Psychosocial Module Training Manual

COLORADO LONG-TERM SERVICES AND SUPPORTS (LTSS) ASSESSMENT TOOL

COLORADO
HCPF
Department of Health Care
Policy & Financing

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Psychosocial Module - Training

Purpose

The purposes of the Psychosocial module of the Assessment Tool are to document 1) whether the participant demonstrates any behaviors affecting functioning, health and safety; and, 2) the type and amount of support needed. This module also screens for potential behavior that may suggest the need to refer the participant for other professional assessment or to other supports available in the community.

Particular attention should be paid to the types of intervention used to address behavioral needs and whether the intervention results in placing conditions on participant privacy or access in the home or community. The need for intervention should be addressed in the participant's Support Plan and, depending on the nature of intervention, may require other review. The Assessment provides information for the Support Plan including:

- The specific nature and frequency of the behavior and its impact on functioning.
- The type and frequency of intervention to address behavioral needs.
- The need for referral to obtain additional professional assessment or assistance.

Overview of Contents

The Psychosocial module is divided into 6 sections:

1. **Behavior, Emotions, and Symptoms -** This section includes a listing of behavioral areas that potentially impact functioning and may also present risk to the participant or others. In this section the assessor will collect information about the nature of any behavior concern, the extent to which intervention is needed and the general type of intervention required. Behaviors identified in this section should be addressed as part of the participant's Support Plan.
2. **Depression Screen -** This section, used only with participants age 18 and older, includes items to help the assessor determine whether a referral should be made for a mental health assessment for depression. This includes referral to a physician or mental health professional.
3. **Pediatric Symptoms Checklist -** This section, used only with participants under age 18, is a brief screening questionnaire to recognize psychosocial problems, such as depression and ADD/ADHD, in children.
4. **Suicide Screen -** This section includes items to help identify the potential risk for suicide and helps the assessor determine whether a referral should be made for assistance.
5. **Substance Abuse, Tobacco, and Gambling Screen -** This section includes items to identify participant's need and interest in obtaining support to address issues related to substance abuse, tobacco, and gambling.
6. **Referrals and Goals -** This section documents outcomes desired by the participant as the result of supports and services, and identifies referrals or other follow-up that will occur.

General Instructions for Completing the Module

The assessor can use various sources of information for completing this module. Direct observation of behavioral issues is not necessary. Information can be obtained from talking with the participant or

his/her caregiver (paid or unpaid), or from records such as incident reports, health records, provider notes, or other assessment information (e.g., behavioral health assessments, etc.) Sometimes caregivers may fear the assessment will fail to truly capture the nature and intensity of behavioral issues or that the level of assistance/supervision necessary to be provided will be understated by the assessment. Assure the caregiver that the assessment items will help gather a thorough description of the behavior, and the participant and caregiver will have ample opportunity to talk about the impacts of the behavior and what types of prevention or intervention should occur. Assessors should take any notes that will help in the development of a support plan, including notes to clarify how the behavior impacts functioning and the people around the participant, and the efforts made by the participant and/or caregiver to prevent the behavior and/or intervene when the behaviors occur. Open text boxes to provide these notes have been added at the end of each section.

Other sections of this module include brief interviews about depression, suicide, and substance abuse. The participant may want to complete these portions of the module privately with the assessor, or may refuse to respond. These sections are voluntary, however, if the participant refuses to respond, staff may want to try to learn more about the reason for refusing, as a refusal could indicate a potential need for additional support(s). Additional guidance is provided in these sections of the module.

Special Instructions for Children and Age-Specific Items

This module contains items that may be skipped for or only asked of participants of a specified age. Items and response options in orange font are intended for children (age 0-18). Other items may include directions to skip for participants below a certain age.

The assessor should include the child to maximum extent possible throughout the assessment. This includes directing items and questions to the child and consulting the parent, guardian, and/or other legal representative as necessary. Where possible, document both the participant and parent/guardian's responses. If there are conflicting reports from the child and parent/guardian, the assessor should use the training guidance and his/her expertise in selecting a response.

Section Instructions

This portion of the manual provides specific discussion and guidance for sections and items in the module.

Section 1: Behavior, Emotions, and Symptoms

Section 1 deals with 23 areas of behavior. This section is mandatory. Minimally, assessors should identify if the participant demonstrates a specific behavior issue.

For participants over the age of 18, assessors should use the "Yes" or "No" response options to indicate whether the behavior issue is present. If "Yes" the assessor will collect follow-up information about the behavior, its impact on functioning, and the type and frequency of intervention.

For individuals under the age of 18, assessors should evaluate whether the behavior is consistent with the child's chronological, **NOT** cognitive, age AND problematic. Some behaviors, such as intrusiveness, may be expected in younger children but may become more socially and/or legally problematic if they are not addressed as the child ages.

If the behavior issue is not present OR is present but consistent with the child's chronological age, select "No/Behavior consistent with chronological age" and skip to the next item. If the behavior issue is present AND inconsistent with the child's chronological age and/or problematic, select "Yes/Behavior beyond what is consistent with chronological age". If "Yes" the assessor will collect follow-up information about the behavior, its impact on functioning, and the type and frequency of intervention.

For example:

Behavior Issue	Impacts Functioning	Prevents from Doing Things	Intervention Type & Intervention Frequency	Presenting Behaviors
Withdrawal - Participant has a tendency, or would without an intervention, to avoid, isolate or retreat from conversation, interaction or activity. ◯ No/ Behavior consistent with chronological age ◯ Yes/Behavior beyond what is consistent with chronological age	◯ No ◯ Yes	◯ No ◯ Yes	☐ None ◻0◻ Cueing ◻0◻ Physical Prompts ◻0◻ Planned intervention ◻0◻ Other, describe:__ ☐ Not adequately addressed in the support plan ☐ Behavior is intermittent and/or cyclical, describe: _____	☐ Avoidance ☐ Isolation ☐ Lack of interest in life events ☐ Other

(In the above example, if the assessor documents "yes" in column 1, the remaining columns should be completed. Instructions for columns are discussed in A and B below.)

A. Guidance for Columns 1-4

Columns 1-4 above include the following:

– Behavior issue
– Impacts functioning
– Prevents from doing things
– Intervention type and frequency

Behavior Issue - Does the participant exhibit the behavior? As mentioned above, the assessor will document at least whether or not the participant displays the behavior. If the behavior is not exhibited or, for children, is exhibited but consistent with chronological age, the assessor should record "No/Behavior consistent with chronological age" and then proceed to the next listed behavior. If coded "Yes/Behavior beyond what is consistent with chronological age" (behavior is displayed and, for children, is inconsistent with chronological age and/or problematic), the assessor should complete the additional follow-up items describing the behavior. If a behavior is not exhibited because of implementation of planned, preventative intervention, code the behavior displayed as "yes" and complete the follow-up items.

Guidance for Behaviors Reported as New:

Sometimes an assessment will occur at a time shortly after a participant begins to demonstrate new behaviors not previously seen. New behaviors may start appearing for many reasons, may significantly affect functioning, and potentially can become a long-term concern if not addressed. Behavioral changes can be related to a sudden or temporary change of life circumstances or may signal an underlying problem that should be explored. For example, a recent loss may cause someone to substantially withdraw from activities and friends. Or, someone may be feeling distress brought on by illness or pain, a threatening event, environmental changes, or other circumstances that cause feelings of worry or stress. In these cases, the recent onset of a behavior may result in only being able to obtain incomplete or unclear information regarding the behavior, providing little indication about whether ongoing intervention is likely to be required.

The assessor is not being asked to make a determination about the likelihood that the behavior is transitory versus likely to present an ongoing need. The assessor should use Section 1 to record whatever information is available to describe the behavior. Additionally, the assessor should inquire about and note any recent events that may relate to the onset of the new behavior and consider following up, if this has not already occurred (such as referral for a medical appointment or mental health professional), and the need to review and address the new behavior as part of support planning.

