

**San Francisco
Adult Needs and Strengths (ANSA)
Adult/Older Adult Assessment**

**An Information Integration Tool for Adults
with Mental Health Challenges**

**ANSA Manual
San Francisco**

Version 3.0

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Along with the **ANSA**, versions for individual children and adolescents have been developed. These tools include the Individual and Adolescent Needs and Strengths-Mental Health (**CANS-MH**), the Individual and Adolescents Needs and Strengths-Developmental Disability (**CANS-DD**), the Individual and Adolescent Needs and Strengths-Juvenile Justice (**CANS-JJ**), and the Individual and Adolescent Needs and Strengths-Sexual Development (**CANS-SD**). These information integration tools have been designed to support individual case planning and the planning and evaluation of service systems. For more information on any of the tools for individual children and adolescents contact:

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Introduction

When the ANSA is administered, each of the dimensions is rated on its own 4-point scale after the initial intake interview. Even though each dimension has a numerical ranking, **the ANSA assessment tool is designed to provide a profile of the needs and strengths of the individual and family.** It is a reliable aid to service planning and allows for the monitoring of outcomes.

The basic structure of the San Francisco Outpatient Assessment/ANSA is:

1. Presenting Problem/Chief Concern

1a. Behavioral Health Needs

Psychosis
Depression
Anxiety
Adjustment to Trauma
Impulse Control
Eating Disturbance
Anger Control
Antisocial Behavior
Sleep Disturbance
Interpersonal Problems
Mania

1b. Life Domain Functioning

Physical/Medical
Family Functioning
Sexuality
Living Skills
Legal
Self-care
Social Functioning
Residential Stability
Employment

2. Psychiatric History

3. Danger to Self/Others

Danger to Self (Resiliency Module)
Danger to Others (Resiliency Module)

3A. Resiliency Factors Module

Aware of violence potential
Response to Consequences

3B. Risk Behaviors

Self Injurious Behavior
Grave Disability
Sexual Risk
Criminal Behavior

4. Substance Abuse Screener

4a. Substance Abuse

Substance Abuse (Substance Use Module)

4b. Substance Use Module

Severity of Use
Stage of Recovery
Environmental Influences

4c. Substances Used

5. Medical History

6. Current Medications

6A. Medication Compliance

7. Mental Status Exam

8. Psychosocial and Family History

8A. Acculturation

Language
Cultural Stress

9. Client Strengths

Family
Social Connections
Optimism/Hopefulness
Resourcefulness
Involvement in Recovery/Motivation for tx
Educational
Spiritual/Religious
Community Connection
Volunteering

Unless otherwise specified, *each rating is based on the last 30 days*. Each of the dimensions is rated on a 4-point scale after routine service contact or following review of case files.

The basic design for rating NEEDS is:

A rating of '0' reflects *no evidence*,
A rating of '1' reflects a *mild degree of the dimension*,
A rating of '2' reflects a *moderate degree of the dimension*, and
A rating of '3' reflects a *severe or profound or dangerous or disabling level*.

Another way to conceptualize these ratings is:

A '0' indicates *no need for action*,
A '1' indicates a *need for watchful waiting to see whether action is needed* (i.e., flag it for later review to see if any circumstances change),
A '2' indicates a *need for action*, and
A '3' indicates the *need for either immediate or intensive action*.

The basic design for rating STRENGTHS is:

A rating of '0' reflects a *significant strength that is present*,
A rating of '1' reflects *that a moderate level of the strength is present*,
A rating of '2' reflects that *a mild level of the strength is present*, and
A rating of '3' reflects that *the strength is not present*.

For Strengths, a rating of '0' or '1' reflects a *strength that can be used to build around*, while a rating of '2' or '3' reflects a *strength that needs to be developed or identified*.

The rating of "nd" implies that there are no data for this particular item.

The ANSA is an effective assessment tool used in either the development of individual plans of care or for use in designing and planning systems of care for adults with mental health challenges. To administer the ANSA assessment tool, the care coordinator or other service provider should read the anchor descriptions for each dimension and then record the appropriate rating on the ANSA assessment form.

