

## MENTAL HEALTH ASSESSMENT

Mental Health Assessment of [ name ]

Interview was conducted by [Clinician] on [Date] at A&PI Wellness Center.

The client is a [age/race/gender identity]

**PRESENTING PROBLEM(S):**

**PSYCHOSOCIAL HX:**

**SUBSTANCE USE:**

**MEDICAL:**

**MENTAL STATUS EXAM:**

APPEARANCE:

SPEECH:

EYE CONTACT:

MOTOR ACTIVITY (MOVEMENT):

MOOD/AFFECT:

ORIENTATION:

MEMORY:

THOUGHT PROCESS/CONTENT:

HALLUCINATIONS/ILLUSIONS:

S/H IDEATION:

BEHAVIOR:

INSIGHT:

JUDGEMENT:

**MOCA Score:**

**PHQ-90 Score:**

**TREATMENT/SERVICE RECOMMENDATIONS:**

## Transitional System Acuity Scale

### **1 Medical/Clinical**

This category concerns access to primary medical care, oral health services, specialty clinical care for HIV disease, physical therapy and access to HIV specific medications.

#### Scoring Considerations:

- General stability of health (regardless of specific diagnosis),
- Client's ability to maintain an ongoing relationship with providers of medical and clinical services,
- Client's access to and local availability of medical and clinical services, and/or,
- Client's medical condition as it relates to the amount of time you will spend with the client (case management time) and resources necessary to initiate and maintain their access to care and medications

#### Score Suggestions

- 1 Stable health status. Client has stable, ongoing access to primary HIV medical care and treatment. Client is fully empowered for self-care and can independently maintain medical care with information and very occasional referral.
- 2 Client's health stable or may have moderate health problems. Client needs active occasional assistance to access or maintain access to medical, clinical and/or oral health services.
- 3 Client is medically fragile but still able to maintain the activities of daily living. Client requires regular assistance to access and maintain access to appropriate medical, clinical and/or oral health services. May require active coordination of multiple care providers.
- 4 Client has serious-to-sever medical issues; may be life threatening or one-time medical crisis as a result of multiple adverse health diagnoses or events. Client may require complex coordination between multiple providers or agencies; may have end of life issues.

#### Notes about scoring this category:

Availability and access of medical services should be considered; limited services may lead to more time needed to assist the client in locating or coordinating among providers. This would increase the impact on the care case management system (i.e., increasing system acuity).

## 2 Basic Necessities/Life Skills

This category concerns food, clothing, skills related to activities of daily living (ADLs) and access to household items necessary for daily living.

### Scoring Considerations:

- General ability of client to function/cope with daily activities (e.g. get to and from work, medical appointments and/or cook for self or other dependent family members),
- Client's ability to maintain basic personal and household hygiene standards,
- Client's ability to manage activities of daily living (ADL) in light of mental health, substance use, disease progression, effects of medications, living situations, and/or education level, and/or,
- If applicable, the client's attention to a dependent family member's basic needs (i.e. clothing, feeding and caring for children)

### Score Suggestions

- 1 Client's basic needs being adequately met; client has high level of skills, no evidence of inability to manage ADL.
- 2 Client has the ability to meet basic needs and manage ADL, but may need referral and information to identify available resources
- 3 Client needs assistance to identify, obtain and maintain basic needs and manage ADL. Poor ADL management is noticeable and pronounced.
- 4 Client is unable to manage ADL without immediate, ongoing assistance; in acute need of caregiver services.

### Notes about using this category:

There may be interactions with other categories such as mental health, substance use, and/or self-efficacy. A person's mental health or substance use could affect their ability to deal with basic needs. However, a person's life skills may not always be affected by mental health or substance use; deficiencies could be related to other factors such as education. This category concerns the client's ability to manage their basic needs regardless of the root of their problems.

A client's ability to maintain ADL may be related to their disease progression and/or effects of medications. Fatigue related to treatment may prevent a client from brushing his/her teeth, bathing and/or cooking.

It is appropriate to consider the client's family or relationship dynamics and the role these may play in a client's ability to maintain their basic needs. Clients who are in abusive relationships might not be able to access resources for daily living because of power dynamics within the relationship (e.g. have access to money to pay for groceries).

### 3 Mental Health/Psychosocial

This category broadly involves the client's level of impairment with respect to emotional stability, mental health status, history of past or current clinical depression, social adjustment disorders or other potentially significant mental health issues.

#### Scoring Considerations:

- Client's ability to demonstrate appropriate behavior and coping skills in everyday interactions and problems,
- Client's ability to deal with family and other significant relationships,
- Client's history of mental health issues (counseling, treatment, stabilization dependent on medication and/or treatment, and/or,
- Client's current mental health (harm to self or others, emotional instability, current diagnoses).

#### Score Suggestions

- 1 No known history or evidence of mental illness, high level of social functioning, appropriate behavior and coping skills.
- 2 History of mental illness with appropriate treatment, stabilized as a result of past treatment, ongoing compliance with outpatient counseling, emotional stability and coping skills are adequate to manage ADL, minimal difficulty in family or other significant relationships.
- 3 Moderate emotional stress in significant relationships, ongoing diagnosis/treatment of chronic or major mental illness, limited access to mental health services, inability to maintain adherence to psychiatric medication, inappropriate social behaviors, mild to moderate impairment in ADL.
- 4 Danger to self or others, highly depressed, suicidal, violent thoughts towards others, frequent or ongoing psychotic, violent or threatening behaviors, in crises, immediate psychiatric intervention needed.

#### Notes about using this category:

This category is weighted, reflecting the potential impact that mental health issues may have on the level of care case management time and resources needed in multiple categories. The most current edition of the Diagnostic and Statistical Manual of Mental Disorders can be useful for understanding some of the mental health terms and most common mental health conditions such as post-traumatic stress disorder; clinically significant depression; schizophrenia; bi-polar disorder I and II and borderline personality disorder. Also, some HIV medications have potentially dangerous side effects that can trigger or mimic psychotic episodes. **Mental health conditions should only be diagnosed by a qualified mental health provider licensed for clinical practice.**

#### 4 Substance/Alcohol Use

This category covers addictive, dependent or abusive use of mind/mood altering substances (alcohol, illicit, nonprescription and prescription drugs). Behavioral, legal or family-related problems associated with substance use should be considered.

##### Scoring Considerations:

- Client's history and current level of substance use,
- The degree to which substance use is affecting the client's ability to function,
- Concurrent mental health issues which may be aggravated by substance use, and client's willingness to acknowledge substance use issues (denial, in or seeking treatment),
- The degree to which another's substance use is affecting the client's life (child, primary relationship, adherence to medical or mental health treatment), and/or,
- Client's ability to access services (motivation, health coverage, access and availability).

##### Score Suggestions

- 1 No evidence to suggest that client's use of substances constitutes abuse or dependence; no evidence of behavioral disturbances related to substance use.
- 2 Client has history of substance use/moderate abuse; no current indication of dependency or abuse; may need education or referral.
- 3 History of substance and/or alcohol abuse and is currently using; functional difficulties because of own or family member's substance abuse; client identifies need for treatment; services are available and client has ability to access services with referral and support.
- 4 Ongoing substance abuse crisis, emergency medical detoxification indicated; major impairment of function, refusal of treatment services, family crises, dangerous infection-risk behaviors, etc. May require intensive effort to maintain adherence to substance abuse treatment.