Impacts functioning - Does the behavior impact functioning? If a behavior is exhibited (coded "Yes/behavior beyond what is consistent with chronological age" in the first column), the assessor will record whether the behavior affects functioning. *Using the above example for this section (withdrawal), the assessor would consider whether or not the withdrawal results in the participant not caring for him/herself or inability to complete daily routines that are important. This would signal that the behavior is affecting the participant's functioning.*

Prevents from doing things - Does the behavior prevent the participant from doing things he/she wants to do? Indicate whether the behavior prevents the participant from activities or tasks he/she wants to do. *Continuing with the withdrawal example, a participant has a history of enjoying certain activities, such as dinner with friends, but due to withdrawal, the participant avoids invitations with people he/she previously enjoyed seeing.*

"Yes" indicates that the behavior does interfere with or presents an obstacle for the participant to perform or do activities. "No" indicates that the behavior does not present a problem for the participant in doing activities.

Intervention type & frequency - How frequently are various types of intervention required for the behavior? Select the frequency that best describes a typical intervention experience for the behavior within each of the levels of intervention type. If a behavior has escalated in frequency or intensity due to a recent change (e.g., within the past 30 days), the assessor should make a note of this.

For example, combative behavior may escalate if the participant is recovering from surgery or is experiencing pain. Making note of this type of information will assist in support planning regarding whether the change is likely to require longer term supports versus additional/new supports for a temporary situation. It may be necessary to re-evaluate the behavior prior to developing or renewing the support plan, or the assessor may also want to recommend a review of the assessment information to occur within a specified time period.

For each intervention type, provide the frequency code (number only) that the corresponding intervention is needed for each behavior issue. Intervention types include:

- **None -** Requires no intervention
- **Cueing/Verbal prompt –** Responds to simple verbal or gestural redirection
- **Physical Prompts –** Responds to simple cueing using physical touch or leading
- **Planned Intervention -** Requires a planned intervention approach using positive reinforcement, extensive supervision, restriction of rights (all settings), or other appropriate intervention to be carried out by staff or unpaid caregivers.
- **Other, describe –** Requires other approaches (e.g., structured environment)

Frequency codes for the needed intervention include:

- **0) Never -** Intervention is not needed
- **1) Less than monthly to once per month -** Intervention occurs once per month or less. This option may also indicate that the behavior is intermittent and/or cyclical
- **2) More than once per month and up to weekly -** Intervention occurs twice or more per month, up to once per week
- **3) More than once per week and up to daily -** Intervention occurs twice or more per week, up to once per day
- **4) 2+ times per day (at least 5 days per week) -** Intervention occurs 2 or more times per day, at least 5 days per week

For example, *When Billy does not get his way, he hits himself in the head and screams. This usually occurs five times per week. In these instances, staff able to talk the issue through with him and get him to calm down. However, 2-3 times per month, Billy becomes very upset and scratches his face, gouges his eyes, and attempts to cut himself. In these instances, staff usually need to use mechanical restraints to maintain Billy's health and safety.*

Using the table below, insert the frequency code for each intervention type:

○ None
3
0

2	Cueing
0	Physical Prompts
	Planned intervention
	Other, describe:___

For behavior that is demonstrated less than one time per month, the assessor should indicate whether the behavior is intermittent and/or cyclical. <u>In general, intermittent or cyclical refers to behaviors clustered around a particular time of year, event or behaviors that recur over a fairly predictable timeframe (e.g., every four months)</u>. The assessor should check the box indicating the behavior is intermittent or cyclical and use the text box to describe how the behavior typically cycles (e.g. holidays, anniversaries, after doctor's appointments, when medication levels are low, etc.).

B. Guidance for Coding Presenting Behaviors (Column 5)

Column 5 deals with specific ways in which an area of behavior that is problematic presents itself. Using the earlier example of withdrawal, the following presenting behaviors are displayed under the column entitled Presenting Behaviors: avoidance, isolation, lack of interest in life activities and other.

Presenting behaviors - What types of specific behaviors related to this behavioral area does the participant display?

If the behavior is identified as a concern (behavior is checked "yes"), the assessor will need to identify the specific ways in which the behavior presents itself. Check all descriptions that apply to the behavior of the participant. The *Guidance* column below provides the list contained in the assessment tool and gives some guidance and examples for the assessor.

Following each behavior issue, there is an opportunity for the assessor to further describe the details of the response. The "A" version of each item can be used to document additional information, such as the type of intervention that is most effective for the behavior, other presenting behaviors, and related diagnoses.

Note: Age specific item skip- The first eight items will be asked of all participants, regardless of age. Items 9-23 should be used only with individuals age four and older.

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
1. ***Injurious to Self -*** *Participant displays disruptive or dangerous behavioral symptoms not directed towards others, including self-injurious behaviors (e.g., hitting or scratching self, attempts to pull out IVs).* ○ No/Behavior consistent with chronological age [Skip to Item 2] ○ Yes/Behavior beyond what is consistent with chronological age	This category includes behaviors that pose a risk of self-injury. Examples include: ☐ Chemical abuse/misuse ☐ Cutting self ☐ Head-banging ☐ Fascination with fire ☐ Overeating with acute medical implications ☐ Pulling out hair

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
	☐ Puts self in dangerous situations that cause or may cause harm or injury ☐ Self-biting ☐ Self-burning ☐ Self-hitting ☐ Self-poking/stabbing ☐ Self-restricts eating ☐ Other:_____ If "other" is selected, briefly describe the self-injurious behavior. *For example: John digs with his fingernails at wounds or scabs, causing infection.* If the behavior(s) checked above are not currently demonstrated because of preventative efforts or controls (*e.g., caregiver locks up scissors or access to matches so that participant cannot hurt him/herself with them*), record the behavior(s) being prevented, and indicate the preventative intervention as "other" in the Intervention area.
2. ***Aggressive or combative -*** *Participant displays physical behavior symptoms directed toward others (e.g., hits, kicks, pushes, or punches others, throws objects, spitting).* ○ No/Behavior consistent with chronological age [Skip to Item 3] ○ Yes/Behavior beyond what is consistent with chronological age	This category includes behaviors that present a physical threat to others. Examples include: ☐ Bites ☐ Hits/Punches ☐ Kicks ☐ Pulls other's hair ☐ Pushes ☐ Scratches ☐ Throws objects at others ☐ Unwanted touching of others ☐ Tripping ☐ Uses objects to hurt others ☐ Other:_____ If "other" is selected, briefly describe the behavior. *For example: Betty grabs others from behind and tries to throw them to the floor.* If the behavior is not currently demonstrated because of preventative efforts or controls (*e.g., avoidance of triggers that cause behaviors to occur*), record the

