

PerformCARE[®]

Out of Home Referral Request Manual

2015

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Introduction

Care Management Organizations (CMOs) may complete an Out Of Home (OOH) Referral Request via CYBER to request a Youth Link referral for Children's System of Care (CSOC) Out of Home treatment.

***CMOs do not complete the OOH Referral Request if the youth is currently in CSOC OOH treatment. In this situation, the OOH provider is responsible for making the request by submitting a Transition Joint Care Review (TCJR).**

Out Of Home is the System of Care's highest level of treatment. It should only be accessed when **all** other community interventions have been exhausted. Prior to submission of an OOH assessment, CMO must facilitate a Child Family Team (CFT) meeting to discuss the current needs of the youth, obtain consent from the youth/family for placement and obtain supervisor approval.

PerformCare's determination for OOH Intensity of Service is based on the Clinical information provided in the OOH Referral Request and therefore, it is imperative to the success of OOH treatment that all information be clearly documented in the OOH Referral Request (not reliant on progress notes or past treatment plans to supplement the document).

DO NOT SUBMIT AN OOH REFERRAL WITHOUT THE SUPPORTING CLINICAL INFORMATION BELOW. Doing so will delay the youth's access to care as it will require that the referral be returned when relevant clinical information is missing. It is also important that providers familiarize themselves with Clinical Criteria (available on the PerformCare website) for any service they are recommending in the Child and Family Team meeting (CFT) to ensure that their recommendations are appropriate.

To request OOH, the following information is required:

1. Bio-Psycho-Social or Psychological Evaluations completed within the past 6 months (if the last evaluation is completed within 1 year, include an updated report from the therapist).
2. Psychiatric Evaluation completed within the past 6 months, if the youth is on psychotropic medication. (If the last evaluation is within the 1 year, include an updated reported from the psychiatrist.)
3. Psychiatric Evaluation or Psychiatric Discharge document if youth was hospitalized within the past 45 days.
4. Specialized Evaluations (if applicable):
 - a. Fire setting Evaluation with Risk Level, completed within the last year.
 - b. Psychosexual Evaluation with Risk Level, completed within the last year.
 - c. Substance Abuse Evaluation, completed within the last year.

In addition, when completing the OOH Referral, all ratings of 2 and 3 must be justified and there should be detailed descriptions of all clinically relevant information. Once all required information is received, PerformCare will provide an Intensity of Service (IOS) determination within 2 business days.

If the IOS is for Specialty treatment (SPEC), a Psychiatric Community Home (PCH), pregnant, or diabetic youth or for any IDD referral, CMO will receive instructions on how to facilitate the placement through the Special Residential Treatment Unit (SRTU).

This manual is to be used in conjunction with all Medicaid regulations, CSOC policy and Care Management training materials available through Rutgers UBHC. Because regulation and policy is subject to change, it is imperative that providers keep abreast of the policies of their service, and the services to which they refer.

The Document Upload: Phase I (OOH Referral Request Process for CMOs)

Overview: Document upload functionality allows certain CYBER users to electronically upload documents directly to a youth's CYBER record. Document type and subtype categories were developed which enables all documents to be uploaded in an organized and easily accessible fashion.

Effective **June 1, 2015**, Phase I of the document upload process was implemented. For Phase I of implementation, **only** CMO users use this functionality to upload specific documents to a youth's CYBER record in support of the Out-of-Home Referral Request and Transitional Joint Care Review (TJCR) processes. Therefore, all Intensity of Service (IOS) determinations completed on 6/1/15 onward require CMOs to upload required documentation into a youth's record at the time of the OOH Referral Request or TJCR submission. IOS determinations will not be made with incomplete documents. **Additional service lines (including OOH providers) will be phased in at a later date.**

PLEASE TAKE NOTE that in order for Level 2 and Level 3 CMO CYBER Users to have the ability to review and upload documents, your System Administrator must add the following Security Groups to the Level 2 and 3 Users:

- *UCMDOCATTACH*
- *UCMDOCATTACHRead*

Goals of Document Upload

- ✓ **To improve the quality of out-of-home IOS determinations**
- ✓ **To decrease OOH Referral Request and TJCR returns**
- ✓ **To eliminate paper referral packets for SRTU consultation**
- ✓ **To streamline existing processes**

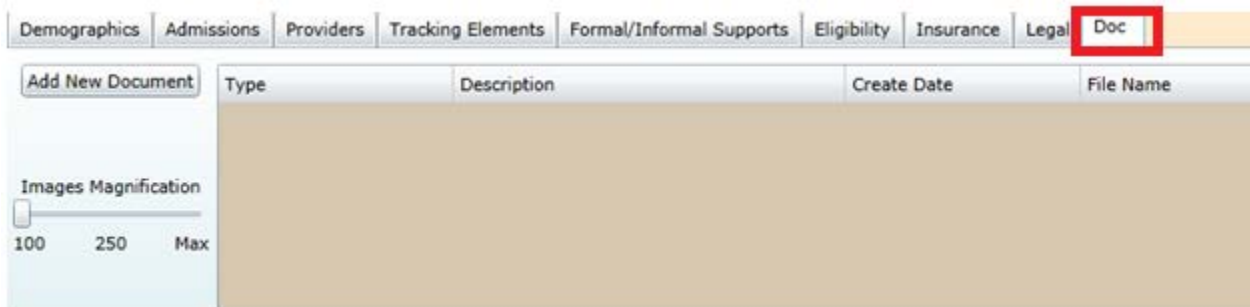
New Features

- In order to allow for sufficient time for review of all documentation, the review time for OOH Referral Requests has been increased to two (2) business days.
- Two comprehensive checklists have been created which will assist CMOs in gathering all required documents. Document requirements for substance use and IDD are included. These checklists must be uploaded at the time of the OOH request and are available on the PerformCare website:
 - **Out-of-Home Referral Request Checklist**
 - **Transitional Joint Care Review (TJCR) Checklist**
- A new standardized cover letter has been developed for SRTU consultation. This document is available on the PerformCare website.
- Care Managers now have the ability to view the name, effective date, and contact information of their assigned SRTU consultant via the Provider tab of a youth's face sheet:

| USER | FIRSTNAME | LASTNAME | TYPE | AGENCYTYPE | FACILITYNAME | STARTDATE | ENDC |
|---------|-----------|----------|--------|------------|---------------------------|------------|------|
| NJJBK | Jennifer | Bak | EXEEXE | CSOC | CSOC/SRTU | 2015/04/06 | |
| nwatson | Nicole | Watson | SABWOR | SAB | SODAT of New Jersey, Inc. | 2015/03/25 | |

Process: OOH Referral Requests

1. Care Manager will gather all required documents (per checklist requirements) and complete OOH Referral Request based on the information within the documents. Care manager will complete the checklist in order to ensure that all required documents are available.
2. Care Manager will save the document using a standard naming convention for all documents that need to be uploaded - *Cyber ID, document type, date received*. Optional fields such as *County* can be added to the end of the filename.
3. Care Manager will proceed to upload all documents (including the checklist) to CYBER via the following steps:
 - a. Document upload functionality can be found on the Doc tab of the youth's Face Sheet. Clicking on the *Add New Document* button will open a new window where the user will select the Document Type, Sub-Type, and enter a description before uploading the document to the record (please take note that a crosswalk of documents, document types, and sub-types can be found on the 2nd page of both checklists. This will assist you in making the correct choices when deciding where to place documents in the record):



- b. Upon entering the document type/subtype and description, click the *Browse* button, and select the area where the document is located.
 - c. Click the *Upload* button, which will upload the document to the youth's record**.
4. All required documents (including the completed checklist) must be in CYBER at the time of the OOH Referral Request submission. An OOH Referral Request that is received without the necessary supporting documentation will be returned. For example, if you are pending the outcome of a Psychosexual Evaluation, please do not submit the OOH Referral Request as this document is critical to the IOS decision-making process.
5. Upon upload of documents and submission of the OOH Referral Request, the Care Manager will enter an *Out-of-Home Referral* progress note which verifies that all required documents were uploaded and are ready for review.
6. PerformCare will review the OOH Referral Request and supporting documents and will render an IOS determination (or return incomplete submissions) within two (2) business days.

****If a document is uploaded to CYBER in error, the Care Manager must submit a request to the CYBER Service Desk at servicedesk@performcarenj.org or (877) 736-9176 in order to have the document deleted from the youth's record. Only PerformCare has the ability to delete uploaded documents.**

Process: Transitional Joint Care Reviews (TJCR)

1. Immediately following the Child Family Team (CFT) meeting that confirms the plan for OOH transition, the Care Manager will gather all required documents and complete the TJCR checklist to ensure that all required documents are present.
2. Care Manager will proceed to upload all documents (including the checklist) to CYBER via the steps provided above.
3. Upon upload of documents, the Care Manager will enter a *CFT Update* progress note which both verifies CMO's agreement with transition and confirms that all required documents were uploaded to file.
4. Upon completion of above tasks, the OOH provider may proceed to submit the TJCR for review. The TJCR should not be submitted until all documents are uploaded. CMO should be coordinating this process with the OOH provider.
5. PerformCare will review the TJCR and supporting documents and will render an IOS determination (or return incomplete submissions) within five (5) business days.

SRTU Consultation

1. If the Intensity of Service (IOS) meets criteria for SRTU consultation, PerformCare will instruct the Care Manager to send an e-mail with attached SRTU Cover Letter to the following e-mail address: SRTUconsultation@dcf.state.nj.us

The email should contain the following information:

Subject Line: "Cyber ID#"/IOS Determination

Body of Email: Sender's contact information

Attachment: SRTU Cover Letter (posted on the PerformCare website – Providers/Forms)

2. SRTU will check this e-mail daily. SRTU referral will be assigned within one (1) business day of receipt. Please take note that SRTU will not send a return e-mail verifying e-mail receipt. To verify e-mail receipt, the Care Manager may request an e-mail delivery receipt via their e-mail settings.
3. As mentioned above, Care Manager has the ability to obtain the name, effective date, and contact information of their assigned SRTU consultant via the Provider tab of the youth's face sheet.
4. The assigned SRTU consultant will contact the Care Manager with recommendations within three (3) business days of assignment.

