seizures, delirium tremens, rapid heartbeat). Individual may have medical condition which could be worsened due to withdrawal.

	AWARENESS OF RELAPSE TRIGGERS <i>Relapse refers to resuming substance use after a period of recovery. This item refers to the individual's awareness of potential triggers (emotional stresses or circumstances: exposure to rewarding substances and behaviors, environmental cues for use) that increase the likelihood of using substances.</i>
0	No current need no need for action or intervention. Individual is aware of potential relapse triggers and actively uses recovery strategies (e.g. developed resilience and support to cope with stressors and manage challenges: craving, behavioral control, problems in relationships).
1	Identified need requires monitoring as individual is aware of relapse triggers and usually engages recovery strategies to address recovery challenges, but requires some effort to maximize and sustain efforts. Awareness might be used and built upon in treatment.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Youth is aware of some, but not all relapse triggers or seldom uses recovery strategies to address challenges.
3	Problems are dangerous, requiring immediate and/or intensive intervention. Individual is unaware of relapse triggers and does not use recovery strategies to address challenges

SUICIDE MODULE

	SUICIDE IDEATION <i>This item rates whether the individual has recently thought about hurting him/herself.</i>
0	No evidence.
1	History but no recent ideation.
2	Recent ideation, but not in past 24 hours.
3	Current ideation OR command hallucinations that involve self-harm.

	SUICIDE INTENT <i>This item rates the level of intent the individual has of harming him/herself.</i>
0	No evidence.
1	History, but no recent intent to commit suicide.
2	Recent intention to commit suicide.
3	Current intention.

	SUICIDE PLANNING <i>This item rates whether the individual has recently had a plan to commit suicide.</i>
0	No evidence of a concrete plan.
1	A vague notion of a plan, but the plan is not realistic.
2	Individual has a plan to commit suicide that is feasible.
3	Individual has a plan that is immediately accessible and feasible.

	SUICIDE HISTORY <i>This item rates the suicide history of the individual.</i>
0	No history of suicidal ideation or attempt.
1	History of significant suicidal ideation but no potentially lethal attempts.
2	History of a potentially lethal suicide attempt.
3	History of multiple potentially lethal suicide attempts.

DANGEROUSNESS MODULE

	INTENT <i>This item rates the level of intent the individual has of harming others.</i>
0	No evidence.
1	History, but no recent intent to harm others.
2	Recent intention to harm others.
3	Current intention.

	PLANNING <i>This item rates whether the individual has recently had a plan to harm others.</i>
0	No evidence of a concrete plan.
1	A vague notion of a plan, but that plan is not realistic.
2	Individual has a plan to harm others that is feasible.
3	Individual has a plan that is immediately accessible and feasible.

	VIOLENCE HISTORY
0	No history of violent ideation or attempt.
1	History of significant ideation but no potentially lethal attempts.
2	History of a potentially lethal attempt.
3	History of multiple potentially lethal attempts.

FRUSTRATION MANAGEMENT	
0	Individual appears to be able to manage frustration well. No evidence of problems of frustration management.
1	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.
2	Individual has problems managing frustration. His/her anger when frustrated is causing functioning problems in school, at home, or with peers.
3	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

HOSTILITY	
0	Individual appears to not experience or express hostility except in situations where most people would become hostile.
1	Individual appears hostile but does not express it. Others experience individual as being angry.
2	Individual expresses hostility regularly.
3	Individual is almost always hostile either in expression or appearance. Others may experience individual as 'full of rage' or 'seething'

PARANOID THINKING	
0	Individual does not appear to engage in any paranoid thinking.
1	Individual is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.
2	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.
3	Individual believes that others plan to cause them harm. Individual is nearly always suspicious and guarded.

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

VIOLENT THINKING (Ideation) <i>This item rates whether the individual has recently thought about hurting others.</i>	
0	There is no evidence that individual engages in violent thinking.
1	Individual has some occasional or minor thoughts about violence.
2	Recent ideation, but not in past 24 hours. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.
3	Current ideation OR command hallucinations that involve harm to others. 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.

RESILIENCY FACTORS (DANGEROUSNESS)

	AWARENESS OF VIOLENCE POTENTIAL <i>This item rates the individual's awareness of how likely they will engage in violent behavior in the future and how she/he deals with that.</i>
0	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.
1	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.
2	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.
3	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.

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

	COMMITMENT TO SELF CONTROL
0	Individual fully committed to controlling his/her violent behavior.
1	Individual is generally committed to controlling his/her violent behavior; however, individual may continue to struggle with control in some challenging circumstances.
2	Individual ambivalent about controlling his/her violent behavior.
3	Individual not interested in controlling his/her violent behavior at this time.