Assessment Item	Guidance
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	behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
3. *Aggressive towards others, verbal -* *Participant displays verbal behavioral symptoms directed towards others (e.g., yelling, screaming, threatening, cursing, excessive profanity, sexual references).* ○ No/Behavior consistent with chronological age [Skip to Item 4] ○ Yes/Behavior beyond what is consistent with chronological age	This category includes behaviors that are verbally abusive to others. If the participant uses alternative forms of communication, but the contents of such are aggressive or abusive toward others, code this behavior the same as someone who communicates verbally. If the participant is concurrently physically and verbally abusive toward others, code each category of behavior (Aggressive towards others, verbal – item 3, and Aggressive or combative – item 2.) Examples of aggressive or abusive verbal behavior include: ☐ Attempts to intimidate through aggressive gestures with no physical contact ☐ Goads ☐ Intimidates/stares ☐ Manipulates others - verbal/gestural ☐ Resists care ☐ Swears at others ☐ Taunts/teases ☐ Verbal Threats ☐ Writes threatening notes (includes electronic or other) ☐ Yells/screams at others ☐ Other:_____ If "other" is selected, briefly describe the behavior. For the pilot, the following item has been added: Present threat to own or other's safety? ○ No ○ Yes Select "Yes" if the aggressive verbal behaviors have put or present a threat to the participant's or other's safety. If the behavior is not currently demonstrated because of preventative efforts or controls (*e.g., avoidance of triggers that cause behaviors to occur*), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
4. Injurious to animals - Participant displays, or would without intervention, behaviors that would result in the injury of an animal. ○ Behavior consistent with chronological age [Skip to Item 5] ○ Behavior beyond what is consistent with chronological age	☐ Rough pulling on limbs or body of animal ☐ Attempts to maim or kill animals ☐ Sexual abuse against animals ☐ Other:_____ If "other" is selected, briefly describe the behavior. This item is intended to only be used with participants under the age of 18. A major point focal point when responding to this item is intent and age expectations. A three year old may pet an animal incorrectly or pull on its legs without the intention of harm. Focus on instances where this behavior is problematic AND the intent to injure exists. If the behavior is not currently demonstrated because of preventative efforts or controls (*e.g., avoidance of triggers that cause behaviors to occur*), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
5. *Socially unacceptable behavior -* Participant expresses him/herself, or would without an intervention, in an inappropriate or unacceptable manner. *Includes disruptive, infantile, or socially inappropriate behavior (e.g., inappropriate sexual comments or other behaviors, smearing/throwing food or feces).* ○ No/Behavior consistent with chronological age [Skip to Item 6] ○ Yes/Behavior beyond what is consistent with chronological age	This category includes behaviors that are socially unacceptable. These include behaviors that tend to result in participants becoming socially isolated or can even lead to legal problems. Examples include: ☐ Disrupts other's activities ☐ Perseverates ☐ Exhibits hand flapping ☐ Excessive repetitive behavior ☐ Does not understand personal boundaries ☐ Spits ☐ Throws food ☐ Throws feces ☐ Smears feces ☐ Urinates/defecates in inappropriate places ☐ Other socially offensive behavior ☐ Exposes private body areas to others ☐ Inappropriately touches others ☐ Masturbates in public ☐ Unwanted touching of others ☐ Other inappropriate sexual activities

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
	If "other" is selected, briefly describe the behavior. *For example, Paul will put on multiple layers (up to 11 have been counted) of clothing during all kinds weather (even summer weather). Removal of clothing appears to excite him.* If the behavior is not currently demonstrated because of preventative efforts or controls (*e.g., avoidance of triggers that cause behaviors to occur or environmental controls*), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
6. *Property destruction -* *Participant engages in behavior, or would without an intervention, to intentionally disassemble, damage or destroy public or private property or possessions.* ○ No/Behavior consistent with chronological age [Skip to Item 7] ○ Yes/Behavior beyond what is consistent with chronological age	This category of behaviors includes destruction of public or private property which require intervention. This does not include minor accidental or incidental property damage. Rather, it involves purposeful and intentional damaging of property. Examples include: ☐ Breaks windows, glasses, lamps or furniture ☐ Sets fires ☐ Tears clothing ☐ Uses tools/objects to damage property ☐ Other:_____ If "other" is selected, briefly describe the behavior. *For example, Sam destroys household items by throwing items into the garbage or out into the yard/street.* If the behavior is not currently demonstrated because of preventative efforts or controls (*e.g., avoidance of triggers that cause behaviors to occur*), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
7. *Verbal perseveration -* *Participant engages, or would without intervention, in continuous verbal repetition (such as of a word or phrase).* ○ No/Behavior consistent with chronological age [Skip to Item 8] ○ Yes/Behavior beyond what is consistent with chronological age	This item contains a different layout for impacts to functioning. If the problem behavior presents issues for functioning, check all that apply specific to verbal perseveration: ☐ Threatens relationships with others. ☐ Places participant at risk of harm. ☐ Threatens ability to remain in job or home. ☐ Repeats specific words

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
	☐ Repeats words said by certain individuals ☐ Scripting/repetitive phrases ☐ Other:_____ If "other" is selected, briefly describe the behavior. If the behavior is not currently demonstrated because of preventative efforts or controls (*e.g., avoidance of triggers that cause behaviors to occur*), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
8. ***PICA (Ingestion of non-nutritive substances)*** - *Participant ingests, or would without an intervention, non-food items (e.g., liquid detergent, coins, paper clips, cigarettes).* ○ No/Behavior consistent with chronological age [Skip to Item 9] ○ Yes/Behavior beyond what is consistent with chronological age	This category of behaviors includes PICA, the ingestion of non-nutritive substances. PICA can involve ingestion of a wide range of items or materials. Check all that apply. Examples include: ☐ Dirt ☐ Glass ☐ Stones ☐ Paper ☐ Hair ☐ Urine ☐ Feces ☐ Wood ☐ Toxic substances (e.g., soap, cleaning solutions) ☐ Cigarettes ☐ Other If "other" is selected, briefly describe the behavior. If the behavior is not currently demonstrated because of preventative efforts or controls (*e.g., avoidance of triggers that cause behaviors to occur*), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
9. **Bullying Others -** Using force, threat, or coercion to abuse, intimidate, or aggressively dominate others. ○ Behavior consistent with chronological age [Skip to Item 10] ○ Behavior beyond what is consistent with chronological age	☐ Threatens others ☐ Hurts others physically ☐ Hurts others mentally or emotionally (e.g., goading, hurtful words, name calling) ☐ Attempts to intimidate through aggressive gestures with no physical contact ☐ Taunts/teases ☐ Verbal threats ☐ Writes threatening notes (includes electronic or other)

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
	☐ Encourages others to bully ☐ Takes others property to taunt or coerce ☐ Other:_____ If "other" is selected, briefly describe the behavior. If the behavior is not currently demonstrated because of preventative efforts or controls (*e.g., avoidance of triggers that cause behaviors to occur*), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
10. **Fire setting or preoccupation with fire -** Participant has, or would without intervention, set fires or has an excessive fascination with fire. ◯ Behavior consistent with chronological age [Skip to Item 11] ◯ Behavior beyond what is consistent with chronological age	☐ Has set fires ☐ Inappropriately plays with or uses fire ignitors (e.g., lighters, gas burners, etc.) ☐ Excessively discusses fires ☐ Other:_____ If "other" is selected, briefly describe the behavior. If the behavior is not currently demonstrated because of preventative efforts or controls (*e.g., avoidance of triggers that cause behaviors to occur*), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
11. **Refusing ADL/IADL and/or medical care -** Individual resists required assistance (e.g., resists ADL assistance or medications). ◯ No/Behavior consistent with chronological age [Skip to Item 12] ◯ Yes/Behavior beyond what is consistent with chronological age	☐ Is physically combative against assistance ☐ Is verbally combative against assistance ☐ Is resistant against specific ADL/IADL assistance:_____ ☐ Is resistant to being seen by a medical professional ☐ Is resistant to taking medications ☐ Requires full sedation for medical appointments ☐ Requires full sedation for dental appointments ☐ Other:_____ If "other" is selected, briefly describe the behavior. If the behavior is not currently demonstrated because of preventative efforts or controls (*e.g., avoidance of triggers that cause behaviors to occur*), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
12. *Wandering/elopement -* Participant purposefully, or would without an intervention, leaves an area or group	This category of behaviors includes wandering or elopement.