Important Tips to Remember

- ✓ If a document is uploaded to CYBER in error, the Care Manager must submit a request to the CYBER Service Desk at servicedesk@performcarenj.org or (877) 736-9176 in order to have the document deleted from the youth's record. Only PerformCare has the ability to delete uploaded documents.

- ✓ IOS determination timeframe for OOH Referral Requests has been increased to two (2) business days. TJCR review time will remain five (5) business days. The TJCR should not be submitted until all documents are uploaded. CMO should be coordinating this process with the OOH provider!
- ✓ The OOH Referral Request Checklist, Transitional Joint Care Review (TJCR) Checklist, and the SRTU Cover Letter are all posted on the PerformCare website under *Provider/Forms*.
- ✓ If the youth is educationally classified, the Care Manager does NOT need to upload the entire IEP. Rather, only upload the cover sheet which verifies the youth’s educational classification.
- ✓ Due to disclosure protection under 42-CFR Part II, do NOT upload any documents pertaining to substance use. Instead, please fax substance use evaluative materials to PerformCare at **(877) 949-6590** along with the required Substance Use Consent Form which is located on the PerformCare website at <http://www.performcarenj.org/provider/substance/forms.aspx>. Please check box if assessment was faxed.
- ✓ Do NOT upload court related documents. If the youth is involved with court, please clearly document the status of court involvement, including, but not limited to, court hearings, legal charges, probation information, court orders, subpoenas, etc. within the Legal Involvement accordion of the OOH Referral Request (or directly within the TJCR).
- ✓ Please use the following crosswalk guide (included within both checklists) in order to ensure that documents are uploaded within the correct category:

| DOCUMENT UPLOAD CROSSWALK | | |
|--------------------------------------|----------------|-------------------------------------|
| DOCUMENT | CYBER DOC TYPE | CYBER DOC SUBTYPE |
| OOH Referral Document Checklist | Clinical | Other Applicable Reports/Evaluation |
| BPS (if not in CYBER) | Clinical | Bio Psychosocial Assessment |
| Psychological Evaluation | Clinical | Psychological Eval/Assessment |
| Psychiatric Evaluation | Clinical | Psychiatric Evaluation |
| *Psychiatric Update | Clinical | Other Applicable Reports/Updates |
| Specialty Evaluations | Clinical | Specialty Assessment/Evaluation |
| Substance Use Assessment | N/A | N/A |
| IEP Cover Sheet/Evaluation | Clinical | IEP/Educational Info |
| Medical Reports | Clinical | Medical Information |
| Other applicable evaluations/reports | Clinical | Other Applicable Reports/Documents |

Demographics - will populate from the Face Sheet

| | | | |
|----------------------------|------|-----------------------------|--|
| ID: | | DOB: | |
| Youth Name: | | Gender: | |
| Address: | | Race: | |
| City: | | SSN: | |
| County: | | Medicaid #: | |
| State: | Zip: | Guardian Relationship: | |
| Parent/Guardian: | | Primary Phone: | |
| Address: | | Secondary Phone: | |
| City: | | | |
| State: | Zip: | Care Management Entity: | |
| | | Care Manager: | |
| Current Living Situation: | | Care Manager Phone: | |
| Current LS Effective Date: | | | |
| | | Assessor Username: | |
| SEC. Contact: | | Assessor Name: | |
| SEC. Contact Address: | | Assessor Agency: | |
| City: | | Assessor Phone: | |
| State: | | Assessor Email: | |
| Zip: | | Assessor Date: | |
| SEC Contact Phone: | | Assessment Completion Date: | |
| SEC Contact Relationship: | | | |

Is DCP&P the legal guardian at the time of referral? Yes No Unknown

If YES to above question, what is the permanency goal for this youth?

This section needs to indicate if DCP&P is the legal guardian and/or has legal custody of this youth. If yes, then please indicate what the permanency goal is for this youth. For instance, reunification with the biological family, adoption or independent living are common permanency goals provided by DCP&P.

Is DCP&P involved with the youth/family? Yes No Unknown

If YES to above question, what is the permanency goal for this youth?

DCP&P will often have Care and Supervision of a youth. Or DCP&P will often have a court order indicating that DCP&P has court ordered involvement.

Reason for Out-Of-Home Referral

The team agreed that the youth would succeed in a treatment setting that:

Supports the youth's strengths (must Identify strengths):

This section should include all of the youth's strength, positive attributes, and any activities the youth can or has utilized as a positive coping mechanism which can be utilized in OOH treatment.

Supports the youth and family's long-term goals, describe these:

This section should describe what the youth and the family hope to achieve from OOH placement.

Will assist with his/her needs (list needs):

This section should list all of the youth's current emotional/behavioral needs, especially those related to the reason for the OOH treatment referral.

Youth is referred to out-of-home care at this time to improve and/or develop the following skills or to address the following behaviors/symptoms.

This section corresponds with the above section providing detail about the goal of the treatment in addressing the above needs.

What community-based services/supports have been provided to the youth and family in order to avert OOH treatment?

This section and the section below should detail all of the therapeutic services that the youth has participated in prior to initiating the OOH referral. For example, (CMO, IIC/BA, PHP, Partial Care) as well as any psychiatric hospitalizations, or prior OOH placements (whether through CSOC or not). If there were prior OOH placements, Information about the youth's progress in treatment and the reasons for discharge and/or transition should also be included in here.

Describe any past or current treatment that this youth has received, including type of treatment (outpatient, partial hospitalization, medication management, etc.), provider/facility date (or estimation) of service and level of success in treatment.

The most recent treatment team meeting for this youth included the following people (list name and affiliation of each team member):

What is the youth/family's preference as to location of treatment program (name and county):

Social Functioning

Please respond to the following inquires under the applicable SOCIAL FUNCTIONING fields:

(D6) Do youth's parent/caretaker, friends, other environmental sources use substances, encourage youth to use, or is engaged in criminal activity (e.g. dealing, gang involvement)?

(D6) Are there any non-using family members, friends or other social supports available to assist youth in recovery?

Describe youth's relationship with parents/guardians: (include positive relational attributes):

All relationships with parents/ guardians (including positive and negative relationships), or lack thereof. If the youth does not live with both parents, please specify the visitation schedule and legal status of the parents, if applicable

Please provide information about the shared activities that the family members (informal supports when applicable) enjoy:

This section should be completed even if the youth is not currently living at home. If the youth is not currently living in the home, then discuss any activities that family members enjoyed at a time when the youth was there.

Please describe values that the family members consider especially important (i.e.-honesty, loyalty, education, etc.)

For instance, is education identified as an important value for the family? Treating others with respect? Include in this section any values that the youth has that are important.

Provide names of any immediate/extended family members or community supports:

These would include anyone considered important to the family.

Describe the youth's relationship with siblings and/or the sibling's relationship with the youth; include current location of siblings (if not in same household as youth); if siblings are separated, confirm current visitation schedule and legal status, if applicable:

Describe any positive/negative attributes and qualities of relationships or lack of relationships. Please specify the visitation schedule for the siblings, if applicable.

Describe youth's relationship with authority figures or the ability to relate to authority figures: (i.e.-teachers, pastors, coaches, etc.); please include positive interactions, if applicable:

How does the youth get along with authority figures in general? Are there particular types of authority figures to whom the youth responds differently? For instance does the youth get along well with his or her DCP&P worker but is disrespectful to teachers and/or police?

Describe youth's relationship with peers (include number of friends, ages, gender, and closeness): please include any extracurricular activities that the youth may enjoy participating in with peers;

Please include positive or negative peer interaction. Please include lack of friendships or inability to maintain friendships.

Current Diagnoses

Psychological/Biopsychosocial Evaluation:

Evaluation Date:

Date of Assessment

Evaluator: (Name/Agency/Credential)

(must be completed by a licensed clinician):

Date assessment was completed (evaluation should be completed within 12 months of OOH referral). Please include name of assessor and credentials (i.e. Psy. D, LCSW, LPC, LMFT)

Psychiatric Evaluation (Please list all of the psychotropic medications that the youth is prescribed. Please include the dosage and frequency).

Evaluation Date:

Date of Psychiatric Evaluation

Evaluator: (Name/Agency/Credential)

(must be completed by a licensed clinician):

Date assessment was completed (evaluation should be completed within 12 months of OOH referral). Please include the name of assessor and credentials (i.e. MD, DO, or APN). Psychotropic medications should also be included here.

Diagnosing Clinician

| | |
|------------------------|----------------------------------|
| Physician Name: | Date Diagnosis Rendered : |
|------------------------|----------------------------------|

*If there is more than one assessment listed above, please choose one and list that evaluator here.
The date should match the date of one of the evaluations listed above.*

Diagnosis

| | | |
|--------------|---------------------|-------------------|
| Code: | Description: | Axis Name: |
|--------------|---------------------|-------------------|

*Diagnosis is critical to confirm eligibility for service and for IOS determination and therefore **should not** be blank.
Additionally, please note that a sole substance use diagnosis would not meet clinical criteria for CSOC OOH placement.*

Physical Health

| | |
|------------------------------------|--|
| Name of Primary Care Physician: | <i>Most current Primary Care Physician treating youth.</i> |
| Phone # of Primary Care Physician: | 555-555-5555 |

Please describe youth's current physical health according to him/her and primary caregiver; include any medical conditions (current or history of) which may include, but not restricted to the following)

- | | |
|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> HIV/AIDS/STD |
| <input type="checkbox"/> Cardiovascular Condition | <input type="checkbox"/> Non-Ambulatory (wheelchair bound) |
| <input type="checkbox"/> Hearing/Sight Impaired | <input type="checkbox"/> Seizure Disorder or other Neurological Disorder |

Please provide a description of these conditions:

Please include any information on indicated diagnoses and any other significant medical conditions. Including: date or age of youth when diagnosed, treatment provided and current status of medical condition.

Describe youth's special physical needs (if the youth was classified with a medical condition, then this field must be completed):

If any medical condition creates a special needs and/or limitation please indicate. This would include activity restrictions, special accommodations, special care, manual restraint restrictions, etc.

Is the above information found in a physician's report that is available to the out-of-home provider?