1. PRESENTING PROBLEM/CHIEF CONCERN

Indicate identifying info, criteria to justify DSM dx including symptoms, behavior, functional impairments, duration & frequency; patient's chief goal and any cultural explanation of illness

1A. BEHAVIORAL HEALTH NEEDS

1. PSYCHOSIS/THOUGHT DISTURBANCE

This item is used to rate symptoms of psychosis such as hallucinations, delusions, very bizarre behavior and very strange ways of thinking.

| 0 | 1 | 2 | 3 |
|--|--|---|---|
| This level indicates an individual with no evidence of thought disturbances. Both thought processes and content are within normal range. | This rating indicates an individual with evidence of mild disruption in thought processes or content. The individual may be somewhat tangential in speech or evidence somewhat illogical thinking. This also includes persons with a history of hallucinations but none currently. | This rating indicates an individual with evidence of moderate disturbance in thought process or content. The individual may be somewhat delusional or have brief or intermittent hallucinations or intermittent negative symptoms. The person's speech may be at times quite tangential or illogical. | This rating indicates an individual with severe psychotic disorder. The individual frequently is experiencing symptoms of psychosis and frequently has no reality assessment. There is evidence of ongoing delusions or hallucinations or both or pronounced negative symptoms. Command hallucinations would be coded here. |

2. DEPRESSION

Symptoms included in this dimension are depressed mood, social withdrawal, anxious, sleep disturbances, weight/eating disturbances, and loss of motivation.

| 0 | 1 | 2 | 3 |
|---|--|--|--|
| This rating is given to an individual with no evidence of depression. | This rating is given to an individual with mild depression. Brief duration of depression, irritability, or impairment of peer, family, vocational or academic function that does not lead to gross avoidance behavior. | This rating is given to an individual with a moderate level of depression. This level is used to rate individuals who meet the criteria for an affective disorder as listed above. | This rating is given to an individual with a severe level of depression, including someone who stays at home or in bed all day due to depression or whose symptoms prevent participation in school/ work, social settings, or family life. More severe forms of depressive diagnoses are coded here. This level indicates a person who is disabled in multiple life domains by his/her depression. |

3. ANXIETY

This item is used to rate worrying and fearfulness.

| 0 | 1 | 2 | 3 |
|--|---|---|---|
| This rating is given to an individual with no evidence of problems with anxiety. | This level is used to rate either a mild phobia or anxiety problem or a level of symptoms that is below the threshold for the other listed disorders. | This could include major conversion symptoms, frequent anxiety attacks, obsessive rituals, flashbacks, hyper vigilance, or school/work avoidance. | This rating is given to an individual with a severe level of anxiety, including someone who stays at home or in bed all day due to anxiety or whose emotional symptoms prevent participation in school/work, social settings, or family life. More severe forms of anxiety disorder diagnoses are coded here. |

4. ADJUSTMENT TO TRAUMA

This rating covers the reactions of individuals to a variety of traumatic experiences. This dimension covers both adjustment disorders and post traumatic stress disorder from DSM-IV.

| 0 | 1 | 2 | 3 |
|--|---|---|---|
| The individual has not experienced any trauma or has adjusted well to significant traumatic experiences. | The individual has some mild adjustment problems and exhibits some signs of distress. | The individual has marked adjustment problems and is symptomatic in response to a traumatic event (e.g., anger, depression, and anxiety). | The individual has post traumatic stress difficulties. Symptoms may include intrusive thoughts, hypervigilance, constant anxiety, and other common symptoms of Post Traumatic Stress Disorder (PTSD). |

5. IMPULSE CONTROL

Symptoms of Impulse Control problems that might occur in a number of disorders including Intermittent Explosive Disorder or Borderline Personality Disorder would be rated here.