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
without telling others or departs from the supervising staff, caregiver, parent or other guardian unexpectedly resulting in increased vulnerability. ⭕ No/Behavior consistent with chronological age [Skip to Item 13] ⭕ Yes/Behavior beyond what is consistent with chronological age	This item is not to be considered a "behavior" if there is no concern about the participant's freedom to move about the home or community. This item applies to individuals whose wandering or elopement is cause for concern due to health and safety or need for supervision. Limitations on movement require supporting documentation and explanation in the Support Plan. This item will help to inform the planning process. Examples of wandering/elopement behavior include the following: ☐ Wanders away from staff, parent, or other guardian while in the home and/or community ☐ Leaves living area for extended period of time without informing appropriate person ☐ Runs away ☐ Attempts to jump out of vehicle ☐ Other:_____ If "other" is selected, briefly describe the behavior. *For example, Donna hides from staff. This occurs within the home, neighborhood and community.* If the behavior is not currently demonstrated because of preventative efforts or controls (*e.g., controls that help to monitor and avoid wandering or elopement*), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
13. **Legal Involvement -** Participant has been engaged with or is at risk of being engaged with law enforcement, arrested, and/or convicted of breaking a law or laws and has been determined to have had knowledge of breaking laws. ⭕ No [Skip to Item 14] ⭕ Yes, and has been convicted of a crime ⭕ Yes, and has not been convicted but is at risk	This category of behavior includes committing acts that are illegal and/or result (or can result) in intervention by law enforcement. This item can be coded as "no", "yes, and has been convicted of a crime" or "yes, and has not been convicted but is at risk". The assessor should choose the item response that most closely represents the situation of the participant. Examples of specific behaviors falling into this category are as follows. Check all that apply. ☐ Assault ☐ Burglary ☐ Arson

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	☐ Drug related crimes ☐ Financial crimes ☐ Issues related to homelessness (e.g., urinating in public, camping ban violations, etc.) ☐ Prostitution ☐ Public nuisance ☐ Sexual crimes ☐ Shoplifting ☐ Terroristic threats ☐ Theft ☐ Trespassing ☐ Other If "other" is selected, briefly describe the behavior. *For example, Roger pretends to have a gun or weapon on his body (e.g., coat pocket) to try to elicit reactions from others. Police have been called on three occasions by frightened individuals.* If the risk of legal involvement is mitigated because of preventative efforts or controls (*e.g., controls that help to monitor and avoid breaking laws*), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
14. Difficulties regulating emotions - Participant has instances, or would without an intervention, of emotional reactions that are atypical of others in similar situations. ○ No/Behavior consistent with chronological age [Skip to Item 15] ○ Yes/Behavior beyond what is consistent with chronological age	This category of behavior includes the lack of capacity to regulate emotions or with demonstration of atypical emotions. This may be due to a number of causes, including brain injury, mental health disorders, or health issues. Examples of behaviors associated with problems regulating emotions include the following. Check all that apply. ☐ Cries ☐ Frequently argues about small things ☐ Impulsivity ☐ Over excitement ☐ Overzealous social exchanges ☐ Screams ☐ Shouts angrily ☐ Tantrums ☐ Throws self on floor ☐ Other

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
	If "other" is selected, briefly describe the behavior. For example: *Don responds to situations that make him anxious by laughing loudly and making inappropriate remarks about the situation.* If the behavior is not currently demonstrated because of preventative efforts or controls, record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
15. Susceptibility to victimization - Participant engages in, or would without an intervention, behaviors that increase or could potentially increase the participant's level of risk or harm or exploitation by others, such as befriending strangers. ○ No/Behavior consistent with chronological age [Skip to Item 16] ○ Yes/Behavior beyond what is consistent with chronological age	This behavioral category deals with participant susceptibility to victimization. This may be related to circumstances outside the control of the participant or may be a result of his/her disability. For example, susceptibility may be the result of cognitive, behavioral, physical, medical, mental health needs, or to situational reasons (such as family violence). Examples of susceptibility include: ☐ Attachment to strangers ☐ Lack of stranger awareness ☐ Domestic abuse ☐ Financial exploitation ☐ Participant easily manipulated to their detriment ☐ Physical exploitation ☐ Physically threatened ☐ Prostitution ☐ Puts self in harm's way ☐ Sexual exploitation ☐ Other If "other" is selected, briefly describe. If susceptibility is managed through preventative efforts or controls, record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
16. Withdrawal - Participant has a tendency, or would without an intervention, to retreat into or seclude oneself or to avoid conversation, interaction or activity. ○ No/Behavior consistent with chronological age [Skip to Item 17]	This category of the behaviors includes withdrawal. In this case, withdrawal applies to situations that would impact the participant's functioning, health, and/or safety. If someone occasionally withdraws because he/she enjoys time to him/herself or prefers not to engage in certain types of activities, this withdrawal is not likely impacting functioning. However, if someone consistently withdraws

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
◯ Yes/Behavior beyond what is consistent with chronological age	and refuses to care for him/herself or complete daily routines that are important, this is important to document. Examples of presenting behaviors include: ☐ Avoidance ☐ Isolation ☐ Lack of interest in life events ☐ Other If "other" is selected, briefly describe the behavior. For example: *Angela becomes emotional (weeps) when required to be involved in a situation with more than two or three people. She appears very sad and becomes non-communicative. This continues after the interaction for 24 to 48 hours.* If the behavior is not currently demonstrated because of preventative efforts or controls, record the behavior and indicate the preventative intervention used by caregivers or the participant.
17. Agitation - Participant has a tendency, or would without an intervention, to suddenly or quickly become upset or violent. ◯ No/Behavior consistent with chronological age [Skip to Item 18] ◯ Yes/Behavior beyond what is consistent with chronological age	This category of behaviors includes demonstrations of agitation. In general, the assessor should regard agitation as a behavioral concern if any of the following apply. The agitation: 1) Is outside the response one would expect to see in the situation - *A change in routine or schedule results in Vince ramming his fist through the wall board;* 2) Is frequent, in that, many normal events seem to cause distress - *Mary will yell at others and sometimes cry when she does not perform activities perfectly. This includes simple mistakes such as spilling liquids, forgetting that her television program has started, or buttoning her blouse unevenly.* 3) Affects functioning - *Marva frequently misses or cancels doctor appointments because she becomes so agitated prior to leaving home. Agitation affects her ability to dress (cannot decide what to wear and will change many times), making her late for her appointment.* The assessor should indicate all that apply: ☐ Easily agitated. *Examples include: handwringing, pacing, shaking or other physical signs of restlessness, inability to focus or concentrate.*

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
	☐ Easily angered. *Examples include: an emotional response that can be evidenced by antagonism toward a person or thing and can include actions such as yelling, withdrawal, irrational responses (e.g., slamming doors, road rage)* ☐ Easily frustrated. *Examples include: reacts to disappointment or opposition by giving up, or becoming upset.* ☐ Hyperactivity ☐ Other:_____ If "other" is selected, briefly describe the behavior. If the behavior is not currently demonstrated because of preventative efforts or controls, record the behavior and indicate the preventative intervention used by caregivers or the participant.
18. Impulsivity - Participant has a tendency, or would without an intervention, for sudden or spontaneous decisions or actions. ◯ No/Behavior consistent with chronological age [Skip to Item 19] ◯ Yes/Behavior consistent with chronological age	This category of behaviors includes impulsivity. In this section, the assessor should look for examples of impulsive acts that affect the health and safety of the participant or others. Examples include: ☐ Makes sudden movements/actions ☐ Easily influenced by environment/stimuli ☐ Disregards personal safety ☐ Spends money recklessly ☐ Other:_____ If "other" is selected, briefly describe the behavior. *For example, on two occasions this past year, Lana left her eight-year-old daughter alone at the house when asked to join her friends.* If the behavior is not currently demonstrated because of preventative efforts or controls, record the behavior and indicate the preventative intervention used by caregivers or the participant.
19. Intrusiveness - Participant has a tendency, or would without an intervention, for entering personal or private space without regard or permission.	This category of behaviors includes intrusiveness into personal or private space of another. While personal boundaries will vary by individual, the assessor should code this section as problematic if the participant has difficulty in using reasonable judgment when relating to

