|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| minimal risk of harm 1 | Low risk of harm  2 | Moderate risk of harm 3 | Serious risk of harm 4 | Extreme risk of harm 5 |
| a. No indication of suicidal or homicidal thoughts or impulses, and no history of suicidal or homicidal ideation, and no indication of significant distress  b. Clear ability to care for self now and in the past | a. No current suicidal or homicidal ideation, plan, intentions or severe distress, but may have had transient or passive thought recently or in the past.  b. Occasional substance use without significant episodes of potentially harmful behaviors.  c. Periods in the past of self-neglect without current evidence of such behavior. | a. Significant current suicidal or homicidal ideation without intent or conscious plan and without past history.  b. No active suicidal/homicidal ideation, but extreme distress and /or a history of suicidal/homicidal behavior exists.  c. History of chronic impulsive suicidal/homicidal behavior or threats, but current expressions do not represent significant change from usual behavior.  d. Binge or excessive use of substance resulted in potentially harmful behaviors in the past, but there have been no recent episodes.  e. Some evidence of self-neglect and/or decrease in ability to care for oneself in current environment. | a. Current suicidal or homicidal ideation with expressed intentions and/or past history of carrying out such behavior but without means for carrying out the behavior, or with some expressed inability or aversion to doing so, or with ability to contract for safety.  b. History of chronic impulsive suicidal/homicidal behavior or threats with current expression of behavior representing a significant elevation from usual behavior.  c. Recent pattern of excessive substance use resulting in loss of self-control and clearly harmful behaviors with no demonstrated ability to abstain from use.  d. Clear compromise of ability to care adequately for one self or to be adequately aware of environment.  **\*a score of 4 indicates Medically Monitored Residential Services** | a. Current suicidal or homicidal behavior or such intentions with a plan and available means to carry out this behavior… without expressed ambivalence or significant barriers to doing so, or with a history of serious past attempts which are not of a chronic, impulsive or consistent nature, or in presence of command hallucinations of delusions which threaten to override usual impulse control.  b. Repeated episodes of violence toward lf self or others, or other behaviors resulting in harm while under the influence of intoxicating substances with pattern of nearly continuous and uncontrolled use.  c. Extreme compromise of ability to care for oneself or to adequately monitor environment with evidence of deterioration in physical condition or injury to these.  **\*a score of 5 indicates Medically Managed Residential Care** |

I. Risk of Harm

II. Functional Status

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Minimal Impairment 1 | Mild  Impairment 2 | Moderate  Impairment 3 | Serious Impairment 4 | Severe Impairment 5 |
| a. No more than transient impairment in functioning following exposure to an identifiable stressor | a. Experiencing some problems in interpersonal interactions, with increased irritability, hostility or conflict, but is able to maintain some meaningful and satisfying relationships.  b. Recent experience of some minor disruptions in aspects of self-care or usual activities.  c. Developing minor but consistent difficulties in social role functioning and meeting obligations such as difficulty fulfilling parental responsibilities or performing at expected level in work or school, but maintaining ability to continue in those roles.  d. Demonstrating significant improvement in function following a period of difficulty. | a. Recently conflicted, withdrawn, alienated or otherwise troubled in most significant relationships, but maintains control or any impulsive, aggressive or abusive behaviors.  b. Appearance and hygiene falls below usual standards on a frequent basis.  c. significant disturbances in physical functioning such as sleep, eating habits, activity level, or sexual appetite, but without a serious threat to health.  d. significant deterioration in ability to fulfill responsibilities and obligations to job, school, self, or significant others and these may be avoided or neglected on some occasions.  e. Ongoing and/or variably severe deficits in interpersonal relationships. Ability to engage in socially constructive activities and ability to maintain responsibilities.  f. Recent gains and/or stabilization in function have been achieved while participating in treatment in a structured and/or protected setting. | a. Serious decrease in the quality of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive, aggressive or abusive behaviors.  b. Significant withdrawal and avoidance of almost all social interaction.  c. Consistent failure to maintain personal hygiene, appearance, and self-care near usual standards.  d. Serious disturbances in physical functioning such as weight change, disrupted sleep, or fatigue that threaten physical wellbeing.  e. inability to perform close to usual standards in school, work, parenting, or other obligations and these responsibilities may be completely neglected on a frequent basis or for an extended period of time.  **\*a score of 4 indicates Medically Monitored Residential Services** | a. Extreme deterioration in social interactions which may include chaotic communication, threatening behaviors with little or no provocations, or minimal control of impulsive, aggressive or otherwise abusive behavior.  b. Development of complete withdrawal from all social interactions.  c. Complete neglect of personal hygiene and appearance and inability to attend to most basic needs such as food intake and personal safety with associated impairment in physical status.  d. Extreme disruptions in physical functioning causing serious harm to health and wellbeing.  e. Complete inability to maintain any aspect of personal responsibility as a citizen, or in occupational educational or parental roles.  **\*a score of 5 indicates Medically Managed Residential Care** |