	TREATMENT INVOLVEMENT
0	Individual fully involved in his/her own treatment. Family supports treatment well.
1	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.
2	Individual and family are ambivalent about treatment involvement. Individual and/or family may be skeptical about treatment effectiveness or suspicious about clinical intentions.
3	Individual and family are uninterested in treatment involvement. An individual with treatment needs who is not currently in treatment would be rated here.

SEXUALLY AGGRESSIVE BEHAVIOR MODULE

	RELATIONSHIP <i>Please rate the most recent episode of sexual behavior.</i>
0	No evidence of victimizing others is identified. All parties in sexual activity appear to be consenting. No power differential is present.
1	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this individual being in the position of authority.
2	Individual is clearly victimizing at least one other individual with sexually abusive behavior.
3	Individual is severely victimizing at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

	PHYSICAL FORCE/THREAT <i>Please rate the highest level from the most recent episode of sexual behavior.</i>
0	No evidence found of the use of any physical force or threat of force in either the commission of the sex act or in attempting to hide it.
1	Individual used the threat of force in an attempt to discourage the victim from reporting the sex act.
2	Individual used mild to moderate force in the sex act. There is some physical harm or risk of physical harm.
3	Individual used severe physical force in the commission of the sex act. Victim was harmed or at risk for physical harm from the use of force.

	PLANNING <i>Please rate the highest level from the most recent episode of sexual behavior.</i>
0	No evidence is found of any planning. Sexual activity appears entirely opportunistic.
1	Some evidence indicates efforts to get into situations where likelihood of opportunities for sexual activity is enhanced.
2	Evidence indicates some planning of sex act.
3	Considerable evidence documents predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.

	AGE DIFFERENTIAL <i>Please rate the highest level from the most recent episode of sexual behavior.</i>
0	Ages of the perpetrator and victim and/or participants are essentially equivalent.
1	Age differential between perpetrator and victim and/or participants is substantial, but the victim(s) are older than 17 years.
2	Age differential between perpetrator and victim at least 5 years, but the victim is 13 to 17 years old.
3	The victim is 13 years old or younger.

	TYPE OF SEX ACT <i>Please rate the highest level from the most recent episode of sexual behavior.</i>
0	Sex act(s) involve touching or fondling only.
1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
2	Sex act(s) involve penetration into genitalia or anus with body part.
3	Sex act involves physically dangerous penetration due to differential size or use of an object.

	RESPONSE TO ACCUSATION
0	Individual admits to behavior and expresses remorse and desire to not repeat.
1	Individual partially admits to behaviors and expresses some remorse.
2	Individual admits to behavior, but does not express remorse.
3	Individual neither admits to behavior nor expresses remorse.

CRIME MODULE

	SERIOUSNESS
0	Individual has engaged only in status violations (e.g. curfew).
1	Individual has engaged in delinquent behavior.
2	Individual has engaged in criminal behavior.
3	Individual has engaged in criminal behavior that places other citizens at risk of significant physical harm.

	HISTORY <i>Please rate using time frames provided in the anchors.</i>
0	Current criminal/delinquent behavior is the first known occurrence.
1	Individual has engaged in multiple criminal/delinquent acts in the past one year.
2	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 criminal/delinquent behavior.
3	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/delinquent behavior.

	ARRESTS
0	Individual has no known arrests in past.
1	Individual has history of arrests, but no arrests past 30 days.
2	Individual has 1 to 2 arrests in last 30 days.
3	Individual has more than 2 arrests in last 30 days.

	PLANNING
0	No evidence found of any planning. Criminal/delinquent behavior appears opportunistic or impulsive.
1	Evidence suggests that individual places him/herself into situations where the likelihood of criminal/delinquent behavior is enhanced.
2	Evidence indicates some planning of criminal/delinquent behavior.
3	Considerable evidence indicates significant planning of criminal/delinquent behavior. Behavior is clearly premeditated.

	COMMUNITY SAFETY
0	Individual presents no risk to the community. He/she could be unsupervised in the community.
1	Individual engages in behavior that represents a risk to community property.
2	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.
3	Individual engages in behavior that directly places community members in danger of significant physical harm.

	LEGAL COMPLIANCE
0	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.
1	Individual is in general compliance with responsibilities imposed by the court (e.g. occasionally missed appointments).
2	Individual is in partial noncompliance with standing court orders (e.g. individual is going to school, but not attending court-order treatment)
3	Individual is in serious and/or complete noncompliance with standing court orders (e.g. parole violations).