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
○ No/Behavior consistent with chronological age [Skip to Item 20] ○ Yes/Behavior beyond what is consistent with chronological age	others. *For example, Vera stands too close to and constantly touches others when she is having conversation, generally causing the other person discomfort.* ☐ Inappropriate boundaries in public/private areas ☐ Physical ☐ Verbal ☐ Unaware of interpersonal space ☐ Other:_____ If "other" is selected, briefly describe the behavior. *For example, Les will listen in on private conversations, such as private telephone calls or Skype.* If the behavior is not currently demonstrated because of preventative efforts or controls, record the behavior and indicate the preventative intervention used by caregivers or the participant.
20. Anxiety - The participant experiences feelings of worry or tensions, often unrealistic or out of proportion to the situation. Common physical signs of anxiety include racing heart, sweating, feeling dizzy, nausea and rapid breathing. ○ No/Behavior consistent with chronological age [Skip to Item 21] ○ Yes/Behavior beyond what is consistent with chronological age	This category of behavior deals with anxiety that affects functioning of the participant. The assessor should code information about the resulting behavior. Examples include: ☐ Avoids people/situations ☐ Easily triggered due to past trauma ☐ Resistance to prompts ☐ Seizures ☐ Hoards objects ☐ Hyper-vigilant ☐ Unable to concentrate ☐ Phobias due to fear ☐ Panic attacks ☐ Perseveration ☐ Rocks self ☐ Other:_____ If "other" is selected, briefly describe the behavior. *For example, anxiety about severe storms causes Les to hide in a place he feels is secure (e.g., bathtub, under bed, etc.)* If the behavior is not currently demonstrated because of preventative efforts or controls, record the behavior and

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
	indicate the preventative intervention used by caregivers or the participant.
21. Psychotic Behaviors - The participant experiences psychotic symptoms (such as: auditory hallucinations, visual hallucinations and/or delusions) that cause the participant to have markedly inappropriate behavior that affects the participant's daily functioning and social interactions. Behavior is characterized by marked difficulty interacting within social norms due to an altered perception of reality. ○ No/Behavior consistent with chronological age [Skip to Item 22] ○ Yes/Behavior beyond what is consistent with chronological age	This category of behaviors includes psychotic behaviors. The assessor should code this section as "yes" if there is a mental health diagnosis of psychosis and identify the behaviors demonstrated. If no medical/mental health assessment has occurred but the participant reportedly demonstrates these behaviors, the assessor should make a referral for a medical or mental health assessment to determine the cause(s) of the behavior (e.g., certain medications or other medical conditions may cause behaviors similar to psychosis). Examples of psychotic behaviors include: ☐ Catatonic behavior ☐ Delusions ☐ Disorganized speech ☐ Auditory Hallucinations ☐ Visual Hallucinations ☐ Saving urine or feces ☐ Significant paranoia ☐ Other If "other" is selected, briefly describe the behavior. *For example, Cilla believes and complains that all others around her are mentally ill at the same time she behaves in erratic ways.* If the behavior is not currently demonstrated because of preventative efforts or controls, record the behavior and indicate the preventative intervention used
22. Manic Behaviors - The participant experiences elevated changes in mood states characterized by severe fluctuations in energy and activity level, inappropriate elation and grandiose notions. Manic behavior patterns include hyperactivity, marked irritability, increased energy and heightened mood. ○ No/Behavior consistent with chronological age [Skip to Item 23]	This category of behaviors includes manic behaviors. The assessor should code this section as "yes" if there is an applicable mental health diagnosis and identify the behaviors demonstrated. If no medical/mental health assessment has occurred but the participant reportedly demonstrates these behaviors, the assessor should make a referral for a medical or mental health assessment to determine the cause(s) of the behavior. Examples of manic behaviors include:

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
○ Yes/Behavior beyond what is consistent with chronological age	☐ Decreased need for sleep ☐ Distractible ☐ Grandiose thinking ☐ Inflated self-esteem ☐ Rapid/intense speech inappropriate to situation ☐ Excessive involvement in pleasurable activities that have negative consequences (excessive spending, gambling, increased sexual behavior). ☐ Other If "other" is selected, briefly describe the behavior. *For example, Tim has periods where he sleeps 1-2 hours a day and spends the majority of the time during these periods buying items online that he has no use for and cannot afford).* If the behavior is not currently demonstrated because of preventative efforts or controls, record the behavior and indicate the preventative intervention used.
23. Confabulation – produces fabricated and/or elaborated stories that are not true. ○ No/Behavior consistent with chronological age [Skip to Item 24] ○ Yes/Behavior beyond what is consistent with chronological age	This category of behaviors includes confabulation, the production of fabricated and/or elaborated stories that are not true. This item asks the assessor to describe how confabulation affects functioning. The assessor should check all that apply. (Note: In most instances the participant is unlikely to recognize confabulation. Information is more likely to be obtained from direct assessor observation and/or from someone who knows the participant well.) ☐ Threatens relationships with others. ☐ Places participant at risk of harm. ☐ Threatens ability to remain in job or home. Examples of confabulation include the following. Fabricates information that: ☐ Gives false impressions of capabilities to others who don't know participant well. ☐ Is about daily activities. ☐ Other:_____

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
	If "other" is selected, briefly describe the behavior. *For example, George tells people he was abducted by space aliens and lived on board a ship for a year.*
	If the behavior is not currently demonstrated because of preventative efforts or controls, record the behavior and indicate the preventative intervention used.

This next portion of Section 1 deals with **behavioral health therapies**.

Does the participant receive any behavioral health therapies? Behavioral health therapies include a range of therapies to address behavioral health issues. Examples include:

- Professional therapies such as psychiatric care, psychotherapy, cognitive therapy, cognitive-behavioral therapy, group therapy, etc. run by professionals with training in the area of therapy;
- Formalized behavioral plans designed by a behavioral analyst or psychologist but frequently implemented by family or caregivers;
- Counseling services provided by a trained counselor;
- Applied behavioral analysis, including plans developed by professionals trained in ABA but frequently implemented by others with specialized training in ABA;
- Mental health services not already mentioned;
- Other behavioral health therapies designed to address the specialized needs of the participant.

If the participant receives a behavioral therapy service, the assessor will need to address follow-up items.

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
24. ☐ Behavioral or Behavioral Health Therapies (including mental health)	If the participant receives behavioral therapies, the assessor should check the box and list any behavioral therapies, including any mental health services. If the assessor has already filled out this item in the Health module, the items should prefill in the automated system so that the assessor does not need to list again. (If the Psychosocial module is completed prior to the Health module, fill in the therapies here and the automated system will likewise prefill the item in the Health module.)
	If therapies are received, complete the follow-up items.

If a participant does not receive behavioral or behavioral health therapies but potentially needs them, check the "Does not Have but Needs" box to indicate that a referral may be necessary.

Follow-up items if participant receives a behavioral therapy service(s):

Who performs or monitors the treatment (see explanation below)?

Indicate who performs or monitors the corresponding treatment. The choices are:

- ☐ Caregiver
- ☐ Nurse
- ☐ Parent
- ☐ Self
- ☐ Relevant Healthcare Professional
- ☐ Other

If professional or other is checked, describe. *For example, if Relevant Healthcare Professional is checked, the assessor may describe as "psychologist".*

In many cases a professional will likely develop the therapeutic plan and it may be carried out by a variety of people that routinely interact or provide support to the participant. Check all that apply in the above list. *For example: Louise sees a psychiatrist to deal with behavior related to her anxiety disorder. She is on anti-anxiety medication and treatment also includes a plan for interventions to be carried out by her sister, with whom she lives.* In the example, the assessor would check caregiver (sister) as well as professional (psychiatrist).

Is the caregiver able to perform the necessary support required by the plan for behavioral therapy?
The assessor will indicate whether the caregiver is able to carry out any behavioral supports called for as part of the participant's plan. This item does NOT include caregiver support provided by an agency. The assessor will select the statement that most clearly describes the caregiver's status.

- ○ Caregiver able
- ○ Caregiver will need training and/or other supportive services
- ○ Caregiver not likely to be able/caregiver not available
- ○ Caregiver ability unclear

If supports are only provided by an agency or by a professional, such as a mental health professional, then the assessor would not complete this item. It is assumed that an agency/professional providing support will meet the necessary training requirements for providing behavioral supports identified in the plan.

Briefly describe the behavioral therapies.
The assessor will then need to provide a very brief description of the following:

1) the reason for the treatment or monitoring;
2) the participant's strengths, preferences and challenges related to the treatment or monitoring;
3) other information, such as frequency of the treatments and monitoring; and
4) indicator that needs have not been met (may indicate referral need and review during support planning.