##### Notes about using this category:

This category is weighted, reflecting the potential impact that substance use/abuse may have on care case management time and resources in multiple categories. It should also be understood that there are frequently mental health issues that are a result of substance or alcohol use and that individuals with undiagnosed mental health issues often self-medicate by using legal or illicit substances. Family member or significant other's substance abuse issues may be considered in scoring this category if they have the potential to adversely affect client's recovery. It may also be difficult for persons who have a criminal record or substance use issues to access treatment services or housing, especially difficult if they are primary providers with dependents (children or adults).

## 5. Housing/Living Situation

This category is specific to physical shelter, living environment, access to critical utilities (heat, water, etc.) and the relationship of the client to others residing within the living environment (partner/family).

### Scoring Considerations:

- Client's current physical living situation (own house, rent, homeless),
- Client's ability to pay rent, utilities and other housing requirements,
- Client's living environment, who resides with the client (dependents, partner with shared income, abusive relationship), and/or
- Client's ability to maintain access to housing services (history of incarceration, substance use, availability of housing in the area).

### Score Suggestions

- 1 Secure, fully adequate housing, stable living situation, client is independently capable of financial and physical maintenance and is in no danger of losing housing.
- 2 Adequate current housing situation; client may infrequently need short-term rent or utilities assistance or may have mild stress in their living situation.
- 3 In transitional or unstable housing, may have unhealthy, stressful living environment. Client may be in continuous financial strain, eviction risk or risk of utility shutoff. Clients in this range are at risk of losing housing.
- 4 Client is homeless, in crises, living in shelter, sleeping on streets or in his/her car. Client's living situation presents immediate health hazard or physical danger from abuse. Client may be unable to qualify for housing opportunities due to criminal behavior.

### Notes about using this category:

This category is weighted, reflecting the potential that inadequate, dangerous or socially untenable housing situations adversely impact care case management time and resources needed to keep the client engaged in primary HIV care or other supportive services. It is appropriate to consider the nature of the client's living situation with respect to the people they reside with; issues of domestic violence, physical and emotional abuse may adversely affect client stability. History of incarceration,

substance use with client or a primary partner or dependent(s) may disqualify clients from some housing programs.

## 6 Support System

This category refers specifically to the network of formal and informal relationships providing appropriate emotional support to the client. This includes friends, family, faith communities, agencies and support groups.

### Scoring Considerations:

- Client's current support system,
- Client's level of need for additional support,
- Client's ability to identify additional supportive services, and/or
- Availability of supportive services in the area needed by the client (support groups at a time and place client can access them).

### Score Suggestions

- 1 Client has, and is aware of, extensive, appropriate and supportive relationships providing emotional support.
- 2 Moderate gaps in availability and adequacy of support network. Client may need additional skills to recognize and access support.
- 3 Client is chronically unable to access supportive network; support that is available is inadequate and unstable; client may be new to community with no friends, family or community support; client may need routine referral and follow-up.
- 4 Client is in acute crisis situation and cannot or will not access supportive relationships and may be isolated and/or depressed.

### Notes about using this category:

Clients with supportive needs should be referred to emotional support groups, mental health counseling or to faith communities to assist them in fostering and independent support network.



## 7 Insurance Benefits

This category concerns the client's eligibility for, and access to, private or public insurance coverage adequate to provide a continuum of care for medical, dental or psychosocial services. This category also includes access to HIV medications through the AIDS Drug Assistance Program (ADAP).

### Scoring Considerations:

- Client's current medical coverage,
- Client's current need for insurance coverage,
- Client's eligibility for private or public insurance benefits, and/or
- Client's ability to identify benefits and/or follow up on insurance enrollment requirements (produce needed documents, navigate the paperwork/system).

### Score Suggestions

- 1 Client is insured with coverage adequate to provide access to the full continuum of clinical, dental and medication services available. Client may need occasional information or periodic review for renewal of eligibility.
- 2 Client needs assistance to complete eligibility reviews and may need directions and assistance compiling and completing documentation and application materials.
- 3 Client needs assistance meeting deductibles, co-payments and/or spend down requirements. Client may need significant active advocacy with insurance representatives, providers or DSHS to resolve billing and eligibility disputes.
- 4 Client is without coverage adequate to provide minimal access to care, is unable to pay for care through other sources and needs immediate assistance with eligibility reviews, etc.

### Notes about using this category:

Current public and private insurance programs available in their service area may impact the SAM score in this category. Knowledge of available insurance programs and eligibility criteria is necessary to adequately evaluate clients in this category.

## 8 Transportation

This category covers the client's ability to travel for medical, psychosocial support, groceries and other essential HIV-related purposes.

### Scoring Considerations:

- Client's current transportation methods (car, taxi, bus, walking, etc.),
- Client's ability to access transportation (have money for bus, bus route close to medical care, can physically get to medical care, transportation appropriate for dependents), and/or
- Client's lack of transportation affecting their ability to access medical care or other essential needs (e.g., grocery)

### Score Suggestions

- 1 Client is fully self-sufficient and has access to reliable transportation for all HIV-related needs.
- 2 Client needs occasional, infrequent assistance in obtaining transportation for HIV-related needs. Client may need assistance in reading and understanding bus schedules; may need referral to volunteer or other transportation services.
- 3 Client has limited access to public transport and is having routine difficulty accessing transportation services because of physical disabilities. Clients in this category may often miss appointments due to lack of transportation.
- 4 Client has no access to transportation, lives in an area not served by public transport and/or has no resources available for other transportation options. Clients with this score have an immediate need to be transported to HIV-related medical or supportive services.

### Notes about using this category:

Current public transportation programs available in the service area may impact SAM scores in this category. Knowledge of available transportation programs is critical to adequately evaluate this category.

## 9 HIV-Related Legal

This category pertains specifically to *HIV-related* legal needs such as guardianship orders, medical durable power of attorney, social security insurance (SSI) benefits advocacy and assignment, living wills, do not resuscitate (DNR) orders and other needs directly related to the client's HIV status.

### Scoring Considerations:

- Client's ability to identify need for legal services and knowledge of where to obtain them as they relate to their HIV status (power of attorney, guardianship for minor dependents), and/or
- Client's need for legal services directly related to their HIV disease.

### Score Suggestions

- 1 Client has no unmet HIV-related legal needs.
- 2 Clients may need minimal, one time, assistance in completing documents or referral to appropriate legal services.
- 3 Client needs assistance identifying HIV-related legal needs and may require ongoing follow-up to insure that appropriate documents are available and appropriate orders are in place.
- 4 Client is in crisis situation, may not have valid power of attorney needed for immediate clinical decisions, or may be at risk of dying without a will; guardianship issues for minor children not properly resolved.

### Notes about using this category:

When scoring this category the focus must be on legal issues directly related to the client's HIV status.

## 10 Cultural/Linguistic

This category relates to the client's ability to function appropriately in spoken and written English and the client's ability to fully understand what is happening to and around them. This category also encompasses issues relating to the cultural sensitivity of providers to client's needs based on gender identity, sexual orientation, religion, age, sight/hearing/physical disability, race and ethnicity.