If possible, include any information provided by the treating physician and state what form of documentation was used to report the needs (i.e. and History and Physical, written prescriptions, etc.) Include any recommendations made by the treating physician

Detail significant developmental events (prenatal history, health in infancy, physical health hospitalization and allergies):

Note any relevant history. Did this youth meet his or her developmental milestones on time? Did the youth get exposed to substances or alcohol in utero? Were there any hospitalizations for injuries not related to the conditions described above? This would include anything that is significant but not necessarily a current condition with which the youth is dealing.

Educational Functioning

Is the youth educationally classified?

Yes

No

If educationally classified, provide classification:

If yes, please check this off. Please provide the youth's educational classification as indicated in the youth's IEP conducted by the youth's school district. Any classified youth should have any IESP that reflects the current school year, unless the youth has not been attending school. Are specific educational accommodations necessary? If so, indicate them.

Date of most recent CST evaluation:

Should reflect the current school year.

If youth is not educationally classified, are any additional educational supports provided (i.e.-Section 504 Plan):

Has anything been implemented in order to assist the youth educationally for instance does the youth have a 504 Plan? Is there documentation regarding these extra supports?

Where is the youth currently receiving educational services (local school, specialized school, home instruction, etc.)?

Please note the name of the school/program, location and type of educational environment. Include any other relevant information regarding the youth's educational programming.

What is the youth's current school functioning?

How is the youth currently performing in school? What are the grades? Are there any behavioral issues? Any extracurricular activities? Social interactions? School attendance? Please note if this represents a changes from the youth's normal functioning in the school environment.

What services does the youth receive in school as indicated on the IEP?

For instance, does the youth have a one to one aide or is the youth in a self-contained classroom?

Describe any issues/concerns about youth's behavior at school as it relates to substance use (e.g. suspensions, declining grades, truancy, intoxicated at school, etc.). Please confirm if substance use treatment is a condition to remaining in or returning to school.

Has the youth displayed any behavioral challenges including suspensions, leaving the classroom without permission, using profanity towards teacher, principle, fighting other students?

Detail Child Study Team involvement

Classification:

Child Study Team Care Manager:

Youth's Full Scale IQ:

Date of IQ:

Test Performed By:

No Score Available:

Specify IQ and means of assessment. If IQ is unknown, compare youth's chronological age to his/her developmental age:

Legal Involvement

Does the youth have current legal charges? Yes No

If “yes”, please list charges and legal status:

This would include pending, non-adjudicated charges. Please note when the charges were received, the specifics of the charges, upcoming court hearings and whether the youth is currently detained in any capacity. Please provide as much detail as possible legal charges.

Does the youth have any prior legal charges? Yes No

If “yes”, please list charges:

This would include charges that have been adjudicated. Please list charges, court findings and the disposition (i.e. probation, community service, court ordered placement, detention).

Is the youth on probation? Yes No

If “yes”, provide PO Name:

Name of probation officer

If “yes”, provide PO Contact #:

555-555-5555

Is the youth on parole? Yes No

If “yes”, provide PO Name:

Parole Officer’s Name

If “yes”, provide PO Contact #:

555-555-5555

Current Incarceration/Detention? Yes No

Date Admitted:

Facility:

Full name of facility

If serving sentence at JJC facility, what is the youth’s scheduled release date?

Previous Incarceration/Detention? Yes No

Dates of Term:

Specialty Evaluations

Fully discuss any high risk behaviors as documented by a licensed clinician such as fire setting or sexually acting out behavior:

Include all incidents of high risk behaviors. If a psychological or psychiatric evaluation indicates the need for a specialty evaluation, the specialty evaluations should be completed within 12 months of the OOH referral. If a specialty evaluation has not been completed, or is not scheduled, please indicate specific information regarding the high risk behaviors (what they are, when they occurred, how long they have been present, any treatment, etc.) and how these behaviors have been addressed.

Date of Fire Setting Evaluation:

Name and Credentials of Evaluator:

Must include name AND credentials

Assessed Risk Level/Recommendations for Treatment:

*Please summarize the findings from the specialty evaluations, noting the specific risk level identified by the assessor. **The risk rating must be reported as low, moderate or severe, and not as numbers.** Document any recommendations the assessor has made regarding the youth's treatment in this area and detail all past and/or current treatment.*

Date of Psychosexual Evaluation:

Name and Credentials of Evaluator:

Must include name AND credentials

Assessed Risk Level/Recommendations for Treatment:

*Please summarize the findings from the specialty evaluations. Please include all incidents of sexual acting in which the youth has engaged. **Please note the specific risk level identified by the assessor.** Note any recommendations the assessor has made regarding the youth's treatment in this area and detail all past and/or current treatment.*

Date of Substance Use Evaluation:

Name and Credentials of Evaluator:

Must include name AND credentials

Recommendations (intensive outpatient, inpatient, MICA treatment, etc.):

*Please summarize the findings from the specialty evaluations. Please include specific information regarding youth's substance use, including age at first use, substances used and current status of substance use (i.e. in recovery, currently using, in detox.) **Please note the specific risk level identified by the assessor.** Note any recommendations the assessor has made regarding the youth's treatment in this area and detail all past and/or current treatment.*

Has the youth actively used substances in the last 12 months?

Yes

No

If above question is answered "yes", please specify the following:

a) Substance of choice

b) Approximate duration of use

c) Any past/current substance use treatment that youth has received

Past and Current Out-Of-Home Treatment - auto populated

Provider:

Admit Date:

Admit Type:

Referral Date:

Discharge Date:

Discharge Reason:

Admit Reason:

Behavioral Emotional Symptoms

Please document responses to the following inquires under the applicable Child Behavioral/Emotional Needs Domains (Psychosis, Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional, Conduct, Adjustment to Trauma, Anger Control, Substance Use):

(D3): Could youth's emotional and behavioral needs interfere with substance use interventions?

(D3): Will emotional/behavioral symptoms allow youth to understand materials presented and participate in treatment?

(D3): What is the level of stability of any acute emotional or behavioral issues?

(D3): What is the risk of vulnerability for any chronic emotional or behavioral issues?

(D3): What is the level of symptom manifestation?

(D3): If emotional/behavioral symptoms are connected to addiction, are they severe enough to warrant specific mental health treatment?

(D3): Are hallucinations substance induced?

(D4): Does youth acknowledge their treatment needs for identified emotional/behavioral issues?

Psychosis

- No Evidence
- History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
- Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
- Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the youth or others at risk of physical harm.

Comments

Impulsivity/Hyperactivity

Please respond to the following inquiry under the Impulsivity/Hyperactivity domain:

(D4): Does lack of impulse control inhibit youth’s ability to make progress throughout stages of change? (e.g. attributing SA issues to others, failure to realize need for treatment, etc.)?

- No Evidence
- Some problems with impulsive, distractible or hyperactive behavior that places the youth at risk of future functioning difficulties.
- Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the youth’s ability to function in at least one life domain.
- Clear evidence of a dangerous level of impulsive behavior that can place the youth at risk of physical harm.

Comments

Does this youth have a poor impulse control? Does the youth’s lack of impulse control inhibit the youth’s ability to make progress throughout the stages of change?

Depression

- No Evidence
- History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning.
- Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in youth’s ability to function in at least one life domain.
- Clear evidence of disabling level of depression that makes it virtually impossible for the youth to function in any life domain.

Comments

Please provide information in regards to the type of depressive symptoms, duration, and severity of depressive symptoms. Stating a diagnosis only is insufficient - this applies to this whole section.

Anxiety

- No Evidence
- History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event.
- Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in youth’s ability to function in at least one life domain.
- Clear evidence of debilitating level of anxiety that makes it virtually impossible for the youth to function in any life domain.

Comments

Please provide information in regards to the type of anxiety symptoms, duration, and severity of anxiety symptoms.

Oppositional

Please respond to the following inquiry under the Oppositional domain:

(D3): Please describe how youth’s oppositional behaviors relate to their substance use.

- No Evidence
- History or recent onset (past 6 weeks) of defiance towards authority figures.
- Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the youth’s functioning in at least one life domain. Behavior causes emotional harm to others.
- Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

Comments

Please provide specific examples of any oppositional behaviors.

Conduct

- No Evidence
- History or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals.
- Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
- Evidence of a severe level of conduct problems as described above that places the youth or community at significant risk of physical harm due to these behaviors.

Comments

Provide specific examples of aggression, deceitfulness, and intentionally destructiveness/ aggressive behaviors.

Adjustment to Trauma

Please respond to the following inquiry under the Adjustment to Trauma domain:

(D3): Is youth using substances to cope with past traumatic experiences?

- No Evidence
- History or suspicion of problems associated with traumatic life event/s.
- Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with youth’s functioning in at least one life domain.
- Clear evidence of symptoms of Post-Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.

Comments

If rated “2” or “3”, please provide specific details in regards to trauma. Provide details in regards to severity, frequency, relationship to perpetrator, past treatment history, and duration of trauma. Also timeframes of trauma should be indicated in this section.

Anger Control

- No evidence of any significant anger control problems.
- Some problems with controlling anger. Youth may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
- Moderate anger control problems. Youth's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
- Severe anger control problems. Youth's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

Comments

Please provide details in regards to the severity and frequency of aggression, including examples of aggressive behaviors.

Substance Use

- No Evidence
- History or suspicion of substance use.
- Clear evidence of substance use that interferes with functioning in any life domain.
- Youth requires detoxification OR is addicted to alcohol and/or drugs. Include here a youth who is intoxicated at the time of the assessment (i.e., currently under the influence).

Comments

If rated "2" or "3" please provide specific clinical details in regards to the frequency and duration of use, as well as, specific substances being used.

Child Risk Behaviors

Please document responses to the following inquires under the applicable Child Risk Behaviors Domain(s) Suicide Risk, Self-Mutilation, Other Self-Harm, Danger to Others, Sexual Aggression, Runaway, Delinquency, Judgment, Fire Setting, Social Behavior:

(D1): Identify and describe the risk behaviors associated with intoxication/withdrawal potential;

(D3): What is youth's level of stability regarding any acute emotional or behavioral issues?

(D3): What level of clinical support and supervision is necessary to manage youth's emotional/behavioral needs?

Suicide Risk

Please respond to the following inquires under the Suicide Risk domain:

(D3): If a suicide risk is identified, what is the lethality? Weapon? Plan?