For example, Randy requires support for his anxiety disorder including a planned relaxation strategy for when he becomes very anxious. Randy recognizes signs of increased anxiety and will frequently ask for help from his sister (caregiver) to "de-escalate". He is seen quarterly by his psychiatrist when his progress and medication is reviewed.

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
25. Response to any of the items above was 'Yes/Behavior beyond what is consistent with child of that age'. ○ No [Skip to Item 28] ○ Yes	This item refers to the selection of "Yes" in items 1-23. If "no" is indicated, the assessor will skip to Item 28. For participants under the age of 4, assessors should skip to item 28 regardless of answer.
26. Participant is in danger of being admitted to an institution/out of home placement because of behavior issues. ○ No ○ Yes	The assessor will indicate whether behavior demonstrated by the participant places him/her at risk of behind admitted to an institution, such as a residential psychiatric facility, or for children a facility placement that would remove him/her from the home.
27. Participant is in danger of being incarcerated because of behavior issues. ○ No ○ Yes	The assessor will indicate whether behavior demonstrated by the participant places him/her at risk of arrest or incarceration.
28. How likely is it that disruptive or dangerous behaviors would occur and/or escalate if services were withdrawn? ○ Highly unlikely ○ Unlikely ○ Likely ○ Very likely ○ Behavior would almost certainly reoccur ○ Not sure ○ Not currently receiving services If likely or higher, explain:_____	The assessor will indicate whether the removal of supports would likely result in the (re)occurrence of disruptive or dangerous behaviors. The purpose of this item is to identify the important role of supports that function as a preventative to behavioral issues. This item informs the Support Planning team about the necessity and continuation of preventative supports in regard to behaviors. Indicate the choice that best describes the likelihood that removal of supports would result in the return and/or escalation of the behavior. If likely, the assessor should briefly explain.
29. Behavior Plan Status: ○ Does not need a Behavior Plan (Skip to Section 2) ○ Needs a Behavior Plan, describe below ○ Has a Behavior Plan, describe plan and where it can be found below	Based on behaviors discussed throughout the assessment process, identify whether the participant needs or has a behavior plan. This includes all formats of behavior plans, such as a BSP or BIP. Assessors may not have access to the behavior plan prior to the assessment, and therefore may not know whether one exists or needs to be updated. Assessors should

Assessment Item	Guidance
Section 1: Behavior, Emotions, and Symptoms	
	discuss whether a plan is in place with the participant and, if available, caregiver, parents, and guardians. If a plan potentially needs to be developed or updated, provide a referral to an appropriate agency. If the participant's behaviors discussed throughout the assessment do not require a behavior plan, skip to Section 2.
30. Does the participant or the participant's representative have any concerns about the Behavior Plan? ◯ No ◯ Yes, describe below	If the participant has a behavior plan in place, discuss and document the representative's concerns about the plan. These may include that it does not address all behaviors or have appropriate measures for the severity of behaviors. If the participant does not have a behavior plan in place, representatives may still have concerns about the contents of the plan or impact on services. Briefly describe those concerns.
31. Does the assessor have any concerns about the Behavior Plan? ◯ No ◯ Yes, describe below	Assessors may have concerns about the existing behavior plan, the lack of a plan, or contents that should be included in the plan. Briefly describe those concerns.

Section 2: Depression Screen

Section 2 contains a set of items to screen for depression. This screen is intended to be used on participants age 18 and older. The purpose of the section is to help determine a need for a referral for untreated depression that may be present.

This section is voluntary, so participants are not required to complete the screen. The assessor should inform the participant that if he/she is uncomfortable in answering any of the items or having the assessor ask other individuals (e.g., caregivers) about the item, the item may be skipped or the participant may ask to move on to another section of the assessment.

The items contained in this section are only intended for screening. This is not a diagnostic tool and is only to be used to help identify that a referral may be helpful/needed.

Scoring for the screening tool is addressed at the end of this section.

Assessment Item	Guidance
Section 2: Depression Screen	
1. During the past 2 weeks, how often would you say, "I feel sad"? ◯ Never ◯ Rarely ◯ Sometimes	This section includes items that can be asked directly (e.g., item 1) or gathered through information provided by others.

Assessment Item	Guidance
Section 2: Depression Screen	

❍ Often
❍ Always
❍ Unable to Respond
 	
Scoring based on (Check all that apply):
☐ Observation   ☐ Self-report   ☐ Proxy
2. *Little interest or pleasure in doing things*
  ❍ Not at all (0 to 1 days)
  ❍ Several days (2 to 6 days)
  ❍ More than half the days (7 to 11 days)
  ❍ Nearly every day (12 to 14 days)
3. *Feeling down, depressed or hopeless*
  ❍ Not at all (0 to 1 days)
  ❍ Several days (2 to 6 days)
  ❍ More than half the days (7 to 11 days)
  ❍ Nearly every day (12 to 14 days)
4. Trouble falling or staying asleep, or sleeping too much
  ❍ Not at all (0 to 1 days)
  ❍ Several days (2 to 6 days)
  ❍ More than half the days (7 to 11 days)
  ❍ Nearly every day (12 to 14 days)
5. Feeling tired or having little energy
  ❍ Not at all (0 to 1 days)
  ❍ Several days (2 to 6 days)
  ❍ More than half the days (7 to 11 days)
  ❍ Nearly every day (12 to 14 days)
6. Poor appetite or overeating
  ❍ Not at all (0 to 1 days)
  ❍ Several days (2 to 6 days)
  ❍ More than half the days (7 to 11 days)
  ❍ Nearly every day (12 to 14 days)
7. Feeling bad about yourself - or that you are a failure or have let yourself or your family down
  ❍ Not at all (0 to 1 days)
  ❍ Several days (2 to 6 days)
  ❍ More than half the days (7 to 11 days)
  ❍ Nearly every day (12 to 14 days)
8. Trouble concentrating on things, such as reading the newspaper or watching television
	For each item, the assessor will ask the participant or his/her proxy to respond. Inform the participant/proxy that there is no "right or wrong" answer and to choose the response they feel is most representative of his/her situation.
	
	For example: Eileen, I am going to ask you some questions and give you some choices for responding/answering. This isn't a test and there is no "right or wrong" answer. Simply tell me what you think gives the most true picture about how you are feeling.
	
	If the participant has someone assisting him/her during the assessment, the assessor should ask the participant if he/she wants to complete this portion of the module in a private conversation. If the participant has cognitive or other limitations in responding to the items, or needs someone to act as a proxy or to help interpret or understand the items, the assessor may want to again stress the importance of treating the information as personal and private.
	
	Each of the items/responses address a 2-week timeframe. Some participants may find it difficult to quantify their response. The assessor should feel free to ask follow-up questions or probe or to attempt to obtain the information through a conversation with the participant. For example:
	
	Mary, are there times that you feel bad about yourself? For example, do you feel like you have failed or let your family down? (Response). How often do you feel that way…would you say every day or less often? (Response). Have you felt this way recently, say in the last couple of weeks?
	
	The assessor should also make sure that the participant or proxy understands the item. This may require rewording or providing examples to help the participant understand. For example:
	
	Mary, do you have a hard time doing thing you like, such as your knitting, because you can't concentrate or keep your mind from wandering? (Use a known hobby or interest as an example.)

Assessment Item	Guidance
Section 2: Depression Screen	
○ Not at all (0 to 1 days) ○ Several days (2 to 6 days) ○ More than half the days (7 to 11 days) ○ Nearly every day (12 to 14 days)	
9. **Moving or speaking so slowly that other people noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual** ○ Not at all (0 to 1 days) ○ Several days (2 to 6 days) ○ More than half the days (7 to 11 days) ○ Nearly every day (12 to 14 days)	
10. **Thoughts that you would be better off dead, or of hurting yourself in some way** ○ Not at all (0 to 1 days) ○ Several days (2 to 6 days) ○ More than half the days (7 to 11 days) ○ Nearly every day (12 to 14 days)	
Add columns/total	Score this screening as follows: ▪ Not at all = 0 ▪ Several days = 1 ▪ More than half the days = 2 ▪ Nearly every day = 3 Add the scores for all items. If the participant scores 5 or greater and/or did not respond "Not at all" to item 10, a referral to a Behavioral Health Organization is recommended.
11. **If any problems were selected, 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	This item helps identify the impact of any problems on functioning. This item helps to inform the support planning process and any need for intervention or support to carry out daily activities.