### Scoring Considerations:

- Client's ability to read, write and speak English or other languages essential to receiving services,
- Client's ability to understand their disease with respect to their educational, linguistic or cultural competence,
- Client's ability to access linguistically and/or culturally appropriate services (medical, supportive), and/or
- Client's immigration status as it relates to gaining access to services.

### Score Suggestions

- 1 Client has no difficulty accessing services and is capable of high-level functioning within the linguistic and cultural environment.
- 2 Client may need infrequent, occasional assistance in understanding complicated forms, may need occasional help from translators or sign interpreters.
- 3 Client often needs translation or sign interpretation. Client may be functionally illiterate and needs most forms and written materials explained. Client may be experiencing moderate barriers to services due to lack of cultural sensitivity of providers.
- 4 Client is completely unable to understand or function within the service system, is in crisis situation and needs immediate assistance with translation or culturally sensitive system interpreters and advocates.

### Notes about using this category:

It is appropriate for case managers to consider the client's full range of issues such as their first language, views on family, emotional development, spirituality, gender identity, beliefs about disease, values on alternative/non-western approaches to health care and ideas about confidentiality and disclosure. The client's immigration status may also be considered as it may cause significant stress and apprehension in seeking services.

## 11 Self-Efficacy

This category encompasses the client's ability to initiate and maintain positive behavioral changes, be an effective self-advocate and seek out and maintain services independently.

### Scoring Considerations:

- Client's ability to make choices and put forth effort to change or access services or change behaviors (follow up on referrals, make phone calls, ask appropriate/needed questions),
- Client's ability to persist when confronted with obstacles to accessing services and/or making positive behavioral changes,
- Client's judgment of their capabilities to perform given tasks, and/or
- Client's ability to access services or make positive changes in behaviors.

### Score Suggestions

- 1 Client is capable of initiating and maintaining access to services independently and is an effective self-advocate.
- 2 Client is able to initiate and seek out services with minimal assistance, may need information and referral.
- 3 Client needs frequent assistance getting motivated for an completing tasks related to their own care and often needs active follow-up to insure continued care.
- 4 Client is in crisis situation, unable to motivate to access needed care, unable to identify appropriate needs or actions, does not follow through on scheduled appointments. Client needs immediate care case management assistance.

### Notes about using this category:

Case managers should consider the client's willingness and ability to be independent in filling out forms, making phone calls to set up their own appointments, their ability to correctly identify their own needs and their follow-through on commitments as appropriate criteria in scoring this category. A client's ability to be more self-efficacious reduces the impact on case management services in this category.

## 12 HIV Education/Prevention

This category covers the client's knowledge of HIV disease, HIV-transmission modes, his/her ability to identify past and present HIV transmission risk and ability and willingness to *engage* in and sustain behavior change interventions, including notifying past and present partners.

### Scoring Considerations:

- Client's current and past risk taking behavior (sharing needles, anonymous sexual partners, unprotected sexual exposure, etc.),
- Client's knowledge of HIV transmission and prevention; awareness of his/her own risk,
- Client's willingness and skills level necessary to initiate and maintain risk reduction behaviors, including disclosure of HIV status with past, current or future needle sharing or sex partners,
- Client's participation in HIV behavior change interventions, and/or
- Client's history of other sexually transmitted diseases.

### Score Suggestions

- 1 Client has adequate knowledge of multiple aspects of HIV treatment and prevention; has skills necessary to initiate and maintain protective behaviors and/or engages in positive behavior change, including harm reduction programs and partner services. Client reports no recent history of STDs.
- 2 Client is knowledgeable about most available HIV behavior change interventions and education services; client may have difficulty initiating or maintaining protective behaviors, may not be appropriately personalizing risk and may need education and referral. Client reports no recent history of STDs.
- 3 Client reports significant difficulty initiating and maintaining protective behaviors, inappropriately personalizes risk or reports frequent relapse to risk-behaviors. Client may report recent history of STD infection.
- 4 Client is active engaging in risk behaviors, unable or unwilling to identify and personalize transmission risk. Client in need of immediate, active referral to appropriate HIV behavior change interventions.

Notes about using this category:

Case managers should consider if the client is in an abusive relationship that might limit risk reduction for HIV transmission (e.g., sex industry workers). This may increase their SAM score.

## 13 Employment/Income

This category refers to the adequacy of the client's income, from all sources, to maintain independent access to care and to meet basic needs.

### Scoring Considerations:

- Client's current source of income (employed, depend on other's income),
- Client's current need for income to cover basic needs (head of household with dependents, excessive debt, emergency situations), and/or
- Client's need for job placement/training or debt counseling.

### Score Suggestions

- 1 Client's income is sufficient for basic needs; may be employed full-time or has alternate income.
- 2 Client's income may occasionally be inadequate for basic needs, may be employed part-time and may infrequently need emergency financial assistance or referral to other available services
- 3 Client has difficulty maintaining sufficient income from all sources to meet basic needs and requires frequent, ongoing case management referrals and benefits advocacy.
- 4 Client is in financial crisis and in danger of losing housing, access to basic utilities or critical health services because of inability to pay for co-pays or other bills. Client needs immediate, emergency intervention.

### Notes about using this category:

Case managers should consider extenuating circumstances and conditions such as client being the head of a household with dependent children, pregnancy, genuine family emergency situations or other factors which make his/her financial situation more difficult.

## 14 Medication Adherence

This category refers to the client's ability to take all HIV-related medications as prescribed by their physician.

### Scoring Considerations:

- Client's need, desire and readiness to take HIV-related medications,
- Client's ability to take medications consistently,
- Client's ability to weigh pros and cons of taking antiretroviral medications, and/or
- Client's ability to access HIV-related medications (insurance, ADAP).

### Score Suggestions

- 1 Client is following antiretroviral regimen, adherence greater than or equal to 95% or patient chooses not to take antiretroviral medications; no barriers to adherence; good access to resources. Client fully empowered for self-care in this category.
- 2 Client is on antiretroviral regimen, 90% to 95% adherent but may have some sporadic barriers to adherence. Client requires occasional case management information and referral to maintain optimal adherence.
- 3 Client is on antiretroviral regimen, 80% to 0% adherent, and experiencing ongoing barriers to adherence. Client needs continuing case manager follow-up to remain engaged with medication adherence programs or guidelines.
- 4 Client is in medication crisis, has stopped taking meds against medical advice or is being non-compliant for other reasons such as drug abuse, rapidly developing dementia, decreased ability to perform and maintain ADLs as part of disease progress, or mental health crises. Client needs immediate case management intervention.



Notes about using this category:

Case managers should consider factors such as scheduling medications around meals, side effects and the client's general ability to establish and maintain positive routines. You should also consider if the client is incarcerated, hospitalized, or detained in a mental health facility and how this may affect access to medications.

## Scoring and applying System Acuity

The scoring schema for interpreting SAM scores incorporates weighting applied selectively to Mental Health, Substance Use/Abuse and Housing categories. Weighted scores can suggest the level of case management services most appropriate for the client at the time of measurement.