Score of 4 indicates Medically Monitored Residential, score of 5 Medically Managed Residential Services

III. Medical, Addictive, and Psychiatric Co-Morbidity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No Co-morbidity  1 | Minor Co-morbidity 2 | Significant Co-morbidly 3 | Major Co-morbidly  4 | Severe Co-morbidity 5 |
| a. No evidence of medical illness, substances use disorders, or psychiatric disturbances apart from the presenting disorder.  b. Any illness that may have occurred in the past are now stable and pose no threat to the stability of the current condition. | a. Existence of medical problems which are not themselves immediately threatening or debilitating and which have no impact on the course of the presenting disorder.  b. Occasional episode of substance misuse, but any recent episodes are self-limited, show no pattern of escalation, and there is no indication that they adversely affect the course of a co-existing psychiatric disorder. | a. Medical conditions exist, or have potential to develop (such as physiological withdrawal syndrome), which may require significant medical monitoring.  b. Medical conditions exist which are clearly made worse by the existence of the presenting disorder.  c. Medical conditions exist which are clearly made worse by the existence of the presenting disorder.  d. Ongoing or episodic substance use occurring despite negative consequences with significant or potentially significant negative impact on the course of any co-existing psychiatric disorder.  e. Recent substance sue which has had clearly detrimental effects on the presenting disorder but which has been temporarily arrested through use of a highly structured or protected setting or through other external means. | a. Medical conditions exist, or have a very high likelihood of developing (such as a moderate, but uncomplicated, alcohol, sedative, or opiate withdrawal syndrome, mild pneumonia, or uncontrolled hypertension), which may require intensive, although not constant, medical monitoring.  b. Medical conditions exist which clearly worsen the course and outcome of the presenting disorder.  c. Medical conditions exist which clearly worsen the course and outcome of the presenting disorder.  d. Uncontrolled substance use occurs at a level, which poses a serious threat to health if unchanged, and/or which poses a serious barrier to recovery from any co-existing psychiatric disorder.  e. Psychiatric symptoms exist which are clearly disabling and which interact with and seriously impair ability to recover from any co-t substance use disorder.  **\*a score of 4 indicates Medically Monitored Residential Services** | a. Significant medical conditions exist which may be poorly controlled and/or potentially life threatening in the absence of close medical management (e.g., severe or complicated alcohol withdrawal, uncontrolled diabetes mellitus, complicated pregnancy, severe liver disease, debilitating cardiovascular disease).  b. Presence and lack of control of presenting disorder places client in imminent danger from complications of existing medical problems.  c. Uncontrolled medical condition severely worsens the presenting disorder, dramatically prolonging the course of illness and seriously impeding the ability to recover from it.  d. Severe substance dependence with inability to control use despite clear worsening of any co-existing psychiatric disorder and other aspects of wellbeing.  e. Acute or severe psychiatric symptoms are present which seriously impair client’s ability to function and prevent recovery from any co-existing substance use disorder, or seriously worsen it.  **\*a score of 5 indicates Medically Managed Residential Care** |

IV. Recovery Environment

1. Level of Stress

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Low Stress Environment 1 | Mildly Stressful Environment 2 | Moderately Stressful Environment 3 | Highly Stressful Environment 4 | Extremely Stressful Environment 5 |
| a. Essentially no significant or enduring difficulties in interpersonal interactions and significant life circumstance are stable.  b. No recent transitions of consequence.  c. No major losses of interpersonal relationships or material status have been experienced recently.  d. Material needs are met without significant cause for concern that they may diminish in the near future, and no significant threats to health or safety are apparent.  e. Living environment poses no significant threats or risk.  f. No pressure to perform beyond capacity in social role. | a. Presence of some ongoing or intermittent interpersonal conflict, alienation, or other difficulties.  b. A transition that requires adjustment such as change in household members or a new job or school.  c. Circumstances causing some distress such as a close friend leaving town, conflict in or near current residence, or concern about maintaining material wellbeing.  d. Recent onset of a transient but temporarily disabling illness or injury.  e. Potential for exposure to alcohol and drug use exists.  f. Performance pressure (perceived or actual) in school or employment situations creating discomfort. | a. Significant discord or difficulties in family or other important relationships or alienation from social interaction.  b. Significant transition causing disruption in life circumstances such as job loss, legal difficulties or change of residence.  c. Recent important loss or deterioration of interpersonal or material circumstances.  d. Concern related to sustained decline in health status.  e. Danger in or near habitat.  f. Easy exposure and access to alcohol and drug use.  g. perception that pressure to perform surpasses ability to meet obligations in a timely or adequate manner. | a. Seriously disruption of family or social milieu which may be due to illness, death, divorce or separation of parent and child, severe conflict, torment and /or physical or sexual mistreatment.  b. Severe disruption I life circumstances such as going to hail, losing housing, or living in an unfamiliar, unfriendly culture.  c. Inability to meet needs for physical and or material wellbeing.  d. Recent onset of severely disabling or life threatening illness.  e. Difficulty avoiding exposure to active users and other pressures to partake in alcohol or durg use.  f. Episodes of victimization or direct threats of violence near current home.  g. overwhelming demands to meet immediate obligations are perceived. | a. An acutely traumatic level of stress or enduring and highly disturbing circumstances disrupting ability to cope with even minimal demands in social spheres such as: ongoing injurious and abusive behaviors from family member(s) or significant other. Witnessing or being victim of extremely violent incidents brought about by human malice or natural disaster. Persecution by a dominant social group. Sudden or unexpected death of loved one.  b. Unavoidable exposure to drug use and active encouragement to participate in use.  c. Incarceration or lack of adequate shelter.  d. Severe pain and/or imminent threat of loss of life due to illness or injury.  e. Sustained inability to meet basic needs for physical and material wellbeing.  f. Chaotic and constantly threatening environment. |