| 0 | 1 | 2 | 3 |
|---|---|--|--|
| This rating is used to indicate an individual with no evidence of impulse problems. Individual is able to regulate and self-manage behavior and affect. | This rating is used to indicate an individual with evidence of mild problems with impulse control problems. An individual may have some difficulties with sitting still or paying attention or may occasionally engage in impulsive behavior. | This rating is used to indicate an individual with moderate impulse control problems. An individual who meets DSM-IV diagnostic criteria for impulse control disorder would be rated here. Persons who use poor judgment or put themselves in jeopardy would be rated here (e.g., picking fights). | This rating is used to indicate an individual with severe impulse control. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g., running into the street and dangerous driving). |

6. EATING DISTURBANCE

These symptoms include problems with eating including disturbances in body image, severe food sensitivity, refusal to maintain normal body weight and recurrent episodes of binge eating. These ratings are consistent with DSM-IV Eating Disorders.

| 0 | 1 | 2 | 3 |
|---|--|---|---|
| This rating is for an individual with no evidence of eating disturbances. | This rating is for an individual with a mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns. | This rating is for an individual with a moderate level of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising to maintain below normal weight, or emaciated body appearance. This could also include binge eating episodes that are followed by behaviors to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This individual may meet criteria for a DSM-IV Eating Disorder. | This rating is for an individual with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day). |

7. ANGER CONTROL*This item captures the individual's ability to identify and manage their anger when frustrated.*

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

8. ANTISOCIAL BEHAVIOR (Compliance with Society's Rules)*These symptoms include antisocial behaviors like shoplifting, lying, vandalism, cruelty to animals, and assault.*

| 0 | 1 | 2 | 3 |
|--|---|--|---|
| This rating indicates an individual with no evidence of antisocial disorder. | This rating indicates an individual with a mild level of conduct problems. Some difficulties in school/work and home behavior. Problems recognizable but not notably deviant. This might include occasional lying or petty theft from family. | This rating indicates an individual with a moderate level of conduct disorder. This could include episodes of planned aggression or other antisocial behavior. | This rating indicates an individual with a severe Antisocial Personality Disorder. This could include frequent episodes of unprovoked, planned aggression or other antisocial behavior. |

9. SLEEP DISTURBANCE

| 0 | 1 | 2 | 3 |
|--|--|--|---|
| Individual gets a full night's sleep each night. | Individual has some problems sleeping. Generally gets a full night's sleep but at least once a week problems arise. This may include having difficulties falling asleep or awakening early or in the middle of the night occasionally. | Individual is having problems with sleep. Sleep is often disrupted and individual seldom obtains a full night of sleep, or may sleep too much. | Individual is generally sleep deprived. Sleeping is difficult for the individual and they are not able to get a full night's sleep or sleep too much. |

10. INTERPERSONAL PROBLEMS*This rating identifies problems with relating to other people including significant manipulative behavior, social isolation, or significant conflictual relationships.*

| 0 | 1 | 2 | 3 |
|--|--|---|--|
| No evidence of notable interpersonal problems. | Evidence of mild degree, probably sub-threshold for the diagnosis of a personality disorder. For example, mild but consistent dependency in relationships, or evidence of mild antisocial or narcissistic behavior, or an unconfirmed suspicion of a diagnosable personality disorder could be rated here. | Evidence of sufficient degree of interpersonal problems. Individual's relationship problems may warrant a DSM-IV Axis II diagnosis. | Evidence of a severe interpersonal problems that has significant implications for the individual's long-term functioning. Interpersonal problems are disabling and block the individual's ability to function independently. |

11. MANIA

Symptoms included in this dimension are mood disturbance (including elevated/expansive, but also depressive at times), increase in energy, decrease in sleep, pressured speech, racing thoughts and grandiosity that are characteristic of mania.

| 0 | 1 | 2 | 3 |
|--|--|---|--|
| This rating is given to an individual with no evidence of mania. | This rating is given to an individual with mild mania. Brief duration of mania, irritability, or impairment of peer, family, vocational or academic function that does not lead to gross manic behavior. | This rating is given to an individual with a moderate level of mania. This level is used to rate individuals who meet the criteria for an affective disorder. | This rating is given to an individual with a severe level of mania. For example, the individual may be wildly over-spending, rarely sleeping, or pursuing a special "mission" that only he or she can accomplish. Functioning in multiple domains, such as school/ work, social settings and family are severely compromised. The manic episode rated here could include psychotic symptoms. |