(D3): If there is a history of suicidal ideation, gesture, or attempt, was the youth treated?

- No Evidence
- History but no recent ideation or gesture.
- Recent ideation or gesture but not in past 24 hours.
- Current ideation and intent OR command hallucinations that involve self-harm.

Comments

Please provide details in regards to past suicidal behaviors. When was the most recent ideation or attempt?

Self-Mutilation

- No Evidence
- History of self-mutilation.
- Engaged in self-mutilation that does not require medical attention.
- Engaged in self-mutilation that requires medical attention.

Comments

Please provide details in regards to the duration, severity, intent and method of the self-injurious behaviors

Other Self Harm

- No Evidence
- History of behavior other than suicide or self-mutilation that places youth at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the youth.
- Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
- Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk taking behavior.

Comments

Please provide details in regards to the duration, severity, intent and method of the self-injurious behaviors

Danger to Others

- No Evidence
- History of homicidal ideation, physically harmful aggression or fire setting that has put self or others in danger of harm.
- Recent homicidal ideation, physically harmful aggression, or dangerous fire setting but not in past 24 hours.
- Acute homicidal ideation with a plan or physically harmful aggression OR command hallucinations that involve the harm of others. Or, youth set a fire that placed others at significant risk of harm.

Comments

Please provide specific details in regards to the severity and frequency of dangerous behaviors.

Sexual Aggression

Please respond to the following inquiry under the Sexual Aggression domain:

If youth has a history of sexual aggression, was drug/alcohol use involved?

- No Evidence
- History of sexually aggressive behavior but not in past year OR sexually inappropriate behavior that troubles others such as harassing talk or excessive masturbation.
- Youth is engaged in sexually aggressive behavior in the past year but not in the past 30 days.
- Youth has engaged in sexually aggressive behavior in the past 30 days.

Comments

In regards to the sexually aggressive behavior, please provide details in regards to the frequency, severity, and relationship to victim. Please indicate when the most recent sexually aggressive behavior occurred. Also, include whether there is any history of legal charges related to the sexually aggressive behaviors.

Runaway

- No Evidence
- History of runaway from home or other settings involving at least one overnight absence, at least 30 days ago.
- Recent runaway behavior or ideation but not in past 7 days.
- Acute threat to runaway as manifest by either recent attempts OR significant ideation about running away OR youth is currently a runaway.

Comments

Delinquency

Please respond to the following inquiry under the Delinquency domain:

Is there any criminal/delinquent activity that has relapse potential?

- No Evidence
- History of delinquency but no acts of delinquency in past 30 days.
- Recent acts of delinquency.
- Severe acts of delinquency that places others at risk of significant loss or injury or place youth at risk of adult sanctions.

Comments

Has this youth been arrested? If so, for what reason?

Judgment

- No Evidence
- History of problems with judgment in which the youth makes decisions that are in some way harmful to his/her development and/or well-being. For example, a youth who has a history of hanging out with other children who shoplift.
- Problems with judgment in which the youth makes decisions that are in some way harmful to his/her development and/or well-being.
- Problems with judgment that place the youth at risk of significant physical harm.

Comments

Please note to consider judgment abilities in the context of the youth's stage of development and cognitive abilities.

Fire Setting

Please respond to the following inquiries under the Fire Setting domain:

If the youth has a history of fire setting, was treatment recommended?

What treatment was recommended?

Did youth comply with treatment recommendations?

- No Evidence
- History of fire setting but not in the past six months.
- Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others (e.g. playing with matches) OR repeated fire-setting behavior over a period of at least two years even if not in the past six months.
- Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

Comments

Please provide details in regards to the frequency and severity of fire setting behaviors. Also indicate when the most recent fire setting incident occurred and document any legal charges related to fire setting behaviors.

Social Behavior

- No Evidence
- Mild level of problematic social behavior. This might include occasional inappropriate social behavior. Comments to strangers or unusual behavior in social settings might be included in this level.
- Moderate level of problematic social behavior. For example, frequent cursing in public would be rated here.
- Severe level of problematic social behavior. Youth’s social behavior places him/her at risk for serious sanctions (e.g. suspension, expulsion from school, loss of foster home)... For example, threatening others would be rated here.

Comments

Bullying

This rating describes the degree to which a youth has been or is being bullied by others. Bullying may occur at school, in the community, at home, or through electronic devices such as cell phone texting, smart phones and the internet. Bullying encompasses a range of non-verbal, verbal, and physical behaviors that may be overt and/or covert such as teasing, ridicule, inappropriate touching and gesturing, posturing, social exclusion, mocking, distribution of unauthorized illicit private behaviors through electronic social networks, and/or unwanted physical contact that is conducted intentionally and purposefully.

- There is no evidence that the youth has been bullied.
- Youth has been bullied in the past or reports bullying behavior for which youth has coped adequately, been empowered in their response, and managed with minimal distress.
- Youth has been bullied in the past or reported bullying that created distress where daily functioning was negatively impacted. For example, a youth may skip classes or express reluctance to go to school for fear of bullying encounters that would cause feelings of shame and embarrassment. There may be/is evidence that the family or school needs assistance in effectively intervening.
- Youth reports current or recent bullying that is causing severe distress which is substantially effecting daily functioning. An example would include the distribution of images of a private nature through electronic social media resulting in the youth having suicidal or aggressive ideation.

Comments

Please indicate if this youth has been a victim of bullying. Bullying may occur at school, in the community, at home, or through electronic devices such as cell phone texting, smart phones and the internet.

Gambling

This item includes all forms of gambling-legal and illegal, organized and social.

- Individual has no evidence of any problem gambling.
- Individual has either a history or suspicion or problems with gambling; however, currently, gambling behavior is not known to impact his/her functioning.
- Individual has problems with gambling that impact his/her functioning and/or well-being.
- Individual has problem with gambling that dramatically impacts his/her life and makes functioning difficult or impossible in at least one life domain.

Comments

Please include all forms of gambling both legal and illegal and please also include if this is organized or social gambling.

Life Domain Functioning

Please respond to the following inquires under the applicable Life Domain Functioning domain(s) (Family, Living Situation, School, Social Development, Recreation, Developmental, Vocational, Legal, Medical, Physical, Sleeping, Sexuality, or Relationship Permanence):

(D3): How are emotional, behavioral, and/or cognitive symptoms impairing youth's ability to manage activities of daily living?

(D3): What are youth's self-care abilities (e.g. general health, exercise, eating habits, hygiene, recreation, etc.)?

Family

Please respond to the following inquires under the Family domain:

(D6): How stable is youth's family environment?

(D6): Is there any family history of drug use or co-occurring diagnoses?

- No Evidence
- Youth is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with youth.
- Youth is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
- Youth is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.

Comments

Please describe youth's relationship with family

Living Situation

Please respond to the following inquires under the Living Situation domain:

(D3): Does youth have a stable environment to assist in coping with emotional, behavioral, and cognitive symptoms?

(D3): Is youth at risk for dangerous consequences due to lack of stable living environment?

(D6): Is there a risk of homelessness?

- No Evidence
- Mild problems with functioning at home. Caregivers concerned about youth's behavior at home.
- Moderate to severe problems with functioning at home. Youth has difficulties maintaining his/her behavior in this setting creating significant problems for others in the home.
- Profound problems with functioning at home. Youth is at immediate risk of being removed from home due to his/her behaviors.

Comments

Please indicate the current living situation and the youth's current functioning in that setting.

School

- No Evidence
- Youth is performing adequately in school although some problems may exist.
- Youth is experiencing moderate problems with school attendance, behavior, and/or achievement.
- Youth is experiencing severe problems with school attendance, behavior, and/or achievement.

NOTE: Please complete for an educationally classified youth regardless of rating.

Comments

If this youth has a poor academic performance or displays disruptive behaviors at school, please indicate here. Also if this youth is educationally classified please provide detailed information regarding school functioning regardless of rating.

Social Development

Please respond to the following inquires under the Social Development domain:

(D3): How are emotional, behavioral, and/or cognitive symptoms impairing youth’s social functioning skills (i.e. ability to meet personal needs and maintain stable, meaningful relationships)?

(D6): Are there any signs of social isolation or withdrawal?

(D6): Is social isolation related to substance use? How?

- No Evidence
- Youth is having some minor problems with his/her social development.
- Youth is having some moderate problems with his/her social development.
- Youth is experiencing severe disruptions in his/her social development.

Comments

Recreation

- No Evidence
- Youth is doing adequately with recreational activities although some problems may exist.
- Youth is having moderate problems with recreational activities. Youth may experience some problems with effective use of leisure time.
- Youth has no access to or interest in recreational activities. Youth has significant difficulties making use of leisure time.

Comments

Developmental

Please respond to the following inquires under the Developmental domain:

(D3): Are there any known cognitive limitations? If so, how could these limitations limit youth’s ability to participate in treatment?

(D5): What is the pace at which treatment can be provided due to cognitive limitations?

(D5): Are there any cognitive impairments that may limit youth’s coping skills?

(D6): Is the youth vulnerable to abuse/neglect due to their cognitive limitations?

- No Evidence
- Youth has some problems with immaturity or there are concerns about possible developmental delay. Youth may have low IQ.
- Youth has developmental delays or mild intellectual disability.
- Youth has severe and pervasive developmental delays or profound intellectual disability.

Comments

If rated “2” or “3” please include the most recent IQ scores and information regarding adaptive functioning. Does this youth have any cognitive limitations? Please provide detailed information regarding cognitive level of functioning.

Vocational

Please respond to the following inquires under the Vocational domain:

(D6): Does youth have any vocational resources to improve the likelihood of successful treatment?

- No Evidence
- Youth has vocational or prevocational skills and interests.
- Youth has significant problems with his/her development of vocational or prevocational skills.
- Youth has no known vocational interests or skills.

Comments

Legal

Please respond to the following inquires under the Legal domain:

(D5): Is there any criminal/delinquent activity that has relapse potential?

(D3): Are legal issues directly related to substance use (e.g. DUI, dealing, distribution, etc.)?

(D4): Is youth compliant to avoid a negative consequence of legal involvement?

- No Evidence
- Youth has a history of legal problems but currently is not involved with the legal system.
- Youth has some legal problems and is currently involved in the legal system.
- Youth has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement.