1. Level of Support

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Highly Supportive Environment 1 | Supportive Environment 2 | Limited Support in Environment 3 | Minimal Support in Environment 4 | No Support in Environment 5 |
| a. Plentiful sources of support with ample time and interest to provide for both material and emotional needs in most circumstances.  b. Effective involvement of Assertive Community Treatment Team (ACT) or other similarly highly supportive resources. *(Selection of this criterion pre-empts higher ratings)* | a. Supportive resources are not abundant, but are capable of and willing to provide significant aid in times of need.  b. Some elements of th support system are willing and able to participate in treatment if required to do so and have capacity to effect needed changes.  c. Professional supports are available and effectively engaged (i.e. ICM). (*Selection of this criterion pre-empts higher ratings)* | a. A few supportive resources exist in current environment and maybe capable of providing some help if needed.  b. Usual sources of support maybe somewhat ambivalent, alienated, difficult to access, or have a limited amount of resources they are willing or able to offer when needed.  c. Persons who have potential to provide support have incomplete ability to participate in treatment and make necessary changes.  d. Resources maybe only partially utilized even when available.  e. Limited constructive involvement with any professional sources of support that are available. | a. Very few actual or potential sources of support are available.  b. Usual supportive resources display little motivation or willingness to offer assistance, or they are themselves troubled or hostile toward client.  c. Existing supports are unable to provide sufficient resources to meet material or emotional needs.  d. Client may be on bad terms with and unwilling to use supports available in a constructive manner. | a. No source for assistance are available in environment either emotionally or materially. |

V Treatment and Recovery History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fully Responsive to Treatment and Recovery History 1 | Significant Response to Treatment and Recovery Management 2 | Moderate or Equivocal Response to Treatment and Recovery History 3 | Poor Response to Treatment and Recovery Management 4 | Negligible Response to Treatment 5 |
| a. There has been no prior experience with treatment or recovery  b. Prior experience indicates that efforts in all treatments that have been attempted have been helpful in controlling the presenting problem.  c. There has been successful management of extended recovery with few and limited periods of relapse even in unstructured environments or without frequent treatment. | a. Previous or current experience in treatment has been successful in controlling most symptoms but intensive or repeated exposures may have been required.  b. Recovery has been managed for moderate periods of time with limited support or structure. | a. Previous or current treatment has not achieved complete remission of symptoms or optimal control of symptoms.  b. previous treatment exposures have been marked by minimal effort or motivation and no significant success or recovery period was achieved.  c. unclear response to treatment and ability to maintain a significant recovery.  d. At least partial recovery has been maintained for moderate periods of time, but only with strong professional or peer support or in structured settings. | a. Previous or current treatment has not achieved complete remission of symptoms or optimal control of symptoms even with intensive and/or repeated exposure.  b. Attempts to maintain whatever gains that can be attained in intensive treatment have limited success, even for limited time periods or in structured settings. | a. Past or current response to treatment has been quite minimal, even with intensive medically managed exposure in highly structured settings for extended periods of time.  b. Symptoms are persistent and functional ability shows no significant improvement despite this treatment exposure. |