### Scoring Directions

The following formula should be used to calculate weighted SAM scores:

$$[\text{Medical}] + [\text{BasicNeed}] + ([\text{Mental}] \times [\text{Mental}]) + ([\text{Substan}] \times [\text{Substan}]) + ([\text{Housing}] \times [\text{Housing}]) + [\text{Support}] + [\text{Insurance}] + [\text{Transportation}] + [\text{Legal}] + [\text{Cultural}] + [\text{Efficacy}] + [\text{Educat}] + [\text{Income}] + [\text{Adherence}] = \text{Weighted System Acuity}$$

Where the integer value (1 - 4) for each category of need from the client acuity assessment is inserted in the appropriate bracket in the above formula. (Addition is indicated by '+' and multiplication by 'x').

### Case Management Levels (based on weighted acuity score)

**14-16: CM not indicated** [if you feel a client still needs to be case managed at this level, discuss with supervisor and document (i.e. client is one of the priority populations indicated for automatic inclusion in CM such as recently released, pregnant, recently diagnosed, youth)

**17-28: Level 1** (Low): CM Client Monitoring. **CM initiated contact bi-annually.** HIV-positive symptomatic individuals with aggravating, but not acute medical, financial or, psychosocial needs who request assistance from the provider agency with case management and/or medical strategy decisions and who may benefit from moderate care assistance

**29-44: Level 2** (Moderate): Basic Case Management. **CM Initiated contact quarterly.** Client may require routine follow-up to ensure ongoing access to services, or referrals to maintain their access to specific supportive services. Significant amount of collateral contacts.

**45-60: Level 3** (High): Intensive case management. **CM initiated monthly contact.** HIV-positive clients with complex and acute medical, financial or psychosocial needs whose needs require emotional and/or environmental support in order to manage their own care/service plan. Expect a significant amount of collateral contacts.

**61+ Level 4** (Highest): Crisis Case Management. **CM initiated contact every 2 weeks.** HIV-positive clients have an immediate crisis or situation that requires immediate and ongoing action by CM. Clients with severe and acute medical, financial or psychosocial crisis who may have difficulty in successfully managing a personal care/service plan. Expect intensive service coordination with other agencies/providers.

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*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative Building a Medical Home for HIV Homeless Populations. Learn more at <http://cahpp.org/project/medheart/models-of-care>*

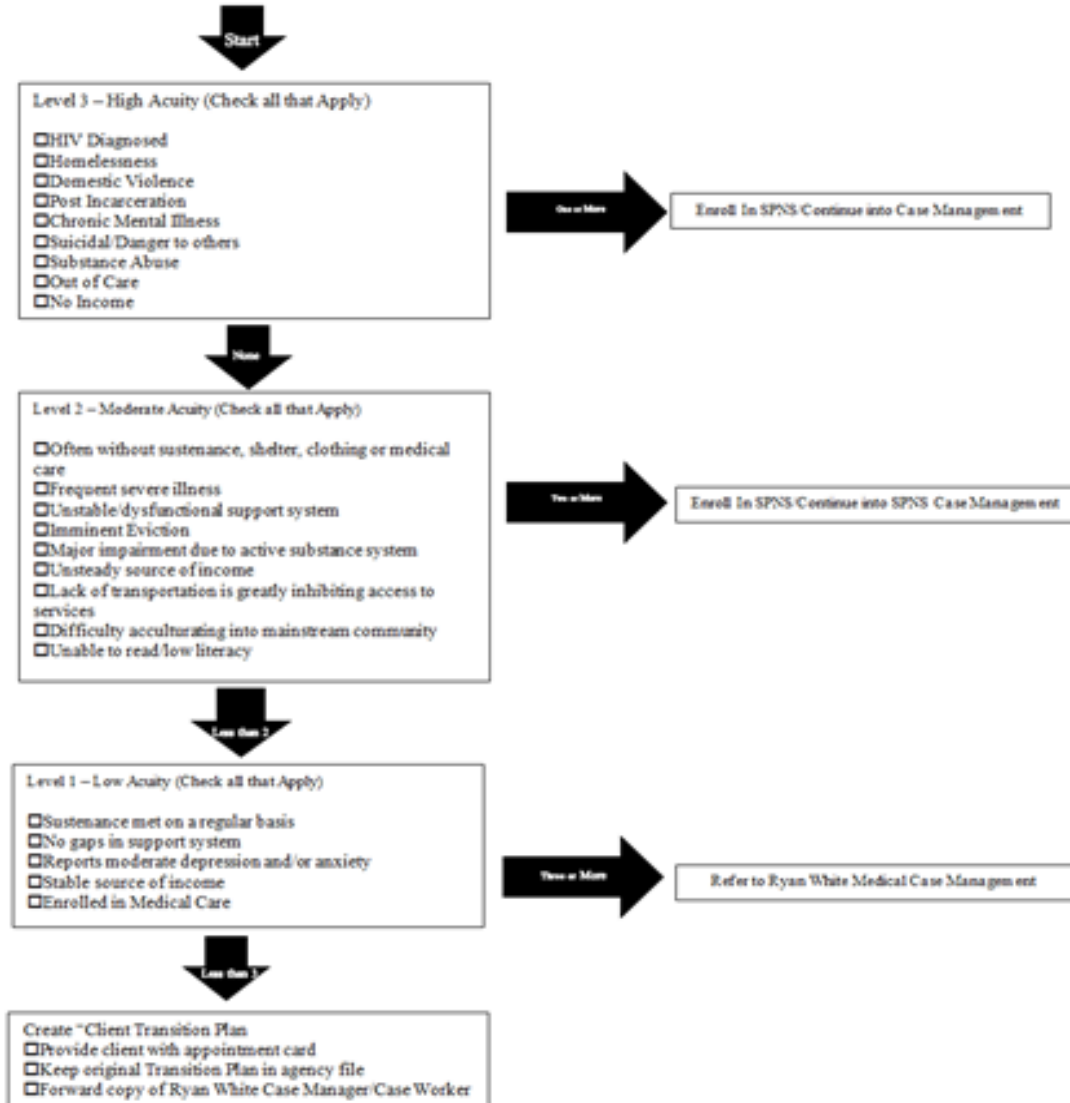
## Acuity Tool

*Building a Medical Home for Multiply-Diagnosed HIV- positive Homeless Populations  
Demonstration Sites Family Health Centers of San Diego*

This tool is required as a guide to determine level of care and need for case management.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Screening Completed by: \_\_\_\_\_ Agency: \_\_\_\_\_



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# PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

|   | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things  | 0          | 1            | 2                       | 3                |
| 2. Feeling down, depressed, or hopeless   | 0          | 1            | 2                       | 3                |
| 3. Trouble falling or staying asleep, or sleeping too much  | 0          | 1            | 2                       | 3                |
| 4. Feeling tired or having little energy  | 0          | 1            | 2                       | 3                |
| 5. Poor appetite or overeating  | 0          | 1            | 2                       | 3                |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down  | 0          | 1            | 2                       | 3                |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television  | 0          | 1            | 2                       | 3                |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0          | 1            | 2                       | 3                |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way  | 0          | 1            | 2                       | 3                |

FOR OFFICE CODING   0   +        +        +         
=Total Score:       

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult  
at all

Somewhat  
difficult

Very  
difficult

Extremely  
difficult

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**City and County of San Francisco**  
**Department of Public Health**  
 COMMUNITY BEHAVIORAL HEALTH SERVICES