1B. LIFE DOMAIN FUNCTIONING**12. PHYSICAL/MEDICAL**

This rating includes both health problems and chronic/acute physical conditions.

| 0 | 1 | 2 | 3 |
|--|--|--|--|
| No evidence of physical or medical problems. | Mild or well-managed physical or medical problems. This might include well-managed chronic conditions like diabetes or asthma. | Chronic physical or moderate medical problems. | Severe, life threatening physical or medical conditions. |

13. FAMILY FUNCTIONING

The definition of family should be from the perspective of the individual (i.e., who does the individual consider to be family). Family functioning should be rated independently of the problems experienced or stimulated by the individual currently assessed.

| 0 | 1 | 2 | 3 |
|---------------------------------|---|--|---|
| No evidence of family problems. | A mild to moderate level of family problems including marital difficulties and problems between siblings. | A significant level of family problems including frequent arguments, difficult separation and/or divorce, and siblings with significant mental health, developmental or criminal justice problems. | A profound level of family disruption including significant criminality or domestic violence. |

14. SEXUALITY

This rating describes issues around sexual development including developmentally inappropriate sexual behavior and problematic sexual behavior. Sexual orientation or gender identity issues could be rated here if they are leading to difficulties.

| 0 | 1 | 2 | 3 |
|---|--|--|---|
| No evidence of any problems with sexuality. | Mild to moderate problems with sexuality. May include concerns about sexual identity or anxiety about the reactions of others. | Significant problems with sexuality. May include multiple older partners or high-risk sexual behavior. | Profound problems with sexuality. This level would include prostitution, very frequent risky sexual behavior, or sexual aggression. |

15. LIVING SKILLS

This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities

| 0 | 1 | 2 | 3 |
|---|---|--|---|
| This level indicates a person who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home. | This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. These problems are generally addressable with training or supervision. | This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised is common at this level. Problems are generally addressable with in-home services. | This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment. |

16. LEGAL

This item involves only the individual's involvement with the legal system.

| 0 | 1 | 2 | 3 |
|---|---|---|--|
| Individual has no known legal difficulties. | Individual has a history of legal problems but currently is not involved with the legal system. | Individual has some legal problems and is currently involved in the legal system. | Individual has serious current or pending legal difficulties that place him/her at risk for incarceration. |

17. SELF-CARE

This rating focuses on current status of self-care functioning. Suicidal or homicidal behavior would not be rated here but severe eating disorders could be included.

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| No evidence of self-care impairments. This is characterized by the ability to independently complete all activities of daily living such as bathing, grooming, dressing, cooking, and managing personal finances. | A mild degree of impairment with self-care. This is characterized by self-care difficulties that impair the individual's level of functioning, but do not represent a significant short or long-term threat to the person's well-being. | A moderate degree of self-care impairment. This is characterized by an extreme disruption in one self-care skill or moderate disruption in more than one self-care skill. Self-care does not represent an immediate threat to the person's safety but has the potential for creating significant long-term problems if not addressed. | A significant degree of self-care impairment. Extreme disruptions in multiple self-care skills. Self-care abilities are sufficiently impaired that he/she represents an immediate threat to himself/herself and requires 24-hour supervision. |

18. SOCIAL FUNCTIONING

This item refers to the individual's current status in getting along with others in his/her life.

| 0 | 1 | 2 | 3 |
|--|---|--|--|
| Individual has good relations with others. | Individual is having some minor problems with his/her social functioning. | Individual is having some moderate problems with his/her social functioning. Problems with relationships are current interfere with functioning in other life domains. | Individual is experiencing severe disruptions in his/her social functioning. Individual is current socially disabled. Either he/she has no relations with others or all relationships are currently conflictual. |

19. RESIDENTIAL STABILITY

This item is used to rate the caregiver's current and likely future housing circumstances for the individual. If the individual lives independently, their history of residential stability can be rated.