Comments

Medical

- No Evidence
- Youth has some medical problems that require medical treatment.
- Youth has chronic illness that requires ongoing medical intervention.
- Youth has life threatening illness or medical condition.

Comments

Physical

- No Evidence
- Youth has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).
- Youth has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
- Youth has severe physical limitations due to multiple physical conditions.

Comments

Sleeping

- Youth gets a full night's sleep each night
- Youth has some problems sleeping. Generally, youth gets a full night's sleep but at least once a week problems arise.
- Youth is having problems with sleep. Sleep problems are interfering with functioning in at least one other life domain.
- Youth is experiencing significant sleep problems with result in sleep deprivation. Sleep problems are disabling.

Comments

If the youth has displayed any sleep disturbance, please include this information in this section. For instance, if this youth is only sleeping 2-3 hours per night please include this information here. Or if the youth is sleeping more than usual, please include this information here.

Sexuality

- No Evidence
- Youth has some issues with sexual development but these do not interfere with his/her functioning in other life domains.
- Youth has problems with sexual development that interfere with his/her functioning in other life domains.
- Youth has severe problems with sexual development.

Comments

Relationship Permanence

- No Evidence
- This level indicates a youth who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
- This level indicates a youth has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
- This level indicates a youth who does not have any stability in relationships with any caregiver. Independent living or adoption must be considered.

Comments

Caregiver Needs

Please respond to the following inquires under the applicable Caregiver Needs Domain(s) (Physical, Mental Health, Substance Use, Developmental, Safety, Supervision, Involvement, Knowledge, Organization, Social Resources, Residential Stability):

(D6): How do the caregiver's needs hinder their ability to provide necessary support towards youth's recovery?

(D6): What level of support/professional assistance to family is required to help support recovery needs?

What level of support/professional assistance for the family is required to help care for a youth with a developmental disability?

Physical

- No Evidence
- Caregiver is in recovery from medical/physical problems.
- Caregiver has medical/physical problems that interfere with their capacity to parent.
- Caregiver has medical/physical problems that make it impossible for them to parent at this time.

Comments

Mental Health

- No Evidence
- Caregiver is in recovery from mental health difficulties.
- Caregiver has some mental health difficulties that interfere with their capacity to parent.
- Caregiver has mental health use difficulties that make it impossible for them to parent at this time.

Comments

Substance Use

Please respond to the following inquiries under the Substance Use domain:

(D6): If caregiver is an identified substance user, what is their level of motivation for change?

(D6): What is their level of participation with SA services? Community supports?

- No Evidence
- Caregiver is in recovery from substance use difficulties.
- Caregiver has some substance use difficulties that interfere with their capacity to parent.
- Caregiver has substance use difficulties that make it impossible for them to parent at this time.

Comments

Developmental

- No Evidence
- Caregiver has developmental challenges but they do not currently interfere with parenting.
- Caregiver has developmental challenges that interfere with their capacity to parent.
- Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

Comments

Safety

Please respond to the following inquiry under the Safety domain:

(D6): Does youth require relief from current living situation due to stressors in home or environmental concerns (chaotic, dangerous, abusive, etc.)?

- No Evidence
- Household is safe but concerns exist about the safety of the youth in his/her neighborhood.
- Youth is in some danger from one or more individuals with access to the household.
- Youth is in immediate danger from one or more individuals with unsupervised access.

***All referrants are legally required to report suspected child abuse or neglect to DCP&P at 1-800-NJ-ABUSE or 1-800-652-2873**

Comments

Caregiver Strengths

Please respond to the following inquires under the applicable Caregiver Strengths domain(s) (Supervision, Involvement, Knowledge, Organization, Social Resources, Residential Stability):

(D6): How will the parent/caregiver’s strengths assist them in providing necessary support and supervision to the youth?

Supervision

- No Evidence
- Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
- Caregiver reports difficulties monitoring and/or disciplining youth. Caregiver needs assistance to improve supervision skills.
- Caregiver is unable to monitor or discipline the youth. Caregiver requires immediate and continuing assistance. Youth is at risk of harm due to absence of supervision.

Comments

Involvement

Please respond to the following inquires under the Involvement domain:

(D4 and D6): What services/supports are needed to enable family to implement plan to sustain treatment engagement at lower level of care?

(D6): Describe level of support that is currently provided by parent/caregiver:

- a. Motivation
- b. Willingness
- c. Active/passive participation
- d. Sabotage

- No Evidence
- Caregiver has history of seeking help for their children. Caregiver is open to receiving support, education, and information.
- Caregiver does not wish to participate in services and/or interventions intended to assist their youth.
- Caregiver wishes for youth to be removed from their care.

Comments

Knowledge

- No Evidence
- Caregiver is generally knowledgeable about the youth but may require additional information to improve their capacity of parent.
- Caregiver has clear need for information to improve how knowledgeable they are about the youth. Current lack of information is interfering with their ability to parent.
- Caregiver has knowledge problems that place the youth at risk of significant negative outcomes.

Comments

Organization

- Caregiver is well organized and efficient.
- Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return care manager calls.
- Caregiver has moderate difficulty organizing and maintaining household to support needed services.
- Caregiver is unable to organize household to support needed services.

Comments

Social Resources

- No Evidence
- Caregiver has some family, friend or social network that actively helps with family and youth.
- Caregiver has some family, friend or social network that may be able to help with family and youth.
- Caregiver has no family, friend or social network that may be able to help with family and youth.

Comments

Residential Stability

Please respond to the following inquiry under the Residential Stability domain:

(D6): What is current risk of homelessness for both youth and parent/caretaker? What are the circumstances behind housing instability?

- No Evidence
- Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
- Caregiver has moved multiple times in the past year. Housing is unstable.
- Caregiver has experienced periods of homelessness in the past six months.

Comments

Current Information

Allergies or significant side effects to prescription or non-prescription medications:

Provide all available information

Current mental health treatment:

List specific treatment types, provider and level of response to each treatment intervention.

If DCP&P involved, what is the permanency goal for this youth?

I/DD Module

- I/DD Eligible

Self-Care

The ability to take medication as prescribed or the ability to meet basic bodily needs (e.g. eating, bathing, dressing, and toileting).

Self-Care Daily Living Skills

Please rate the highest level from the past 30 days.

- Youth's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the youth has any problems performing daily living skills.
- Youth requires verbal prompting on self-care tasks or daily living skills.
- Youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, toileting).
- Youth requires attendant care on more than one of the self-care tasks (e.g. eating, bathing, dressing, toileting).

Comments

All areas with ratings of 2 or 3 should be clearly justified. For instance, please indicate if the youth is able to take medication as prescribed or is the youth able to eat, bath, dress, or toilet themselves independently.

Communication - Receptive and Expressive Language

The ability to understand others and to fully express oneself in own language (including sign language) with adaptive communication devices if uses them.

Receptive Language

This rating describes the youth's ability to understand others' oral communication at an age-appropriate or developmentally appropriate level.

- Youth's receptive communication appears developmentally appropriate.
- Youth's receptive communication can be appropriate in many, but not all, natural situations.
- Youth's receptive communication is below expected norms, but can understand some language.
- Youth is unable to understand any spoken language.

Comments

Please indicate whether this youth has the ability to understand others and is able to express oneself. Please indicate if the youth

requires American Sign Language or speech device.

Expressive Language

This rating describes the youth's ability to communicate through spontaneous verbalizations / vocalizations at a developmentally or age-appropriate level. Non-verbal language is addressed elsewhere.

- Youth's expressive communication appears appropriate.
- Youth's expressive communication can be appropriate in many, but not all, natural situations.
- Youth's expressive communication is below expected norms, but has some language.
- Youth is unable to communicate intent/interest by verbalization or vocalization.

Comments

Please describe the youth's ability to communicate though spontaneous verbalizations.

Augmented Communication

This rating describes the youth's ability to use sign language, PECS, and other communication strategies to improve communication with others.

- Youth has good augmented communication skills or does not require augmented communication.
- Youth has limited augmented communication skills that facilitate communication with others.
- Youth has limited augmented communication skills and requires the development of these skills in other to communicate effectively.
- Youth has no augmented communication skills and is unable to communicate without them.

Comments

Does this youth have the ability to use sign language, PECS to effectively communicate with others?

Pragmatic Use Of Language

This rating describes the youth's ability to understand and communicate in unstructured, naturally occurring situations and environments.

- The youth uses language for a variety of social and functional purposes (e.g. requesting, protesting, greeting, asking questions, etc.). The youth's social/pragmatic language is known or expected to be within normal limits at this time.
- The youth uses language for a variety of functional purposes, but not in all situations/environments.
- The youth has substantial problems using words in a functional way.
- The youth rarely, if ever, communicates in a functional or social manner despite having evidence of some language ability (this rating would include youth with no verbal speech).

Comments

Learning

The ability to apply reasoning and problem solving, learn new tasks, apply learning or knowledge to new situations or adapt to change.

Cognitive

- Youth's intellectual functioning appears to be in normal range. There is no reason to believe that the youth has any problems with intellectual functioning.
- Youth has low IQ (70 to 85) or has identified learning challenges.
- Youth has mild intellectual disability. IQ level is between 50-55 to approximately 70.
- Youth has moderate intellectual disability. IQ level is between 35-40 to approximately 50-55.
- Youth has severe intellectual disability. IQ level is between 20-25 to approximately 35-40.
- Youth has profound intellectual disability. IQ level is below 20 or 25.
- Youth impairment does not allow to take test.
- IQ level is unknown.

Comments

Please indicate the youth's ability to learn and retain new information. Including problem solving and learning new tasks.

Learning Disability

The item rates the limitations that impact academic learning.

A history or suspicion of, or evidence of mild learning disability would receive a rating of '1.' Learning disabilities would be rated as a '2' or '3' depending on the severity. These conditions require special educational strategies to ensure that the youth is in an environment where he or she can learn.

Does he/she have difficulty reading, writing, spelling, reasoning, recalling and/or organizing information?

Has the youth ever been tested for or diagnosed with a learning disability?

Are there concerns that the youth may have a learning disability?