Section 3: Pediatric Symptoms Checklist

Section 3 contains a set of items to screen for potential psychosocial issues that may be present for children. The screen is intended to be used on participants under the age of 18.

This section is voluntary, so participants are not required to complete the screen. The assessor should inform the participant that if he/she is uncomfortable in answering any of the items or having the assessor ask other individuals (e.g., caregivers) about the item, the item may be skipped or the participant may ask to move on to another section of the assessment.

The items contained in this section are only intended for screening. This is not a diagnostic tool and is only to be used to help identify that a referral may be helpful/needed.

Scoring for the screening tool is addressed at the end of this section.

Assessment Item	Guidance
Section 3: Pediatric Symptoms Checklist	
1. **Have you or another caregiver ever completed a Pediatric Symptom Checklist form at school or in a physician's office?** ○ Yes, describe the outcome of assessment:_____ (Skip to Section 4) ○ No ○ Unsure	Identify whether the participant has previously received the Pediatric Symptom Checklist. If the participant has received the Checklist, select "Yes"; briefly describe the outcome of the assessment, including score (if known) and any referrals/services that occurred based on the assessment; and skip to section 4. If the participant has not previously received the Checklist or is unsure, indicate the response. Before proceeding, briefly explain the types of items and topics covered by the Checklist and ensure that participant and/or parent/guardian would like to proceed.
2. **Fidgety, unable to sit still** ○ Never (0) ○ Sometimes (1) ○ Often (2) 3. **Feels sad, unhappy** ○ Never (0) ○ Sometimes (1) ○ Often (2) 4. **Daydreams too much** ○ Never (0) ○ Sometimes (1) ○ Often (2) 5. **Refuses to share** ○ Never (0) ○ Sometimes (1) ○ Often (2)	This section includes items that can be asked directly, observed by the assessor, or gathered through information provided by others. For each item, the assessor will ask the participant or his/her parent/guardian to respond. Inform the participant/parent/guardian that there is no "right or wrong" answer and to choose the response they feel is most representative of the participant's situation. *For example: Connor, I am going to ask you some questions and give you some choices for responding/answering. This isn't a test and there is no "right or wrong" answer. Simply tell me what you think gives the most true picture about how you are feeling.*

Assessment Item	Guidance
Section 3: Pediatric Symptoms Checklist	
6. Does not understand other people's feelings ❍ Never (0) ❍ Sometimes (1) ❍ Often (2)	If the participant has someone assisting him/her during the assessment, the assessor should ask the participant if he/she wants to complete this portion of the module in a private conversation. If the participant has cognitive or other limitations in responding to the items, or needs a parent/guardian to help interpret or understand the items, the assessor may want to again stress the importance of treating the information as personal and private.
7. Feels hopeless ❍ Never (0) ❍ Sometimes (1) ❍ Often (2)	
8. Has trouble concentrating ❍ Never (0) ❍ Sometimes (1) ❍ Often (2)	Each of the items/responses address a 2 week timeframe. Some participants may find it difficult to quantify their response. The assessor should feel free to ask follow-up questions or probe or to attempt to obtain the information through a conversation with the participant. For example:
9. Fights with other children ❍ Never (0) ❍ Sometimes (1) ❍ Often (2)	*Destiny, are there times that you feel bad about yourself? For example, do you feel like you have failed or let your family down? (Response). How often do you feel that way…would you say every day or less often? (Response). Have you felt this way recently, say in the last couple of weeks?*
10. Is down on him or herself ❍ Never (0) ❍ Sometimes (1) ❍ Often (2)	
11. Blames others for his/her troubles ❍ Never (0) ❍ Sometimes (1) ❍ Often (2)	For the purpose of this assessment, use the following scoring for "Sometimes" and "Often": • **Sometimes-** Occurs less than once per week in the past two weeks
12. Seems to be having less fun ❍ Never (0) ❍ Sometimes (1) ❍ Often (2)	• **Often-** Occurs more than once per week in the past two weeks
13. Does not listen to rules ❍ Never (0) ❍ Sometimes (1) ❍ Often (2)	The assessor should also make sure that the participant or parent/guardian understands the item. This may require rewording or providing examples to help the participant understand. For example:
14. Acts as if driven by a motor ❍ Never (0) ❍ Sometimes (1) ❍ Often (2)	*Mooula, do you have a hard time doing thing you like, such as playing Xbox, because you can't concentrate or keep your mind from wandering? (Use a known hobby or interest as an example.)*
15. Teases others ❍ Never (0) ❍ Sometimes (1) ❍ Often (2)	
16. Worries a lot ❍ Never (0)	

Assessment Item	Guidance
Section 3: Pediatric Symptoms Checklist	
○ Sometimes (1) ○ Often (2)	
17. Takes things that do not belong to him/her ○ Never (0) ○ Sometimes (1) ○ Often (2)	
18. Distracted easily ○ Never (0) ○ Sometimes (1) ○ Often (2)	
Column Totals	Score this screening as follows:
TOTAL SCORE (sum of all three column totals)	▪ Never= 0 ▪ Sometimes= 1 ▪ Often= 2 Add the scores for all items. If the participant scores 15 or greater or if assessor feels referral is justified, the assessor should consider a referral to BHO or other behavioral provider.

Section 4: Suicide & Homicide Screen

Section 4 contains a set of items to screen for suicidal and homicidal ideations and actions. The purpose of the section is to help determine a need for a referral for crisis intervention or suicide prevention services and support.

This section is voluntary, so participants are not required to complete the screen. The assessor should inform the participant that if he/she is uncomfortable in answering any of the items or having the assessor ask other individuals (e.g., parents/guardians, caregivers) about the item, the item may be skipped or the participant may ask to move on to another section of the assessment. However, if the participant refuses to answer or will not respond, the assessor should attempt to determine why to rule out a high potential that the participant has a plan to commit suicide.

The items contained in this section are only intended for screening. This is not a diagnostic tool and is only to be used to help identify that a referral may be needed.

Assessment Item	Guidance
Section 4: Suicide & Homicide Screen	
1. In the past few weeks, have you wished you were dead? ○ No ○ Yes	This section includes items that can be asked directly or gathered through information provided by others.

Assessment Item	Guidance
Section 4: Suicide & Homicide Screen	
❍ No response- try to establish why the participant refuses to answer, and if necessary contact a mental health professional immediately	For each item, the assessor will ask the participant or his/her proxy to respond. Inform the participant/proxy that there is no "right or wrong" answer and to choose the response they feel is most representative of his/her situation.
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ❍ No ❍ Yes ❍ No response	*For example: Pat, I am going to ask you about whether you sometimes think about hurting or killing yourself or others. These items may make you feel a somewhat uncomfortable. However, it is important to understand if you are struggling with feelings about suicide or homicide. Are you willing to answer a few items?*
3. In the past week, have you been having thoughts about killing yourself? ❍ No (Skip to Item 5) ❍ Yes ❍ No response	If the participant has someone assisting them during the assessment, the assessor should ask the participant if he/she wants to complete this portion of the module in a private conversation. If the participant has cognitive or other limitations in responding to the items, or needs
4. Are you having thoughts of killing yourself right now? ❍ No ❍ Yes ❍ No response	someone to act as a proxy or to help interpret or understand the items, the assessor may want to again stress the importance of treating the information as personal and private.

5. Have you ever tried to kill yourself?
❍ No
❍ Yes
    How:_____
    When:_____
❍ No response
	If the participant refuses to respond or answer items, the assessor should try to establish the reason.
	
	If the assessor has a concern about the participant having a plan to hurt him/herself or others, the assessor should follow agency policies for obtaining immediate assistance.