| 0 | 1 | 2 | 3 |
|---|--|---|--|
| <p>There is no evidence of residential instability. The individual has stable housing for the foreseeable future.</p> | <p>The individual has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, a mild degree of residential instability if living independently, characterized by the potential loss of housing due to the person's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful would be rated here.</p> | <p>The individual has moved multiple times in the past year. Also, a moderate degree of residential instability if the person is living independently, characterized by recent and temporary lack of permanent housing.</p> | <p>The individual has experienced periods of homelessness in the past six months. Also, significant degree of residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.</p> |

20. EMPLOYMENT FUNCTIONING

This rates the performance of the individual in work settings. This can include issues of behavior, attendance or productivity. Use NA for individuals for whom there is no evidence of a need to create employment at this time (e.g., retired)

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| <p>No evidence of problems at work if individual is gainfully employed.</p> | <p>A mild degree of problems with work functioning. Individual may have some problems in work environment involving attendance, productivity or relations with others. OR Client is not currently working though is motivated and is actively seeking work.</p> | <p>A moderate degree of work problems including disruptive behavior and/or difficulties with performing required work. Supervisors likely have warned individual about problems with his/her work performance. OR Though not working, client seems interested in doing so, though may have some anxiety about it. He or she may need support and/or training.</p> | <p>A severe degree of school or work problems including aggressive behavior toward peers or superiors or severe attendance problems. Individual may be recently fired or at very high risk of firing (e.g. on notice). OR Client is unmotivated or uninterested in working even though he or she would be capable of employment with support and/or training.</p> |

2. RISKS

21. DANGER TO SELF

This section specifically assesses for risk of suicide or homicide

| 0 | 1 | 2 | 3 |
|---|---|--|---|
| <i>None</i> | <i>History but no recent intent, ideation or feasible plan.</i> | <i>Recent ideation, intention, plan that is feasible and/or history of a potentially lethal attempt.</i> | <i>Current ideation or command hallucinations re self-harm, current intent, plan that is immediately accessible and feasible, and or history of multiple potentially lethal attempts.</i> |
| No evidence or history of suicidal or self-injurious behaviors. | The individual has a history of suicidal or self-injurious behavior but none during the past 30 days. | This individual has expressed suicidal ideation recently (last 30 days, though not today), or has engaged in suicidal behavior in the past 30 days (including today) but does not currently have a plan to complete the suicide attempt. | This individual currently has suicidal ideation and a feasible plan to commit suicide, with or without the specific means to carry the act out. |

COMPLETE RESILIENCY MODULE

22. DANGER TO OTHERS

This section specifically assesses for risk of harming another

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| <i>None</i> | <i>History but no recent gesture or ideation.</i> | <i>Recent homicidal ideation, physically harmful aggression or dangerous fire setting, but no in past 24 hours. Has plan to harm others that is feasible.</i> | <i>Acute homicidal ideation with an accessible, feasible plan of physically harmful aggression, or command hallucinations involving harm of others. Or intentionally set fire that placed others at significant risk of harm.</i> |
| No evidence or history of aggressive behaviors or significant verbal aggression towards others (includes people and animals). | A history of aggressive behavior or verbal aggression towards others but no aggression during the past 30 days. A history of fire setting (not in the past year) would be rated here. | Occasional or moderate level of aggression towards others including aggression during the past 30 days or more recent verbal aggression. This individual has expressed ideation about harming another recently (last 30 days). Individual may or may not have a specific plan, but the behavior being contemplated is feasible. | This individual displays a significant level of aggression. and articulates a plan to enact the aggressive behavior. Frequent or dangerous (significant harm) level of aggression to others. Individual may or may not currently have the means to carry out an attack, Any fire setting within the past year would be rated here. The individual is an immediate risk to others. |

COMPLETE RESILIENCY MODULE

2A. RESILIENCY MODULE

AWARENESS OF VIOLENCE POTENTIAL

Please rate the highest level from the past 30 days.