	PEER INFLUENCES
0	Individual's primary peer social network does not engage in criminal/delinquent behavior.
1	Individual has peers in his/her primary peer social network who do not engage in criminal/delinquent behavior but has some peers who do.
2	Individual predominantly has peers who engage in delinquent behavior but individual is not a member of a gang.
3	Individual is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

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

HEALTH MODULE

	MEDICATION MANAGEMENT <i>This item focuses on the individual's ability to manage his/her prescription medication regimen and the impact on their physical and/or mental health symptoms and functioning.</i>
0	There is no evidence that the individual has difficulty managing any prescribed medication.
1	Although the individual usually takes medications consistently, he/she may occasionally stop, skip, or forget to take medications without causing instability in the underlying conditions. He/she may benefit from reminders and checks to consistently take medications. OR Individual has significant history of problems managing medication, problems that adversely impacted physical and/or mental health.
2	Over the last year, the person takes medications inconsistently, has difficulties with side effects, or misuses medications. OR The underlying medical or behavioral health conditions are unstable or adversely affect the individual's functioning. OR The individual makes frequent visits to physician or urgent care center within the last year.
3	Due to the person's inability to self-manage prescribed medications, his/her mental or physical condition is deteriorating and functioning is severely impaired. Inpatient care may be necessary to stabilize the person's condition. OR This level indicates an individual who has refused to take prescribed psychotropic or physical health care medications during the past 180 day period or a person who has abused his or her medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree).

	MANAGEMENT OF HEALTHCARE <i>This item focuses on the individual's awareness of co-occurring behavioral and physical health care needs and the individual's ability to manage both.</i>
0	There is no evidence that the person has any co-occurring physical health and mental health conditions nor physical health risk factors (antipsychotic medications, depression, lifestyle risks [smoking, obesity, and inactivity]), transportation issues, negative symptoms, or financial barriers to health care). He/she recognizes physical and behavioral health issues, risk factors, and manages them successfully.
1	The person is aware that he/she requires both physical healthcare and behavioral healthcare, but occasionally has difficulty managing symptoms, and health regimens, or making lifestyle changes. Functioning is impaired, such as occasionally missing scheduled appointments; he/she may benefit from reminders and checks to consistently keep appointments, and monitor symptoms.
2	The person has moderate difficulty managing physical or behavioral health care. He/she may not consistently follow mental health or physical health care plans or routinely see a primary care physician; may frequently miss scheduled appointments, has interpersonal problems with health care team, or faces barriers to accessing comprehensive, coordinated health care (lack of transportation, long wait for appointments, does not understand treatment plans, is not screened for lifestyle risks), or does not make needed lifestyle changes. OR Side effects and related risk factors for poor physical health are not monitored. OR Individual has visited the ER in the last year.
3	The person is poorly managing his/her healthcare risking serious or life-threatening complications. He/she may not have a primary health care provider who was seen within the last year. OR Individual uses the ER for primary health care. OR Individual refuses or is unable to participate in either physical or behavioral healthcare, is experiencing an exacerbation of the physical or behavioral health condition, or may be experiencing complications due to multiple health care conditions. OR External barriers prevent the individual receiving physical and/or mental health care. OR Individual has been hospitalized within the last year.

	COORDINATION OF HEALTHCARE <i>This item focuses on the need for coordination of physical and mental health for individuals with chronic or acute physical health conditions and behavioral health diagnoses.</i>
0	There is no evidence of a need for coordination of physical and mental health care. Both mental and physical health care are well coordinated and managed by the individual and/or health care team, resulting in stable, healthy functioning.
1	Mild mental and physical health care coordination issues occasionally occur. Such issues are resolved by the individual or health care team.
2	Moderate need for mental physical care coordination for individual with mental and physical health problems exist. For example, the individual has frequent outpatient or urgent care visits over the past three months in order to stabilize or treat his/her acute or chronic physical condition or behavioral health condition. OR He/she requires support and coordination of medical and behavioral health issues to increase and maintain stability. OR Individual may not be able to communicate across multiple medical/behavioral health providers. OR Physical health care providers may not understand the individual's mental health needs, attribute physical symptoms to psychological issues, not measure and monitor lifestyle risks, or provide vague treatment instructions.
3	Severe care coordination challenges for individual with mental and physical health may result in dangerous or disabling mental or physical health care outcomes or institutional placement. The individual experiences reoccurring problems with limited periods of stability. OR The individual has any ER visits or inpatient hospitalizations within the last year. OR The individual does not have a primary health care provider or has not seen the primary health care provider within the last year. A state hospital or nursing home admission has been considered. External barriers prevent access to physical health care.