- No evidence of learning disability.
- History, suspicion of mild learning disability.
- Moderate learning disability. Youth is struggling to learn and unless challenges are addressed learning will remain impaired.
- Severe learning disability. Youth is currently unable to learn. Current challenges are preventing any learning.

Comments

Please include if the youth is educationally classified. Also, indicate if the youth has difficulty reading, writing, spelling, or reasoning?

Developmental Delay

Please rate the highest level from the past 30 days.

- Youth's development appears within normal range. There is no reason to believe that the youth has any developmental problems.
- Evidence of a mild developmental delay.
- Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
- Severe developmental disorder.

Comments

Home Living

Agitation

Please rate the highest level from the past 30 days.

- Youth does not exhibit agitated behavior.
- Youth becomes agitated on occasion but can be calmed relatively easily.
- Youth becomes agitated often and/or can be difficult to calm.
- Youth exhibits a dangerous level of agitation. He/she becomes agitated often and easily and becomes aggressive towards self and/or others.

Comments

Does this youth get easily agitated at home? If so, what are the triggers of the agitation?

Sexual Behavior

This rating describes issues around sexual behavior including developmentally inappropriate sexual behavior and problematic sexual behavior, predatory sexual behavior also would be rated here.

- Youth shows no evidence of problems with sexual behavior over the past year.
- Youth has mild problems with sexual behavior including occasional inappropriate sexual behavior, language, or dress. Mild forms of sexualized behavior and poor boundaries with regards to physical/sexual contact may be rated here.
- Youth has moderate to serious problems. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing, multiple older sexual partners, or frequent sexualized language. Age inappropriate sexualized behaviors or lack of physical/sexual boundaries would be rated here.
- Youth exhibits severe problems, including prostitution, exhibitionism, or other severe sexualized or sexually reactive behavior.

Comments

Does this youth display sexually inappropriate behavior as a result of his or her developmental functioning?

Repetitive Behaviors

This item describes ritualized or stereotyped motor behaviors; "stereotypies" (e.g. spinning, head banging, twirling, hand flapping, finger-flicking, rocking, toe walking, repetitively asking questions, etc.)

- No evidence of repetitive or stereotypies in the youth.
- Repetitive behavior or stereotypies occasionally noticed by familiar caregiver, but may have only mild or occasional interference in functioning.
- Repetitive behavior or stereotypies generally noticed by unfamiliar people and have notable interference in functioning.
- Repetitive behavior or stereotypies occur with high frequency and are disabling or dangerous.

Comments

Does this youth display any types of ritualized behaviors including head banging, hand flapping, or asking repetitive words?

Sensory Responsiveness/Integration

This rating describes the youth's responses to sensory stimuli including both hyper or hypo sensitivities (e.g., tactile, oral, auditory, olfactory, smell, vestibular and proprioceptive).

- The youth's sensory integration appears normal. There is no reason to believe that the youth has any problems with atypical responses to stimuli.
- The youth has mildly atypical reactions to one or more sensory stimuli.
- The youth has moderately atypical reactions to one or more sensory stimuli.
- The youth has severely atypical reactions to one or more sensory stimuli. Social, emotional and/or behavioral difficulties related to sensory integration problems are/can be extreme.

Comments

Describe this youth's reaction and or response to sensory stimuli including auditory, olfactory, tactile, and oral.

Social/Interpersonal Skills

Social-Emotional Developmental

Please rate the highest level from the past 30 days.

- Youth's social interactions and emotional responses appear within normal range.
- Some concerns that youth's social interactions and/or emotional responses are not developing normally.
- Clear evidence of impaired social interactions (failure to develop peer reaction to others) and/or a lack of emotional reciprocity (failure to express empathy, pleasure, and/or curiosity) and/or repetitive, stereotyped patterns of behaviors, interests (hand flapping, preoccupation with parts of toys rather than playing with toys).
- Clear evidence of severely impaired social interactions, lack of emotional reciprocity, and/or repetitive, stereotyped patterns of behaviors or interests to the degree that the youth is unable to participate in a wide range of age appropriate activities and settings.

Comments

Self-Direction

The ability to make decisions that match one's own values and desires.

Autonomy

This item describes the youth's developmentally appropriate judgment and ability to function and/or pursue activities independently.

- Youth shows developmentally appropriate autonomy. There is no reason to believe that the youth has any problems with developmentally appropriate independence or self-governed behavior.
- Youth shows some mild difficulties with pursuing age-appropriate activities independently and requires some monitoring.
- Youth requires consistent assistance with pursuing age appropriate activities independently and/or does not appear to be developing the needed skills in this area.
- Youth is not able to function independently.

Comments

Does this youth display developmentally appropriate judgment?

Executive Functioning

This item describes key characteristics of age appropriate executive functioning which include planning, organizational skills, goal directed behavior, and inhibitory control.

- Youth's executive functioning is effective in managing most life domains.
- Youth's executive functioning is adequate and has a limited impact on his/her functioning in at least one life domain.
- Youth's executive functioning is interfering in more than one life domain.
- Youth's executive functioning is interfering in multiple life domains and/or is disabling in one or more life domain.

Comments

Does this youth have the ability to plan, organize, or control inhibition?

Decision-Making Skills

This item refers to the youth's ability to demonstrate decision-making skills and responsible behaviors in personal, school, and social situations.

- The youth makes decisions that are at a level consistent with age and developmental level. He/she manages well in school and activities.
- The youth usually makes decisions that are at a level consistent with age and developmental level. He/she may have occasional difficulties managing in school or activities.
- The youth does not usually make decisions that are at a level consistent with age and developmental level. He/she regularly has difficulty managing in school or activities but responds to guidance.
- The youth makes decisions that are below a level consistent with age and developmental level. He/she is unable to manage in school or activities and does not appear to respond to guidance.

Comments

Mobility

The physical movement of one's body from place to place in their residence, with adaptive aids if uses them. This includes the ability to transfer, to walk, or is reliant on a wheelchair or scooter for Mobility. Does not include vehicle transportation.

Gross Motor

This rating describes the youth's gross motor functioning (e.g. sitting, standing, and walking).

- Youth's gross motor functioning appears normal. There is no reason to believe the youth has any problems with gross motor functioning.
- The youth has mild gross motor skills deficits. The youth may have exhibited delayed sitting, standing, or walking, but has since reached those milestones.
- The youth has moderate gross motor deficits. A non-ambulatory youth would be rated here.
- The youth has severe or profound gross motor deficits. A non-ambulatory youth with additional movement deficits would be rated here, as would any youth older than 6 months who cannot lift his or her head.

Comments

Can this youth ambulate independently or does the youth require some type of adaptive aid?

Leisure

Restricted Interests

This item describes highly circumscribed or unusual/bizarre interests that are not usually seen.

- Youth has varied and age-appropriate interests in objects and the environment. No evidence of preoccupations in the youth.
- Youth has some age-appropriate interests in objects and the environment, but can also demonstrate preoccupations that have mild or occasional interference with functioning.
- Youth frequently demonstrates excessive preoccupations, or odd interests, but may have some age-appropriate interests in objects and the environment which interferes in a notable way with functioning.
- Youth's interests are almost completely preoccupied with a specific focus that is disabling or dangerous.

Comments

Describe any bizarre or unusual behaviors that the youth has displayed. For instance, does the youth watch age inappropriate TV shows?

Health

Sensory

This rating describes the youth's ability to use all senses including vision, hearing, smell, touch, and kinesthetics.

Please rate the highest level from the past 30 days.

- The youth's sensory functioning appears normal. There is no reason to believe that the youth has any problems with sensory functioning.
- The youth has mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).
- The youth has moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).
- The youth has significant impairment on one or more senses (e.g. profound hearing or vision loss).

Comments

Does the youth have the ability to see, hear, smell, or touch or does the youth's sensory functioning not seem on target?

Impairment in Function

Please rate the highest level from the past 30 days.

- Youth's medical condition is not interfering with his/her functioning in other life domains.
- Youth's medical condition is having a limited impact on his/her functioning in at least one other life domain.
- Youth's medical condition is interfering with functioning in more than one life domain or is disabling in at least one.
- Youth's medical condition has disabled him/her in all other life domains.

Comments

Safety

Monitoring

This dimension describes the level of adult monitoring needed to address the safety and functioning needs of the child or youth.

- Youth has minimal monitoring needs. For example, a caregiver could leave the house to run an errand of at least 30 minutes.
- Youth has some monitoring needs. For example, a caregiver would need to check on the individual more than every 30 minutes or so during awake house, but not during asleep hours.
- Youth has significant monitoring needs. For example, a caregiver would need to be in the same room or nearby most of the time during awake hours and nearby during sleep hours.
- Youth needs 24-hour awake monitoring.

Comments

Does this youth require minimal supervision or constant supervision due to safety and/or functioning needs of the youth?

Exploitation

This item is used to examine a history of and level of current risk for exploitation which includes being bullied or taken advantage of by others, physical or sexual abuse.

Please rate highest level from the past 30 days.

- This level indicates a youth with no evidence of recent exploitation and no significant history of victimization within the past year. The youth may have been victimized in the past, but no pattern of victimization exists. Youth is not presently at risk for re-victimization.
- This level indicates a youth with a history of exploitation but who has not been exploited to any significant degree in the past year. Youth is not presently at risk for re-victimization.
- This level indicates a youth who has been recently exploited (within the past year), but is not in acute risk of re-exploitation.
- This level indicates a youth who has been recently exploited and is in acute risk of re-exploitation.

Comments

Work

Job Skills (Age 14-21)

This dimension describes the level of adult monitoring needed to address the safety and functioning needs of the child or youth.

- This level indicates a youth who has job skills consistent with his/her career interests.
- This level indicates a youth who is working towards the development of job skills consistent with his/her career interests.
- This level indicates a youth who has some job skills, but they are general skills and may not be specific to his/her career interests.
- This level indicates a youth who currently has no job skills.
- This is not applicable; youth is < 14 years of age.

Comments

Job Attainment (Age 14-21)

- Youth has achieved all job related goals.
- Youth has set job related goals and is currently making progress towards achieving them.
- Youth has set job related goals but is currently not making progress towards achieving them.
- Youth has no job related goals, is not in school or other educational setting, and the lack of job attainment is interfering with his/her lifetime vocational functioning.
- This is not applicable; youth is < 14 years of age.