| 0 | 1 | 2 | 3 |
|--|---|--|--|
| Individual is completely aware of his/her level of risk of violence. Individual knows and understands risk factors. Individual accepts responsibility for past and future behaviors. Individual is able to anticipate future challenging circumstances. A individual with no violence potential would be rated here. | Individual is generally aware of his/her potential for violence. Individual is knowledgeable about his/her risk factors and is generally able to take responsibility. Individual may be unable to anticipate future circumstances that may challenge him/her. | Individual has some awareness of his/her potential for violence. Individual may have tendency to blame others but is able to accept some responsibility for his/her actions. | Individual has no awareness of his/her potential for violence. Individual may deny past violent acts or explain them in terms of justice or as deserved by the victim. |

| RESPONSE TO CONSEQUENCES | | | |
|---|--|--|--|
| <i>Please rate the highest level from the past 30 days.</i> | | | |
| 0 | 1 | 2 | 3 |
| Individual is clearly and predictably responsive to identified consequences. Individual is regularly able to anticipate consequences and adjust behavior. | Individual is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences. | Individual responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior. | Individual is unresponsive to consequences for his/her violent behavior. |

2B. RISK BEHAVIORS

| 23. SELF-INJURIOUS BEHAVIOR | | | |
|---|---|--|--|
| <i>This rating includes repetitive physically harmful behavior that generally serves a self-soothing functioning with the individual.</i> | | | |
| 0 | 1 | 2 | 3 |
| There is no evidence of any forms of intentional self-injury (e.g. cutting, burning, face slapping, head banging). | The individual has a history of intentional self-injury but none evident in the past 30 days. | The individual has engaged in intentional self injury that does not require medical attention. | The individual has engaged in intentional self injury that requires medical attention. |

| 24. GRAVE DISABILITY | | | |
|---|---|---|---|
| <i>This rating refers to an individual's inability to provide for his or her basic personal needs (food, shelter, clothing) due to his or her mental illness.</i> | | | |
| 0 | 1 | 2 | 3 |
| No evidence of behaviors that indicate the individual has difficulty providing for basic personal needs (e.g., food, shelter, clothing). | History of difficulty providing for basic physical needs, or currently having minor difficulty providing for needs in one area (food, shelter, clothing) but not to the extent that harm is likely. | The individual has difficulty providing for basic physical needs. At risk of endangering him or herself (e.g., eating rotten food, unable to feed self, no, or unlivable housing, delusions about food or clothing, or too disorganized to feed or clothes self). | Individual is currently unable to provide for food, clothing and shelter to the extent that he or she has endangered him or herself and there is evidence of physical harm. |

| 25. SEXUAL RISK (includes sexual aggression and vulnerability to exploitation) | | | |
|--|--|---|--|
| <i>This includes all sexual offending that could result in charges be made against the individual. Sexual aggression includes the use or threat of physical force or taking advantage of a power differential to engage in non-consenting sexual activity.</i> | | | |
| 0 | 1 | 2 | 3 |
| No evidence of problems with sexual aggression, OR this level indicates a person with no evidence of recent exploitation and no significant history of exploitation within the past year. The person may have been robbed or burglarized on one or more. | History of sexual aggression but no known sexually aggressive behavior in the past year OR this level indicates a person with a history of exploitation but who has not been victimized to any significant degree in the past year. Person is not presently at risk for re-exploitation. | Recent sexual aggression but not at immediate risk of re-offending OR this level indicates a person who has been recently exploited (within the past year) but is not in acute risk of re-exploitation. This might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime. | Recent sexual aggression with acute risk of re-offending due to attitude, behavior, or circumstances OR This level indicates a person who has been recently exploited and is in acute risk of re-exploitation. Examples include working as a prostitute and living in an abusive relationship. |

26. CRIMINAL BEHAVIOR

This rating includes both criminal behavior and status offenses that may result from the individual failing to follow required behavioral standards. This category does not include drug usage but it does include drug sales and other drug related activities. Sexual offenses should be included as criminal behavior.

| 0 | 1 | 2 | 3 |
|--|---|---|--|
| No evidence or history of criminal behavior. | A history of criminal behavior but none in the past year. | A moderate level of criminal activity. This level indicates a person who has been engaged in criminal activity during the past year, but the criminal activity does not represent a significant physical risk to others in the community. Examples would include vandalism and shoplifting. | A severe level of criminal activity. This level indicates a person who has been engaged in violent criminal activity during the past year which represent a significant physical risk to others in the community. Examples would include rape, armed robbery, and assault. |

3. PSYCHIATRIC HISTORY

Include current/past conditions, level of treatment, client & family.