**INITIAL RISK ASSESSMENT (Face to face)**

Name:

BIS # (if any):

RU #:

1. Date of assessment: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

New to this clinic       Currently open in CBHS, Where \_\_\_\_\_       Previously seen CBHS (now closed)

**2. Demographics**

Client DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  Male     Female     Transgender

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Tel: \_\_\_\_\_

**3. Presenting Problem (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Depression, hopelessness, decreased energy                                   | <input type="checkbox"/> Substance Abuse   |
| <input type="checkbox"/> Sleep Disturbance  | <input type="checkbox"/> Residential instability/Risk of homelessness            |
| <input type="checkbox"/> Eating Disturbance   | <input type="checkbox"/> Victim of abuse, physical, sexual and/or severe neglect |
| <input type="checkbox"/> Anxiety, fear, panic, agitation  | <input type="checkbox"/> Victim of domestic violence                             |
| <input type="checkbox"/> Mania, elevated mood   | <input type="checkbox"/> Oppositional, beyond parental control, runaway          |
| <input type="checkbox"/> Psychosis, unreal thoughts or beliefs, auditory and/or visual hallucinations | <input type="checkbox"/> Hyperactivity   |
| <input type="checkbox"/> Adjustment to trauma/major stressors, separation, loss, death, job, school   | <input type="checkbox"/> Physical/Medical  |
| <input type="checkbox"/> Anger Control  | <input type="checkbox"/> Medications   |
| <input type="checkbox"/> Impulse Control  | <input type="checkbox"/> Employment/School functioning                           |
| <input type="checkbox"/> Family relationship problems   | <input type="checkbox"/> Other, describe below                                   |

FOR ALL AREAS CHECKED, DESCRIBE ONSET, DURATION, AND SEVERITY OF SYMPTOMS/IMPAIRMENTS, INCLUDING RELEVANT HISTORY AND SIGNIFICANT LIFE EVENTS:

|  |
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|  |
|  |

**4. Risk Assessment (circle appropriate rating)**

|                  |          |   |  |   |
|------------------|----------|---|--|---|
| Danger to self   | None (0) | History but no recent intent, ideation or feasible plan (1) | Recent ideation, intention, plan that is feasible and/or history of a potentially lethal attempt (2)   | Current ideation or command hallucinations re self-harm, current intent, plan that is immediately accessible and feasible, and or history of multiple potentially lethal attempts (3)   |
| Danger to others | None (0) | History but no recent gesture or ideation (1)               | Recent homicidal ideation, physically harmful aggression or dangerous fire setting, but not in past 24 hours. Has plan to harm others that is feasible (2) | Acute homicidal ideation with an accessible, feasible plan of physically harmful aggression, or command hallucinations involving harm of others. Or intentionally set fire that placed others at significant risk of harm (3) |

4A. Other Risk Factors    Grave disability     No     Yes      Command hallucinations     No     Yes

4B. Previous Psychiatric Hospitalization:  No     Yes – Date/reason of last hosp: \_\_\_\_\_

4C. Risk Assessment (ELABORATION OF ALL RISK FACTORS, NOTE FRUSTRATION TOLERANCE, HOSTILITY, PARANOIA, AND VIOLENT THINKING)

|  |
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- |  |
|--|
| 1. IF CLIENT MEETS TARGET POPULATION, THIS AUTHORIZES THE PRE-AUTH. PERIOD OF 2 MONTHS/15 HOURS FOR ADULTS/OA AND 3 MONTHS/24 HOURS FOR CYF<br>2. IF CASE IS NOT OPENED, FORM SHOULD BE STORED IN A CONFIDENTIAL LOCKED FILE IN ALPHABETICAL ORDER.<br>3. THIS IS AN INITIAL RISK ASSESSMENT. FURTHER SESSION(S) MAY BE NECESSARY TO COMPLETE A FULL CLINICAL DATABASE ASSESSMENT. |
|--|



**City and County of San Francisco**  
**Department of Public Health**  
 COMMUNITY BEHAVIORAL HEALTH SERVICES

**INITIAL RISK ASSESSMENT (Face to face)**

Name: \_\_\_\_\_

BIS # (if any): \_\_\_\_\_

RU #: \_\_\_\_\_

**5. Current Mental Status**

|                         |   |   |  |  |
|-------------------------|---|---|--|--|
| Mood                    | <input type="checkbox"/> Depressed      | <input type="checkbox"/> Anxious          | <input type="checkbox"/> Euphoric      | <input type="checkbox"/> Other             |
| Affect                  | <input type="checkbox"/> Appropriate    | <input type="checkbox"/> Inappropriate    |  |  |
| Thought process/content | <input type="checkbox"/> Normal         | <input type="checkbox"/> Loose/Tangential | <input type="checkbox"/> Grandiose     | <input type="checkbox"/> Paranoid          |
| Hallucinations:         | <input type="checkbox"/> Auditory       | <input type="checkbox"/> Visual           | <input type="checkbox"/> Other         |  |
| Orientation:            | <input type="checkbox"/> Time           | <input type="checkbox"/> Person           | <input type="checkbox"/> Place         |  |
| Cognitive               | <input type="checkbox"/> Memory problem | <input type="checkbox"/> Lack of insight  | <input type="checkbox"/> Poor judgment | <input type="checkbox"/> Concrete thinking |
| Comments: _____         |   |   |  |  |

**6. Substance Use History:** Ever Used?  No  Yes >>>> Is client  In remission  Currently intoxicated  Relapsed  
 Date of last use \_\_\_\_\_ Longest time sober \_\_\_\_\_

Indicate substances used, if applicable:  Alcohol  Marijuana  Cocaine/Crack  Amphetamines  Benzodiazepines  
 Opiates  Prescription Drugs  Caffeine  Tobacco/Nicotine  Inhalants  Other \_\_\_\_\_

Has client experienced severe withdrawal symptoms in past (hospitalization, DTs, seizures)?  No  Yes  
 Is client currently experiencing severe withdrawal symptoms?  No  Yes

|  |    |     |
|--|----|-----|
| <b>Substance Abuse Screener</b> For any substance client endorses ever using ask: In the last three months...  |    |     |
| Have you felt you should cut down or stop [drinking/using substance]?  | No | Yes |
| Has anyone annoyed you or gotten on your nerves by telling you to cut down or stop [drinking/using substance]? | No | Yes |
| Have you felt guilty or bad about how much you [drink /use substance]?   | No | Yes |
| Have you been waking up wanting to [drink /use substance]?   | No | Yes |

|                           |  |   |  |
|---------------------------|--|---|--|
| <b>7. Legal Issues</b>    | Court Mandated Treatment<br><input type="checkbox"/> No <input type="checkbox"/> Yes   | Probation/Parole:<br><input type="checkbox"/> No <input type="checkbox"/> Yes | History of arrest:<br><input type="checkbox"/> No <input type="checkbox"/> Yes   |
| <b>8. Mental Health</b>   | Currently linked<br><input type="checkbox"/> No <input type="checkbox"/> Yes<br>Where? | Conserved<br><input type="checkbox"/> No <input type="checkbox"/> Yes         | History of treatment<br><input type="checkbox"/> No <input type="checkbox"/> Yes<br>Current psych meds<br><input type="checkbox"/> No <input type="checkbox"/> Yes |
| <b>9. Physical Health</b> | Linked to PCP<br><input type="checkbox"/> No <input type="checkbox"/> Yes<br>Where?    |   | Current non-psych meds<br><input type="checkbox"/> No <input type="checkbox"/> Yes   |