Comments

Job Functioning (Age 14-21)

- Youth is doing fine in a job.
- Youth is employed and generally does well but has occasional problems with attendance, relationships, and/or productivity.
- Youth is having problems at work with attendance, relationships, and/or productivity that are impacting his/her functioning at work.
- Youth is having severe problems at work. Youth/young adult may have been recently fired or currently under the threat of dismissal or is not currently working due to developmental level.
- This is not applicable; youth is < 14 years of age.

Comments

Capacity for Independent Living or Economic Self-Sufficiency

The ability to prepare food, manage money, clean house, do laundry, work independently OR use the telephone with assistive devices if uses them. Excludes grocery shopping or driving a regular (or adapted) vehicle.

Health Management Maintenance (Age 14-21)

This item rates the presence of treatment needs and the ability of the young adult to independently manage these needs.

- The youth has no behavioral, physical, or medical treatment needs.
- The youth has behavioral, physical, and/or medical treatment needs, but is able to effectively manage these needs.
- The youth has behavioral, physical, and/or medical treatment needs and has mild to moderate difficulty managing these needs.
- The youth has behavioral, physical, and/or medical treatment needs and his/her inability to manage these needs interferes with daily life functioning.
- This is not applicable; youth is < 14 years of age.

Comments

If the youth has any medical, behavioral, or physical needs, are they able to effectively manage these needs.

Independent Living (Age 14-21)

Please rate the highest level from the past 30 days.

- Youth is maturing at an average or advanced pace to eventually live on his/her own. There is no evidence of deficits in learning independent living skills at this time.
- Youth is somewhat delayed acquiring information about independent living and/or delayed in demonstrating age appropriate independent living skills. Some problems exist in maintaining reasonable cleanliness, diet, finances or time management, etc. Youth/young adult needs to learn additional independent living skills. These problems are generally addressable with training or supervision.
- Youth is moderately delayed in acquiring information about independent living skills and/or moderately delayed in demonstrating those skills. Notable problems exist in maintaining reasonable cleanliness, diet, finances, time management, etc. These problems are generally addressable with in-home services and supports.
- Youth is clearly delayed in acquiring information about independent living skills and/or is clearly not demonstrating those skills. Given his/her current age and impairments, the youth/young adult will most certainly need a structured and supervised living environment in young adulthood.
- This is not applicable; youth is < 14 years of age.

Comments

Use of Community Resources

Community Resources

This rating should be based upon the youth's ability to access and utilize community resources in managing his/her life such as food shopping, banking, public transportation, medical care, and social services.

- Youth is able to access and utilize community resources.
- Youth is generally capable in accessing and utilizing these services but sometimes requires assistance.
- Youth requires temporary assistance or periodic coaching for accessing and utilizing these services.
- Youth requires ongoing assistance for accessing and utilizing these resources.

Comments

Does this youth know how to access and utilize community resources? For instance, does he or she know how to shop for groceries, schedule and attend doctor's appointments independently, etc.?

I/DD Module Scoring Summary

1. Self-Care

- a. Self-Care Daily Living Skills

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2. Communication, Receptive and Expressive Language

- a. Receptive Language
- b. Expressive Language
- c. Augmented Communication
- d. Pragmatic Use of Language

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3. Learning

- a. Cognitive
- b. Learning Disability
- c. Developmental Disability

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4. Home Living

- a. Agitation
- b. Sexual Behavior
- c. Repetitive Behaviors
- d. Sensory Responsiveness/Integration

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5. Social/Interpersonal Skills

- a. Social-Emotional Developmental

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6. Self-Direction

- a. Autonomy
- b. Executive Functioning
- c. Decision Making Skills

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7. Mobility

- a. Gross Motor

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8. Leisure

- a. Restricted Interests

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9. Health

- a. Sensory
- b. Impairment in Functioning

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10. Safety

- a. Monitoring
- b. Exploitation

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11. Work

- a. Job Skills (Age 14-21)
- b. Job Attainment (Age 14-21)
- c. Job Functioning (Age 14-21)

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12. Capacity for Independent Living or Economic Self-Sufficiency

- a. Health Management Maintenance (Age 14-21)
- b. Independent Living (Age 14-21)

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13. Use of Community Resources

- a. Community Resources

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Medical Module

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| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Genetic Disorders | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Juvenile Rheumatoid Arthritis | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Spina Bifida | |
| <input type="checkbox"/> Thyroid Disorder | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Sleep Disorder | |
| <input type="checkbox"/> Other | | | |

Other current medical conditions:

Does this youth have any of the aforementioned diagnoses? If so, please provide detailed information regarding the medical conditions.

Is youth receiving treatment for medical conditions listed above? Yes No

If no, describe reason and any barriers accessing medical care (e.g. transportation, insurance, etc.)

Does this youth experience any barrier related to accessing medical care.

Does youth have 3 or more medical providers managing care and or prescribing medications? Yes No

If yes, please list name and medical provider type.

Current Medications (Non-Psychotropic) (specify):

For instance, Zyrtec, Lisinopril, Benicar

Does youth require any special assistive devices or special accommodations for communication, learning, or mobility needs? Yes No

If yes, please describe

Pain

Please respond to the following inquiry under the PAIN domain:

(D2) What is the youth's tolerance level to physical discomfort of medical condition?

This item describes the youth's experience of pain or the parent's perception of the youth's pain experience.

Please rate highest level from past 30 days.

- No evidence that the youth is experiencing pain.
- Youth appears to be experiencing some pain, but it is either mild or intermittent and manageable.
- Youth appears to be experiencing pain that interferes with his/her functioning or causes parent(s) a distress.
- Youth appears to be experiencing pain that is severe and/or persistent. Pain is life limiting or parent(s) experience of the youth's pain is interfering with their ability to cope with the youth's health status.

Comments

Has this youth experienced pain and if so, what is the youth's tolerance level for pain?

Impairment in Functioning

Please respond to the following inquiry under the Impairment In Functioning domain:

(D2) How stable is youth's medical condition?

(D2) Could youth's medical condition distract youth from recovery and treatment?

(D2) What intervention is required to support youth to overcome distraction of biomedical condition?

- Youth's medical condition is not interfering with his/her functioning in other life domains.
- Youth's medical condition is having a limited impact on his/her functioning in at least one other life domain.
- Youth's medical condition is interfering with functioning in more than one life domain or is disabling in at least one.
- Youth's medical condition has disabled him/her in all other life domains.

Comments

Chronicity

Please respond to the following inquiry under the Chronicity domain:

(D2) Are there any chronic conditions that affect treatment (e.g. chronic pain treated with narcotic analgesics)?

Please rate the highest level from the past 30 days.

- Youth is expected to fully recover from his/her current medical condition within the next 6 months.
- Youth is expected to fully recover from his/her current medical condition after at least six months, but less than two years.
- Youth is expected to fully recover from his/her current medical condition, but not within the next two years.
- Youth's medical condition is expected to continue throughout his/her lifetime.

Comments

Does the youth have an acute condition or chronic condition? If chronic, is the youth expected to fully recover or is this condition expected to last throughout his/her life?

Intensity of Treatment

Please respond to the following inquiry under the Intensity of Treatment domain:

(D2) What level of medical supports are required to manage youth's medical condition (e.g. skilled nursing care, med monitoring, etc.)?

(D2) What level of supervision is required to manage the youth's medical condition?

(D2) Are there any conditions that interfere with treatment (e.g. kidney dialysis)?

Please rate the highest level from the past 30 days.

- Youth's medical treatment involves taking daily medications or visiting a medical professional no more than weekly.
- Youth's medical treatment involves taking multiple medications or visiting a medical professional multiple times per week.
- Youth's treatment is daily but non-invasive. Treatment can be administered by a caregiver.
- Youth's medical treatment is daily and invasive and requires either a medical professional to administer or a well-trained caregiver.

Comments

What level of medical supports is needed to address this youth's medical condition? Does he or she require a skilled nurse, medication monitoring, and does he or she require supervision in order to manage the youth's medical condition?

Complications and Life Threat

Please respond to the following inquiry under the *COMPLICATIONS AND LIFE THREAT* domain:

(D2) What is the level of risk to medical condition if substance use continued?

This item describes the expected functional impact of the present medical condition based on the youth's condition and experience with similar cases.

Please rate the highest level from past 30 days.

- Little or no risk of premature physical complications or limitations in activities of daily living.
- Mild risk of premature physical complications or limitations in activities of daily living.
- Moderate risk of premature physical complications or permanent and/or substantial limitations of activities of daily living.
- Severe risk of physical complications associated with serious permanent functional deficits and/or dying.

Comments

If the youth is abusing substances, what risk does the substance use pose to the medical condition?

Coordination of Care

This item describes the extent to which different providers working with the youth are in contact with each other. If providers do not know what each other are doing, duplication and/or missed services can occur which increase chances for conflicting treatments and/or drug interactions. This includes both traditional and alternative treatment approaches.

Please rate highest level from past 30 days.

- Complete practitioner communication with good coordination and transition of care.
- Limited practitioner communication and coordination of care; primary care physician coordinates medical and mental health services.
- Poor communication and coordination of care among practitioners; no routine primary care physician; difficulty in transitioning to age appropriate care.
- No communication and coordination of care among practitioners; primary ER use to meet non-emergent health needs; systemic barriers to age appropriate care transition.

Comments

If this youth has different providers, do the providers communicate for continuity of care?

Organizational Complexity

Please rate the highest level from the past 30 days.

- All medical care is provided by a single medical professional.
- Youth's medical care is generally provided by a coordinated team of medical professionals who all work for the same organization.
- Youth's medical care requires collaboration of multiple medical professionals who work for more than one organization but current communication and coordination is effective.
- Youth's medical care requires the collaboration of multiple medical professionals who work for more than one organization and problems currently exist in communication among these professionals.

Comments

Does this youth have a team of treatment providers and if so does each of the providers communicate for continuity of care?

Access to Health Care

This item refers to anything in the past that served as an obstacle, hindering the family's access to healthcare. This can include, but is not limited to financial/insurance problems, geographical location, family issues, and language or cultural barriers.