4. SUBSTANCE USE

Complete CAGE screener. Any "yes" answer should result in a 1, 2, or 3 score on the ANSA scale. Consider ANSA ratings regardless of client score on screen. In addition, check boxes of substances currently used, if applicable.

27. SUBSTANCE ABUSE

These symptoms include use of alcohol and illegal drugs, the misuse of prescription medications and the inhalation of any substance for recreational purposes. This dimension is rated consistent with DSM-IV Substance Related Disorders.

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| This rating is for an individual who has no notable substance use difficulties at the present time. If the person is in recovery for greater than 1 year they should be coded here. | This rating is for an individual with mild substance use problems that might occasionally present problems of living for the person (i.e., intoxication, loss of money, and reduced work performance). This rating would be used for someone early in recovery (less than 1 year) who is currently maintaining abstinence for at least 30 days. | This rating is for an individual with a moderate substance abuse problem that both requires treatment and interacts with and exacerbates the psychiatric illness. A substance abuse problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting. | This rating is for an individual with a severe substance dependence condition that presents a significant complication to the mental health management (e.g., need for detoxification) of the individual. |

COMPLETE SUBSTANCE USE MODULE

4C. SUBSTANCE USE MODULE

SEVERITY OF USE

Please rate the highest level from the past 30 days

| 0 | 1 | 2 | 3 |
|--|---|--|--|
| Individual is currently abstinent and has maintained abstinence for at least six months. | Individual is currently abstinent but only in the past 30 days or individual has been abstinent for more than 30 days but is living in an environment that makes substance use difficult. | Individual actively uses alcohol or drugs but not daily. | Individual uses alcohol and/or drugs on a daily basis. |

| STAGE OF RECOVERY | | | |
|--|---|---|---|
| <i>Please rate the highest level from the past 30 days</i> | | | |
| 0 | 1 | 2 | 3 |
| Individual is in maintenance stage of recovery. Individual is abstinent and able to recognize and avoid risk factors for future alcohol or drug use. | Individual is actively trying to use treatment to remain abstinent. | Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery. | Individual is in denial regarding the existence of any substance use problem. Precontemplation stage. |

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

5. MEDICAL HISTORY

Include past/current illnesses and conditions. Indicate primary physician's name and contact information.

6. CURRENT MEDICATIONS

Include name of prescriber, allergies, both psychotropic and non-psychotropic.

28. MEDICATION ADHERENCE

This rating focuses on the level of the individual's willingness and participation in taking prescribed medications

| 0 | 1 | 2 | 3 |
|--|---|---|---|
| This level indicates a person who takes medications as prescribed and without reminders, or a person who is not currently on any medication. | This level indicates a person who will take prescribed medications routinely, but who sometimes needs reminders to maintain adherence. Also, a history of inconsistent use or abuse of medications but no current problems would be rated here. | This level indicates a person who is somewhat non-adherent. This person may be resistant to taking psychotropic medications or this person may tend to overuse his or her medications. He/she might adhere with prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication in prescribed dose or protocol. | This level indicates a person who has refused to take prescribed psychotropic medications during the past 30 day period or a person who has abused his or her medications to a significant degree (i.e., overdosing or over using medications to a dangerous degree). |

7. MENTAL STATUS

Note client's: A) Attitude, B) Appearance, C) Movement, D) Speech, E) Affect F) Mood, G) Thought process/Content, H) Insight/Judgment, I) Memory and orientation, J) S/H ideation, K) Intelligence, L) Hallucinations

8. PSYCHOSOCIAL & FAMILY HISTORY

8A. ACCULTURATION

29. LANGUAGE

This item includes both spoken and sign language.