**10. Medical Necessity/Need for Services in CBHS?**  No  Yes (If no, provide NOA-A for SF MediCal clients) Uninsured SMI?  No  Yes

**11. Provisional DSM IV Diagnosis:** Axis I: \_\_\_\_\_ Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_ Axis III: \_\_\_\_\_ Axis IV: \_\_\_\_\_ GAF: \_\_\_\_\_

**12. Disposition:**

Medication Evaluation When: \_\_\_\_\_  Continuing Assessment at this clinic When: \_\_\_\_\_  
 Requires Hospitalization (5150) due to:  Danger to Self  Danger to Others  Grave Disability  
 Refer to other Mental Health Clinic – Where: \_\_\_\_\_ When: \_\_\_\_\_

Refer to:  None  Substance Abuse  Primary Care Physician  Private Provider Network  Community Social Services

Comments: \_\_\_\_\_

Staff Name (print): \_\_\_\_\_

\_\_\_\_\_  
 Clinician/Staff signature (if not LPHA, must have a LPHA co-signer): \_\_\_\_\_ Date: \_\_\_\_\_ LPHA Signature \_\_\_\_\_ Date: \_\_\_\_\_

Service Code: \_\_\_\_\_ FF/TT: \_\_\_\_\_ LOC  Office  Field  Home

**Acuity and Chronicity Tool**

| <b>Area of Functioning<br/>Current Acuity Level</b>  | <b>Intensive Need<br/>(3)</b>  | <b>Moderate Need<br/>(2)</b>  | <b>Basic Need<br/>(1)</b>  | <b>Self-Management<br/>(0)</b>  | <b>Predicted<br/>Chronicity</b> |
|--|--|---|--|---|---------------------------------|
| <b>Medical Care and Treatment Adherence</b>          |  |   |  |   |                                 |
| <b>Care Adherence</b><br><i>Acuity Level:</i>        | <input type="checkbox"/> Missed 4 or more medical appointments in the last 6 months or has not been seen in the last 6 month<br><input type="checkbox"/> Severe medical illness w/o capacity for treatment adherence<br><input type="checkbox"/> Unable to tolerate 4-walls clinic or has received denial of service > 1 clinic  | <input type="checkbox"/> Missed 3 medical appointments in the last 6 months or has not been seen in the last 3 months<br><input type="checkbox"/> Multiple physical conditions w/ low treatment adherence<br><input type="checkbox"/> Able to tolerate 4-walls clinic with an escort and redirection<br><input type="checkbox"/> Can self-direct to open-access clinic or drop-in | <input type="checkbox"/> Missed 3 medical appointments in the last 12 months<br><input type="checkbox"/> Engages w/ clinic to address physical conditions with support<br><input type="checkbox"/> Able to attend 4-walls clinic with intensive reminders; may need navigation to appt, but navigator doesn't need to stay | <input type="checkbox"/> Engages in clinic w/ standard appointment reminders only (phone, text, email)<br><input type="checkbox"/> Engages w/ clinic independently to address physical conditions   |                                 |
| <b>Current Health Status</b><br><i>Acuity Level:</i> | <input type="checkbox"/> Detectable VL, CD4 < 200, and/or refuses ART, OI in the last month<br><input type="checkbox"/> Current acute medical issues not treated or well controlled<br><input type="checkbox"/> Hospitalized in the last month for acute disease<br><input type="checkbox"/> High risk pregnancy   | <input type="checkbox"/> Detectable VL, CD4 200-350, and/or refuses ART, OI in the last 6 months<br><input type="checkbox"/> Current acute medical issue being treated<br><input type="checkbox"/> Hospitalized in the last 6 months<br><input type="checkbox"/> Pregnancy  | <input type="checkbox"/> Detectable VL but on ART, no OI in the last 6 month or on treatment for OI<br><input type="checkbox"/> Acute medical issues in the last 6 months resolved<br><input type="checkbox"/> No hospitalizations in the last 6 months  | <input type="checkbox"/> Virally suppressed, no OI in the last 12 months<br><input type="checkbox"/> No current acute medical issues<br><input type="checkbox"/> No hospitalizations in the last 12 months  |                                 |
| <b>Chronic Illness</b><br><i>Acuity Level:</i>       | <input type="checkbox"/> > 2 visits to the ER in the last month to treat illness or 1-2% high utilizer of single or multiple system in the last year<br><input type="checkbox"/> Meets palliative care definition (health condition likely result in death 2 years)<br><input type="checkbox"/> Complex coordination between multiple medical providers and medically focused agencies | <input type="checkbox"/> > 2 visits to the ER in the last 2 months or current 3-5 % high utilizer in the last year==<br><input type="checkbox"/> Multiple poorly controlled medical illnesses<br><input type="checkbox"/> Not flourishing medically in current level of care<br><input type="checkbox"/> Active coordination between multiple care providers                      | <input type="checkbox"/> 1 or more visits to the ER in the last 3 months or prior 1-5 % high utilizer in the last 2-3 years<br><input type="checkbox"/> Illness is chronic, but taking medication and stable medically with support from wrap-around care  | <input type="checkbox"/> 0 visit to the ED in the last 6 months<br><input type="checkbox"/> No history of high utilization<br><input type="checkbox"/> Chronic condition is managed through current treatment and no wrap-around support is needed<br><input type="checkbox"/> Empowered for self-care of chronic illness |                                 |

This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative Building a Medical Home for Multiply Diagnosed HIV Homeless Populations. Learn more at <http://cahpp.org/project/medheart/models-of-care>