6. In the past week, have you been having thoughts about hurting or killing someone else? ❍ No (Skip to Section 5) ❍ Yes ❍ No response	
7. Are you having thoughts about hurting or killing someone else right now? ❍ No ❍ Yes ❍ No response	

Section 5: Substance Abuse, Tobacco, and Gambling Screen

Section 5 contains a set of items to screen behaviors related to addiction. The purpose of the section is to help determine whether a participant may want or need a referral to help reduce or eliminate dependencies on substances, tobacco and/or gambling.

This section is voluntary, so participants are not required to complete the screen. The assessor should inform the participant that if he/she is uncomfortable in answering any of the items or having the assessor ask other individuals (e.g., caregivers) about the item, the item may be skipped or the participant may ask to move on to another section of the assessment. The assessor should also inform the participant that any information provided in this section is protected and cannot be shared without the permission of the participant. *For example, participants may have a concern that information provided about using drugs will affect housing status or might result in other consequences. The assessor may need to assure the participant that the information is considered protected health information and cannot be shared with housing authorities, law enforcement or others without express approval from the participant.*

The items contained in this section are only intended for screening. This is not a diagnostic tool and is only to be used to help identify that a referral may be helpful/needed.

Assessment Item	Guidance
Section 5: Substance Abuse, Tobacco, and Gambling Screen	
1. Is there a concern about abuse of substances, including marijuana or alcohol? ○ No [Skip to Item 4] ○ Yes ○ Chose not to answer [Skip to Item 4]	The first three items deal with substances, both legally obtained and illegal substances used by the participant. If the response to Item 1 is "no" or "chose not to answer", the assessor can skip to Item 4. If the answer is "yes", the assessor should complete follow up items 2 and 3.
2. Which types of substances? Check all that apply. ☐ Alcohol ☐ Marijuana ☐ Prescription medications ☐ Other substances Describe use/abuse of substances: **3. Is a referral requested/needed?** ○ No ○ Yes, identify where:_____	The participant may indicate use of substances but not want a referral. The assessor may still feel that a referral is needed and may make a recommendation for follow-up. Follow-up may include a range of actions. For example (not limited to this list): ▪ *The assessor may ask the participant if he/she would be willing to meet with a substance abuse counselor or peer counselor to talk about use and need for assistance but not to commit now to seeking other help.* ▪ *If use is related to victimization of a vulnerable adult, such as threatening of the participant by drug suppliers, then the assessor would need to follow state and agency policies for reporting.* ▪ *If the participant does not desire a referral and is making a conscious choice to misuse drugs or alcohol, the assessor may want to continue to broach the topic*

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	and attempt to steer the participant toward help after the assessment. ▪ *If the participant is misusing prescribed drugs, the assessor could talk with them about seeking help from a physician and seeing if the prescribed medication can be administered and monitored in a different way.*
4A. Do you currently smoke or use any form of tobacco? ◯ No [Skip to Item 5] ◯ Yes ◯ Chose not to answer [Skip to Item 5]	Items 4A – 4D deal with use of tobacco, including cigarettes, cigars, chew, etc. If the answer to 4A is "no" or "chose not to answer", skip forward to item 5. If answered "yes", then the assessor should ask the follow-up items.
4B. Have you thought about cutting back on or quitting your tobacco usage? ◯ No plans to reduce usage ◯ Plans to reduce usage ◯ Chose not to answer Comments: _____	While use of tobacco may not be a healthy choice for the participant, it presents less of a legal or victimization issue for the participant. The focus for these items include: ▪ Does the participant want to cut back or quit using tobacco, and would he/she like help to be able to achieve that outcome? ▪ Does the use of tobacco present any safety concerns that should be addressed with the participant?
4C. Are there any safety concerns related to your tobacco use? ☐ Drops cigarettes/ashes ☐ Direction from physician to quit/cut back ☐ Falls asleep when smoking ☐ Smokes when using oxygen ☐ Smokes in bed ☐ Refuses ashtray ☐ Other **Describe:**	If the participant wants assistance, the assessor should make a referral. If there are safety concerns, this should be discussed as part of the risk mitigation during the support planning process. If the participant is under age 18, assessors should skip to Section 6.
4D. Is a referral requested/needed? ◯ No ◯ Yes, identify where:_____	
5A. Have you ever felt the need to bet more and more money when gambling? ◯ No ◯ Yes ◯ Chose not to answer	Items 5A and 5B deal with compulsive gambling, including casino betting, online betting, and purchase of lottery tickets that result in loss of money needed for essential things (such as housing, food, medication, etc.) If the answer to 5A is "no" or "chose not to answer", skip the follow up item.
5B. Have you ever had to lie to people important to you about how much you gambled? ◯ No ◯ Yes	If answered "yes", then the assessor should ask the follow-up item. If the participant answers "yes" to item 5B, this is suggestive of a problem deserving further

Assessment Item	Guidance
Section 5: Substance Abuse, Tobacco, and Gambling Screen	
○ Chose not to answer	assessment. Talk with the participant about referral to a counselor or physician concerning controlling gambling.

Section 6: Referrals and Goals

Section 6 includes information to move forward directly to the Support Plan.

Assessment Item	Guidance
Section 6: Referrals and Goals	
What is important to the individual? _____	This item includes any goals or outcomes the participant would like to see happen. If the participant expresses desired outcomes during the discussion of previous sections in this module, the assessor can bring these back up with the participant and talk about their importance. The assessor may need to prompt the participant. The following includes some examples of discussion or questions that might be posed. *For example: Mary Sue, we've talked about a lot of things related to behavior and how you are feeling during this part of the assessment and I'm interested in what is important for you to see happen in this area.* ▪ *Are there changes you'd like to see happen as a result of services or help from others?* ▪ *What would be most important for you to see change as the result of services?* ▪ *How could services help you maintain things that are going well for you now?*
Referrals Needed: ☐ Addiction counseling (e.g., 12 Step programs) ☐ Advocacy ☐ Behavioral services/therapies ☐ Behavioral Health Organization (BHO)/ diagnostic assessment by a Mental Health Professional ☐ Counselor ☐ Colorado Quit Line ☐ Crisis Services ☐ Functional behavior assessment ☐ Gambling Evaluation ☐ Ongoing care from a Mental Health Professional	The assessor should summarize any referral needs identified in the assessment. Check all that apply. If a referral is not listed, use the "other" category at the end of the list and describe the referral.

Assessment Item	Guidance
Section 6: Referrals and Goals	
☐ Primary Health Care Provider ☐ Protective Services ☐ Special training for staff ☐ Other, describe:_____ ☐ Other, describe:_____	
Assessed Needs and Support Plan Implications _____	The assessor should summarize information that will be critical for developing the Support Plan and the authorization of services. For example: *Dean requires supervision and support for his verbal and physical aggression targeting others. This includes a formal program to prevent and deal with outbursts that appear to be triggered by inability to communicate needs and inability to understand what others expect of him.* *Or* *Sylvia is beginning to demonstrate increased behavioral support needs resulting from her Alzheimer's. This includes wandering, confusion and increased frustration (evidenced by throwing things, slamming doors or yelling) with loss of independence.*
Document action required for behavioral health set-up needs relating to successful transition, if applicable, and/or maintenance of health: 🏠 ☐ (Re) Establish new behavioral health provider relationship ☐ Arrange transportation for appointments with behavioral health providers ☐ Medication management ☐ Arrange for day treatment ☐ Behavioral support services, management/education, and/or transition ☐ Crisis intervention or emergency services ☐ Arrange for/assist in obtaining substance abuse counseling or AA ☐ Arrange supports needed for mentorship	This item deals with actions needed for transitioning individuals from one setting to another. This is a mandatory item to review with anyone transitioning from one location to another. The purpose of this item is to ensure needs related to successful transition and continuity of critical supports are in place when transition to a new residence occurs. Check all that apply.

Assessment Item	Guidance
Section 6: Referrals and Goals	
☐ Training for unpaid caregiver(s) concerning behavioral health needs ☐ Respite for paid or unpaid caregivers ☐ Specialized training for paid workers ☐ Other ☐ No action needed **Briefly describe below:**	