VI Engagement and Recovery Status

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Optimal Engagement and Recovery 1 | Positive Engagement and Recovery 2 | Limited Engagement and Recovery 3 | Minimal Engagement and Recovery 4 | Unengaged and Stuck 5 |
| a. Has complete understanding and acceptance of illness and it effect on function.  b. Actively maintains changes made in the past (maintenance Stage).  c. Is enthusiastic about recovery, is trusting, and shows strong ability to utilize available resources and treatment.  d. Understand recovery process and takes on a personal role and responsibility in a recovery plan. | a. Has significant understanding and acceptance of illness and it effect on function.  b. Willing to change and is actively working toward it (Action Stage).  c. Positive attitude toward recovery and treatment, capable of developing trusting relationships, and uses available resources independently when necessary.  d. Shows recognition of personal role in recovery and accepts significant responsibility for it. | a. Has some variability, hesitation or uncertainty in acceptance of understanding of illness and disability.  b. Has limited desire of lacks confidence to change despite intentions to do so (Preparation Stage).  c. Relates to treatment with some difficulty and establishes few, if any, trusting relationships.  d. Does not use available resources independently or only in cases of extreme need.  e. Has limited ability to accept responsibility for recovery. | a. Rarely, if ever, is able to accept reality of illness or any disability that accompanies it, but may acknowledge some difficulties in living.  b. Has no desire or is afraid to adjust behavior, but may recognize the need to do so (Contemplation Stage)  c. Relates poorly to treatment and treatment providers and ability to trust is extremely narrow  d. Avoids contact with and use of treatment resources if left to own devices.  e. Does not accept any responsibility for recovery or feels powerless to do so. | a. Has no awareness or understanding of illness and disability (Pre-contemplation Stage).  b. Inability to understand recovery concept or contributions of personal behavior to disease process.  c. Unable to actively engage in recovery or treatment and has not current capacity to relate to another or develop trust.  d. Extremely avoidant, frightened, or guarded. |

**Level of Care Summary**

Basic Services-Prevention and Health maintenance- These are the basic services everyone should have available

* Crisis and prevention services
* Most services are provided in the community- non clinical.
* **Score 0 to 9**

Level I. Recovery Maintenance and Health Management

* Services may be provided in the community or the place of residence.
* Clinical Services: up to two hours per month, and usually not less than one hour every three months
* Service types: individual or group supportive therapy
* **Score 10 to 13** and sum of Level of Stress and Level of Support is 4 or less.

Level II. Low Intensity Community Based Services

* Services may be provided in the community or place of residence
* Clinical Services: up to three hours per week but usually not less than one hour every two weeks
* Service types: individual, group, and family therapy- Case management is NOT required at this level
* **Score 14 to 16** and sum of Level of Stress and Level of Support is 5 or less. The Treatment and Recovery History is best at a 2 or less and the Engagement and Recovery Status is best at 2 or less.

Level III. High Intensity Community Based Services

* Services may be provided in the community or place of residence
* Clinical Services: up to three days per week and about two to three hours per day
* Service Types: individual, group, family therapy, rehabilitative services (CSA), case management
* **Score 17 to 19** and sum of Level of Stress and Level of Support is 5 or less. The Treatment Recovery History score is best at a 2 and Engagement recovery status is best at 3 or less.

Level IV. Medically Monitored Non-residential Services

* Services may be provided in a clinic or by wrapping services around the client in the community
* Clinical Services: available to clients through most of the day on a daily basis with treatment provided 5 days per week
* Service types: nursing services, medication services (self-administered), individual, group, and family therapy, rehabilitative services (CSA), case management services
* **Score 20 to 22**. In some cases a rating of 4 or more in the Stress level score could be manage if the Support Scale is a 1.

Level V. Medically Monitored Residential Services

* Services are provided in a residential community setting- non hospital.
* Clinical Services: Psychiatric care available 24 hours day
* Service types: onsite nursing care for medication therapy as needed, individual, group, and family therapy available seven days a week, rehabilitative services, supervision of daily activities
* **Score 23 to 27**. A rating of 4 for Risk of Harm, Functional Status, or Co-morbidity qualifies for this level of care even if combined score is lower. This level is indicated if the client has a rating of a 3 or higher on one of the following scales: Self Harm, Functional Status, Co-morbidity AND a rating of a 3 or higher in the Treatment Recovery history or the Engagement and Recovery Status.

Level VI. Medically Managed Residential Services

* Services are traditionally provided in a hospital setting that is locked and secure
* Clinical Services: Services are available 24 hours a day, seven days a week
* Service types: Psychiatric, medical, nursing, individual, group and family therapy, medication therapy, support to carry out activities of daily living, crisis care such as seclusion or restraint
* **Score 28 or more**. A rating of 5 for Risk of Harm, Functional Status or Co-Morbidity qualifies for this level of care even if combined score is lower.

Please understand that this is a score for determining services for the Seriously Mentally Ill. Adult clients may seek treatment for life transition and other problems that do not register a significant score. These clients are still eligible for traditional out-patient therapy of individual or family therapy one hour a week, each week. These scores are guidelines. Please use your clinical judgement when the scores do not match your professional opinion regarding the intensity of services and level of care.