**Acuity and Chronicity Tool**

| <b>Area of Functioning</b><br><i>Current Acuity Level</i>  | <b>Intensive Need</b><br><b>(3)</b>   | <b>Moderate Need</b><br><b>(2)</b>  | <b>Basic Need</b><br><b>(1)</b>  | <b>Self-Management</b><br><b>(0)</b>   | <b>Predicted Chronicity</b> |
|--|---|---|--|--|-----------------------------|
| <b>Medical Care and Treatment Adherence (continued)</b>  |   |   |  |  |                             |
| <b>Function:</b> <ul style="list-style-type: none"> <li>• <b>Physical</b></li> <li>• <b>Cognitive</b></li> <li>• <b>Impulse control/decision making</b></li> <li>• <b>Accommodations</b></li> </ul> <i>Acuity Level:</i> | <input type="checkbox"/> Challenges in various areas of physical function with severe impact<br><input type="checkbox"/> Challenges with thinking that has severe impact on functioning<br><input type="checkbox"/> Screening MoCa < 17<br><input type="checkbox"/> Diagnosed dementia<br><input type="checkbox"/> Impulse control or decision-making ability impairing health and life functions<br><input type="checkbox"/> Despite accommodations, persistent inability to function, impairing health and ADLs/IADLs | <input type="checkbox"/> Challenges with ambulation, moving, or senses, impairing 1 or more life functions<br><input type="checkbox"/> Challenges with memory impairing one or more life functions<br><input type="checkbox"/> MoCa between 18-22<br><input type="checkbox"/> Impulse control or decision-making impairing 1 or more life functions<br><input type="checkbox"/> Accommodations not fully effective or available | <input type="checkbox"/> Occasional unexplained ability to ambulate<br><input type="checkbox"/> Occasional inability to follow through due to cognitive impairment<br><input type="checkbox"/> History of TBI, ETOH, substance use or medical condition associated with cognitive impairment<br><input type="checkbox"/> MoCa 22-26<br><input type="checkbox"/> Impulse control or decision making occasionally impairing life functions<br><input type="checkbox"/> Accommodations meet needs | <input type="checkbox"/> No conditions commonly associated with mobility and sensory impairment<br><input type="checkbox"/> No conditions associated with cognitive impairment<br><input type="checkbox"/> MoCa >26<br><input type="checkbox"/> Impulse control or decision making does not impair any life functions<br><input type="checkbox"/> No accommodations needed |                             |
| <b>Medication Adherence</b><br><i>Acuity Level:</i>  | <input type="checkbox"/> Misses doses daily<br><input type="checkbox"/> Requires DOT or other intensive adherence support, cannot self-manage medicines<br><input type="checkbox"/> < 30% adherent<br><input type="checkbox"/> Not taking ART or other life-saving medication   | <input type="checkbox"/> Misses doses weekly<br><input type="checkbox"/> New to ART or lifesaving regimen<br><input type="checkbox"/> Missed treatment or prescription refill in the last month<br><input type="checkbox"/> Takes some chronic disease medications but is unable to take all medications daily<br><input type="checkbox"/> 30-60 % adherent   | <input type="checkbox"/> Misses doses monthly<br><input type="checkbox"/> Missed treatment or prescription refill in the last 3 months<br><input type="checkbox"/> 60-90% adherent   | <input type="checkbox"/> Rarely misses treatment<br><input type="checkbox"/> 90-100% adherent  |                             |
| <b>Housing</b>   |   |   |  |  |                             |
| <i>Acuity Level:</i>   | <input type="checkbox"/> Lives in a place not meant for human habitation (street, car, park, etc.) AND unable to negotiate for self in that environment<br><input type="checkbox"/> Critical unmet ADL/IADL needs; major health or safety hazards in current housing<br><input type="checkbox"/> Expected to be released from incarceration, placement, or long-term care facility in the next month<br><input type="checkbox"/> Faces imminent eviction  | <input type="checkbox"/> Lives in a place not meant for human habitation AND able to negotiate for self in that environment<br><input type="checkbox"/> Requires support in managing ADLs and/or IADLs<br><input type="checkbox"/> Lives in a shelter, transitional/temporary housing or is doubled up<br><input type="checkbox"/> Released from incarceration in the last 3 months   | <input type="checkbox"/> Lives in permanent or stable/safe housing but needs wrap-around support to remain housed<br><input type="checkbox"/> May require occasional support in managing ADLs or IADLs<br><input type="checkbox"/> Demonstrated ability to use in-home support services or equivalent (i.e. relatives)<br><input type="checkbox"/> Released from incarceration in the last year  | <input type="checkbox"/> Resides in stable, affordable and appropriate housing with no issues that impact housing retention<br><input type="checkbox"/> Does not require support managing ADL/IADL   |                             |



**Acuity and Chronicity Tool**

| <b>Area of Functioning<br/>Current Acuity Level</b>         | <b>Intensive Need<br/>(3)</b>   | <b>Moderate Need<br/>(2)</b>   | <b>Basic Need<br/>(1)</b>  | <b>Self-Management<br/>(0)</b>  | <b>Predicted<br/>Chronicity</b> |
|---|---|--|--|---|---------------------------------|
| <b>Behavioral Health</b>                                    |   |  |  |   |                                 |
| <b>Mental Health Care Adherence</b><br><i>Acuity Level:</i> | <input type="checkbox"/> Missed 4 or more mental health appointments in the last 6 months or has not been seen in the last 6 month<br><input type="checkbox"/> Severe mental illness with no current mental health provider or treatment engagement<br><input type="checkbox"/> Unable to tolerate 4-walls mental health clinic or has received denial of service at >1 mental health clinics | <input type="checkbox"/> Missed 3 mental health appointments in the last 6 months or has not been seen in the last 3 months<br><input type="checkbox"/> Clinical mental health diagnosis with no current health provider or inconsistent treatment engagement<br><input type="checkbox"/> Unable to tolerate 4-walls mental health clinic without an escort and redirection<br><input type="checkbox"/> Can self-direct to open access or drop-in mental health services | <input type="checkbox"/> Missed 3 mental health appointments<br><input type="checkbox"/> in the last 12 months<br><input type="checkbox"/> Needs face to face appointment reminders or navigation to appointments<br><input type="checkbox"/> Clinical mental health diagnosis with consistent treatment adherence | <input type="checkbox"/> Attends mental health appointments w/ standard reminders<br><input type="checkbox"/> No indication of need for clinical mental health assessment, change of treatment, or need for support complying with treatment  |                                 |
| <b>Acute Psych Issues</b><br><i>Acuity Level:</i>           | <input type="checkbox"/> Psych hospitalization in the last month<br><input type="checkbox"/> Imminent danger to self/others or grave disability<br><input type="checkbox"/> Psychosis with high risk of decompensation<br><input type="checkbox"/> Exhibits impulse and/or self-destructive behaviors   | <input type="checkbox"/> Psych hospitalization or psych emergency visit in the last 3 months<br><input type="checkbox"/> Reports thoughts of harm to self/others but contracts for safety<br><input type="checkbox"/> Active psychosis, willing to take medication<br><input type="checkbox"/> Exhibits erratic behavior   | <input type="checkbox"/> No psych hospitalizations in the last 6 months<br><input type="checkbox"/> Need for additional mental health support or regular check-in with mental health clinician<br><input type="checkbox"/> Active psychosis in the last 6 months, but stable on medication                         | <input type="checkbox"/> No psych hospitalizations in the last 12 months<br><input type="checkbox"/> No acute psych issues  |                                 |
| <b>Chronic Illness</b><br><i>Acuity Level:</i>              | <input type="checkbox"/> > 2 visits to the psych ER in the last month to treat illness or 1-2% high utilizer of single or multiple system in the last year<br><input type="checkbox"/> Mental health diagnosis has severe or life threatening impact on health and adherence, no insight<br><input type="checkbox"/> Complex coordination between multiple mental health providers            | <input type="checkbox"/> > 2 visits to the psych ER in the last 2 months or current 3-5% high utilizer in the last year<br><input type="checkbox"/> Mental health diagnosis has major impact on health and adherence, little insight<br><input type="checkbox"/> Active coordination between multiple mental health providers<br><input type="checkbox"/> Personality Disorder   | <input type="checkbox"/> 1 or more visits to the psych ER in the last 3 months or 1-5 % high utilizer in the last 2-3 years<br><input type="checkbox"/> Illness is chronic, but on medication and stable medically with support of wrap-around care<br><input type="checkbox"/> Seeking mental health recovery     | <input type="checkbox"/> 0 visit to psych ED in the last 6 months<br><input type="checkbox"/> No history of high utilizer<br><input type="checkbox"/> Chronic condition is managed through current treatment and no wrap-around support is needed<br><input type="checkbox"/> Empowered for self-care of chronic mental illness |                                 |