- Adequate access to care with insurance coverage stability.
- Some limitations in access to health care due to financial/insurance problems, geographic reasons, family issues, language or cultural barriers.
- Difficulties in accessing care due to financial/insurance problems, geographic reasons, family issues, language or cultural barriers.
- No adequate access to care due to financial/insurance problems, geographic reasons, family issues, language or cultural barriers.

Comments

Does this youth have financial problems that would impede him or her seeking medical treatment for any medical issues he or she has? Also, does the youth have medical insurance or lack thereof that would impede him or her receiving medical treatment?

Health System Impediments

This item anticipates the problems that the youth may encounter in receiving the services he/she requires. These include, but are not limited to, insurance restrictions, distant services access, and inconsistent or limited provider communication.

Please rate highest level from past 30 days.

- No risk of impediments to coordinated physical and mental health care.
- Mild risk of impediments to care (e.g. insurance restrictions, distant service access, limited provider communication and/or care coordination/transition).
- Moderate risk of impediments to care (e.g. potential insurance loss, inconsistent practitioners, communication barriers, poor care coordination/transition).
- Severe risk of impediments to care (e.g. little or no insurance, resistance to communication and/or disruptive work process(es) that lead to poor coordination/transition among providers).

Comments

Medical Module Scoring Summary

| | |
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| 1. Pain | |
| 2. Impairment in Functioning | |
| 3. Chronicity | |
| 4. Intensity of Treatment | |
| 5. Complication and Life Threat | |
| 6. Coordination of Care | |
| 7. Organizational Complexity | |
| 8. Access to Health Care | |
| 9. Health System Impediments | |

Substance Use Module

For Symptoms / Side Effects

(D1) Please specify any past and current acute / sub-acute withdrawal symptoms and severity thereof.

(D1) Is the youth at risk of severe withdrawal based on previous history?

Please use OTHER Drug box to: 1) Specify the type of substance(s) used; 2) Specify use within last 30, 90, and 120 days.

| Drug | Route of Admin. | Age at 1 st Use | Regular Use | Past 48 Hours? | Primary Secondary Tertiary | Monthly Cost | Use with? (Alone, peers, family, etc.) | Symptoms / Side Effects |
|------|-----------------|----------------------------|-------------|----------------|----------------------------------|--------------|---|-------------------------|
|------|-----------------|----------------------------|-------------|----------------|----------------------------------|--------------|---|-------------------------|

Other Drugs

If youth is using prescription drugs, was it a prescribed medication for youth, family, peer, or not prescribed?

For instance if the youth has been using Valium? If so, is it his or her prescription or a family member's?

Specify substance-related and/or co-occurring diagnoses

For instance, does the youth have a diagnosis of Cannabis Use, Cannabis Dependence, or Cannabis Induced Mood Disorder?

Please respond to the following inquiries under the 'were successful' field:

(D5) Detail youth's history of follow-through with past recommended treatment.

(D5) What is the youth's ability to maintain sobriety based on treatment history?

What substance use treatment and/or mental health services have been tried in the past and were successful? (e.g. Detox, Outpatient, IOP, Partial Care, or Residential). When and how long?

Please respond to the following inquiries under the "not successful treatment" field:

(D1) What past treatment attempts have been unsuccessful and why (please specify past treatment program and reason for discharge)?

(D5) Detail the youth's relapse history (please specify if youth relapsed with a higher level drug).

(D5) What is the longest period of abstinence that was not in a controlled environment?

What Substance Use Treatment and/or Mental Health Services have been tried in the past and were not successful? Why didn't it work?

Has the youth ever received Substance Use Treatment inpatient, outpatient, and/or residential substance use treatment?

Other Comments

Acute Intoxication or Withdrawal Potential

Please respond to the following inquires under the Acute Intoxication or Withdrawal Potential domain:

(D1) Level of acute / sub-acute intoxication or withdrawal symptoms (none, mild, moderate, severe).

(D1) Does youth have responsible supports to assist in ambulatory detoxification if medically safe?

(D1) What is the youth's level of tolerance?

(D1) What level of intervention is required in order to manage the youth's intoxication / withdrawal symptoms?

Please rate youth's CURRENT STATE:

- No evidence that the youth is experiencing acute intoxication or withdrawal. Youth is currently stable.
- Youth is at minimal risk of severe withdrawal. Youth can tolerate and cope with the withdrawal discomfort, mild intoxication, or signs or symptoms pose no imminent danger.
- Youth is experiencing moderate signs and symptoms of severe withdrawal. Poor ability to tolerate and cope with withdrawal. Could post an imminent danger to self or others.
- Youth is experiencing signs and symptoms of withdrawal and poses a danger. Youth is incapacitated and is in need of medically monitored detoxification treatment.
- Unknown

Comments

Has this youth experienced any withdrawal symptoms including blackouts?

- | | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Cold Sweats | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Paranoia |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Seizures | <input type="checkbox"/> Tremors | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Other | | | |

Other Symptoms, described:

Please indicate if the youth has experienced any of the aforementioned symptoms and please provide detailed information.

Frequency

Please respond to the following inquiry under the frequency domain:

- Youth is currently abstinent and has maintained abstinence for at least six months.
- Youth is currently abstinent, but only in the past 30 days or has been abstinent for more than 30 days, but is living in an environment that makes substance use difficult.
- Youth actively uses alcohol or drugs, but not daily.
- Youth uses alcohol and/or drugs on a daily basis.

Comments

How often is this youth engaging or using substances? For instance, daily, hourly, weekly?

Duration of Use

Please respond to the following inquiries under the Duration of Use domain:

(D1) Specify duration patterns of use.

(D1) Any recent discontinuation or significant reduction of use? Recent increases?

Please rate the highest level from the past 30 days.

- Youth has begun use in the past year.
- Youth has been using alcohol or drugs for at least one year, but has had periods of at least 30 days where he/she did not have any use.
- Youth has been using alcohol or drugs for at least one year (but less than five years), but not daily.
- Youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

Comments

When the youth uses substances, please indicate the duration of use. Please specify duration patterns of use.

Stage of Recovery

Please respond to the following inquiries under the Stage of Recovery domain:

(D1) What is the youth's level of commitment to sustain treatment and follow recommendations?

(D4) Gauge the level of willingness to: 1) Gain understanding of harmfulness; 2) Participate in treatment; 3) Acknowledgement of SA issues or lack thereof despite consequences.

(D4) What is the youth's motivation for and expectations of treatment (recovery or avoid negative consequences)?

(D4) What level of motivational techniques is required to engage youth in treatment? Was the youth coerced?

(D4) What is the youth's level of opposition towards treatment (verbal or behavioral)?

(D6) What is the youth's level of ability to identify relapse triggers and identify relapse prevention skills?

Please rate the highest level from the past 30 days.

- Youth engages in treatment proactively. Youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
- Youth is actively trying to use treatment to remain abstinent. Youth has minimal relapse potential.
- Youth is reluctant to agree to treatment for substance use with a low level of commitment.
- Youth is ambivalent about the need to change. Youth is inconsistent with follow through and has minimal awareness of substance use.

Comments

How committed is the youth to receiving substance use treatment and remaining sober? What is the youth's motivation for and expectations of treatment?

Peer Influences

Please respond to the following inquires under the applicable influences domains (Peer, Parental, Environmental):

(D6) Do youth's parent/caretaker, friends, or other environmental sources use substances, encourage youth to use, or are engaged in criminal activity (e.g. dealing, gang involvement)?

(D6) Are there any non-using family members, friends or other social supporters available to assist youth in recovery?

Please rate the highest level from the past 30 days.

- Youth's primary peer social network does not engage in alcohol or drug use.
- Youth has peers in his/her primary social network who do not engage in alcohol or drug use, but has some peers who do.
- Youth predominantly has peers who engage in alcohol or drug use, but youth is not a member of a gang.
- Youth is a member of a peer group that consistently engages in alcohol and drug use.

Comments

Does the youth have a positive peer support group? Does any of the youth's supports engage in substance use or use any type of illegal substance?

Parent/Caregiver Influences

Please rate the highest level from the past 30 days.

- There is no evidence that youth's parents/caregiver have ever engaged in substance use.
- One of the youth's parents/caregiver has a history of substance use, but not in the past year.
- One or both of youth's parents/caregiver use alcohol or drugs regularly or daily.
- One or both of the youth's parents use alcohol or drugs with youth.

Comments

Does one or both parents/caregivers use substances? Or is there a family history of substance use?

Environmental Influences

Please rate the highest level from the past 30 days.

- No evidence that the youth's environment stimulates or exposes the youth to any alcohol or drug use.
- Mild problems in the youth's environment that might expose the youth to alcohol and drugs.
- Moderate problems in the youth's environment that clearly expose the youth to alcohol and drug use.
- Severe problems in the youth's environment that stimulate the youth to engage in alcohol and drug use.

Comments

Recovery Support in Community

Please respond to the following inquiries under the Recovery Support in Community domain:

(D6) What is the youth's ability to maintain positive social connectivity in order to maintain sobriety?

(D6) Does the youth have accessible supportive friendships, financial or educational resources to improve likelihood of successful treatment?

(D6) Are there any barriers to accessing treatment such as transportation or childcare responsibilities (if youth is a parent)?

(D6) Are there legal, social service agency, or criminal justice mandates that may enhance motivation (external) for engaging into treatment?

Please rate the highest level from the past 30 days:

- No problems with maintaining social connectivity through recovery support groups or activities. Individual attends recovery support groups regularly and has no problems in attending meetings.
- Mild problems with maintaining social connectivity through recovery support groups or activities. Individual may attend meetings irregularly.
- Moderate problems with maintaining social connectivity through recovery support group or activities. Individual has attended recovery support groups in the past, but is no longer attending meetings.
- Severe problems with maintaining social connectivity through recovery support groups or activities. Individual has never participated in recovery support groups or activities.

Comments

Does this youth have a good support system? Does the youth maintain positive social connectivity in order to maintain sobriety?

Substance Use Module Scoring Summary

| | |
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| 1. Acute Intoxication or Withdrawal Potential | |
| 2. Frequency of Use | |
| 3. Duration of Use | |
| 4. Stage of Recovery | |
| 5. Peer Influences | |
| 6. Parental/Caregiver Influences | |
| 7. Environmental Influences | |
| 8. Recovery Support in Community | |