### Acuity and Chronicity Tool

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <p><b>Substance Use</b><br/><i>Acuity Level:</i></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> High risk on DPH risk assessment or SAMISS</li> <li><input type="checkbox"/> Chronic daily use that significantly interferes with health, medication adherence and/or daily living AND not in substance use treatment</li> <li><input type="checkbox"/> Doesn't acknowledge negative impact of substance use</li> <li><input type="checkbox"/> &gt;2 ED visits in last month related to substance use</li> <li><input type="checkbox"/> Continuous IVDU with medical consequences</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Moderate risk on DPH risk assessment or SAMISS</li> <li><input type="checkbox"/> Current or recent use that sometimes interferes with health, medication adherence and/or daily living AND loosely engaged in substance use treatment</li> <li><input type="checkbox"/> Does acknowledge negative impact of substance use</li> <li><input type="checkbox"/> &gt;2 ED visits in the last 6 months related to substance use</li> <li><input type="checkbox"/> Frequent IVDU w/ clean needles</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Mild risk on DPH risk assessment or SAMISS</li> <li><input type="checkbox"/> Current or recent use that does not interfere with health, medication adherence and/or daily living, but indicates need for regular support or check-in.</li> <li><input type="checkbox"/> In recovery &lt; 1 year</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> No substance use in the last year</li> <li><input type="checkbox"/> In recovery with no indication of need for additional support –may still have a sponsor, attend meetings</li> </ul> |  |
|--|--|---|--|---|--|

**Acuity and Chronicity Tool**

| <b>Area of Functioning<br/>Current Acuity Level</b>               | <b>Intensive Need<br/>(3)</b>  | <b>Moderate Need<br/>(2)</b>  | <b>Basic Need<br/>(1)</b>  | <b>Self-Management<br/>(0)</b>  | <b>Predicted<br/>Chronicity</b> |
|---|--|---|--|---|---------------------------------|
| <b>Case Management</b>  |  |   |  |   |                                 |
| <b>Legal</b><br><i>Acuity Level:</i>                              | <input type="checkbox"/> Involved in eviction proceedings or faces imminent risk of eviction<br><input type="checkbox"/> Has time-sensitive need to complete standard legal documents (e.g. will, guardianship, CPS docs, etc.)<br><input type="checkbox"/> Needs linkage and escort to services to address urgent legal issues<br><input type="checkbox"/> Has outstanding warrants | <input type="checkbox"/> Legal issues related to benefits access<br><input type="checkbox"/> Current legal dispute<br><input type="checkbox"/> Needs linkage to services to address significant legal issues  | <input type="checkbox"/> Needs assistance completing standard legal documents<br><input type="checkbox"/> Needs linkage to services to address basic legal issues  | <input type="checkbox"/> No current or recent legal issues<br><input type="checkbox"/> All desired legal documents are complete |                                 |
| <b>Income/Personal Finance Management</b><br><i>Acuity Level:</i> | <input type="checkbox"/> Immediate need for financial assistance to stay housed, maintain utilities, obtain food, or access medical care<br><input type="checkbox"/> Needs referral to representative payee  | <input type="checkbox"/> Income is inadequate to consistently meet basic needs<br><input type="checkbox"/> Benefits denied<br><input type="checkbox"/> Makes financial decisions that have negative outcomes  | <input type="checkbox"/> Income occasionally inadequate to meet basic needs; requests support with benefits applications<br><input type="checkbox"/> Benefits application pending; requests support with budgeting | <input type="checkbox"/> Has steady income; manages all financial obligations   |                                 |
| <b>Nutrition</b><br><i>Acuity Level:</i>                          | <input type="checkbox"/> Little or no access to food; needs immediate linkage to medical care due to acute problems related to weight, appetite, nausea, vomiting, or other urgent health issue<br><input type="checkbox"/> Always presents hungry   | <input type="checkbox"/> Limited access to food; routinely runs out of food<br><input type="checkbox"/> Needs linkage to nutritional counseling to help manage chronic or non-urgent health issues<br><input type="checkbox"/> Occasionally presents hungry | <input type="checkbox"/> Occasionally needs assistance accessing food<br><input type="checkbox"/> Needs information about nutrition, and/or food preparation to improve or maintain healthy                        | <input type="checkbox"/> All nutrition needs are met  |                                 |
| <b>Care Coordination</b><br><i>Acuity Level:</i>                  | <input type="checkbox"/> Complex coordination between multiple providers and agencies  | <input type="checkbox"/> Active coordination between multiple care providers  | <input type="checkbox"/> Occasional Coordination between providers   | <input type="checkbox"/> Rarely needs coordination between providers  |                                 |

### Acuity and Chronicity Tool

|  |   |   |  |   |  |
|--|---|---|--|---|--|
|  |   |   |  |   |  |
| <b>Navigation</b>                                  |   |   |  |   |  |
| <b>System Surfing</b><br><br><i>Acuity Level:</i>  | <input type="checkbox"/> No access to safety net programs which impacts health<br><input type="checkbox"/> Cognitively impaired or severe systems trauma  | <input type="checkbox"/> Inconsistent follow-up and routinely needs assistance to stay engaged in care<br><input type="checkbox"/> Challenges that limit ability to follow up with appointments                         | <input type="checkbox"/> Occasionally needs assistance to stay engaged in medical care and safety net programs<br><input type="checkbox"/> Can make own appointments   | <input type="checkbox"/> Consistent and reliable access to and engagement in care and safety net programs   |  |
| <b>Health Literacy</b><br><br><i>Acuity Level:</i> | <input type="checkbox"/> Demonstrates no understanding of illness, treatment, or risk reduction<br><input type="checkbox"/> Exhibits extreme difficulty understanding basic health or prescription information<br><input type="checkbox"/> Exhibits delusional thinking | <input type="checkbox"/> Demonstrates minimal understanding of illness, treatment, or risk reduction<br><input type="checkbox"/> Exhibits significant difficulty understanding basic health or prescription information | <input type="checkbox"/> Demonstrates basic understanding of illness, treatment, or risk reduction<br><input type="checkbox"/> Needs additional information and assistance to understand health and prescription information | <input type="checkbox"/> Demonstrates solid understanding of illness, treatment, or risk reduction<br><input type="checkbox"/> Manages health and prescription information with little or no assistance |  |
| <b>DV/Intimate Partner Violence</b>                |   |   |  |   |  |
| <i>Acuity Level:</i>                               | <input type="checkbox"/> Reports current or potential domestic violence and needs immediate intervention  | <input type="checkbox"/> Reports feeling isolated, unsupported or manipulated in relationships<br><input type="checkbox"/> Has experienced domestic violence in the last year   | <input type="checkbox"/> Utilizes support to maintain healthy relationships<br><input type="checkbox"/> History of domestic violence   | <input type="checkbox"/> No history of domestic violence<br><input type="checkbox"/> Independently maintains healthy relationships with partners  |  |