| 0 | 1 | 2 | 3 |
|---|--|--|--|
| Individual and significant others speak English well. | Individual and significant others speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language. | Individual and/or significant others do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports. | Individual and/or significant others do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports. Extra case management time will be required to assist client in treatment. |

30. CULTURAL STRESS

Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identify and the predominant culture in which he/she lives.

| 0 | 1 | 2 | 3 |
|--|---|---|---|
| No evidence of stress between individual's cultural identify and current living situation. | Some mild or occasional stress resulting from friction between the individual's cultural identify and his/her current living situation. | Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain. | Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. |

9. STRENGTHS

31. FAMILY

All family with whom the individual remains in contact, along with other individuals in relationships with these family members.

| 0 | 1 | 2 | 3 |
|---|--|---|--|
| Significant family strengths. This level indicates a family with much love and mutual respect for each other. Family members are central in each other's lives. | Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members. | Mild level of family strengths. Family is able to communicate and participate in each other's lives, however, family members may not be able to provide significant emotional or concrete support for each other. | This level indicates an individual with no known family strengths. |

32. SOCIAL CONNECTEDNESS

This item is used to refer to the interpersonal skills of the individual as they relate to others and to having a support system.

| 0 | 1 | 2 | 3 |
|---|---|---|--|
| Significant interpersonal strengths. The individual is seen as well liked by others and has significant ability to form and maintain positive relationships. The individual has multiple close friends and is friendly with others. | Moderate level of interpersonal strengths. The individual has formed positive interpersonal relationships with peers and other non-caregivers. The individual may currently have no friends, but has a history of making and maintaining friendships with others. | Mild level of interpersonal strengths. The individual has some social skills that facilitate positive relationships with peers but may not have any current healthy relationships, but has a history of making and maintaining healthy friendships with others. | This level indicates an individual with no known interpersonal strengths. The individual currently does not have any friends nor has he/she had any friends in the past. |

33. OPTIMISM/HOPEFULNESS

This rating should be based on the individual's sense of him/herself in his/her own future. This is intended to rate the individual's positive future orientation.

| 0 | 1 | 2 | 3 |
|---|--|--|---|
| Individual has a strong and stable optimistic outlook on his/her life. Individual is future oriented. | Individual is generally optimistic. Individual is likely able to articulate some positive future vision. | Individual has difficulties maintaining a positive view of him/herself and his/her life. Individual may vary from overly optimistic to overly pessimistic. | Individual has difficulties seeing any positives about him/herself or his/her life. |

34. RESOURCEFULNESS

This rating should be based on the individual's ability to identify and use external resources in managing their lives.

| 0 | 1 | 2 | 3 |
|--|---|--|--|
| Individual is quite skilled at finding the necessary resources required to aid him/her in his/her managing challenges. | Individual has some skills at finding necessary resources required to aid him/her in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources. | Individual has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources. | Individual has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources. |

35. INVOLVEMENT IN RECOVERY/MOTIVATION FOR TREATMENT

This rating focuses on the level of the individual's active participation in treatment and self management of behavioral health needs.

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| This level indicates a person who is fully involved in his/her recovery. He or she has identified treatment choices and fully participates. | This level indicates a person who is generally involved in his/her recovery. He or she participates in treatment but does not actively exercise choice. | This level indicates a person who is marginally involved in his/her recovery. He or she is minimally involved in treatment. | This level indicates a person who is uninvolved in his/her recovery. He or she is currently not making effort to address needs. |

36. EDUCATIONAL

This item is used to refer to the strengths of the school/vocational training environment and may or may not reflect any specific educational/work skills possessed by the individual.

| 0 | 1 | 2 | 3 |
|---|--|--|---|
| This level indicates an individual who is in school or a training program and is involved with an educational plan or work environment that appears to exceed expectations. The school works exceptionally well with the individual and family to create an effective learning environment. | This level indicates an individual who is in school or a training program, however, there have been problems such as tardiness, absenteeism, reductions in productivity, or conflict with supervisors or teachers. | This level indicates an individual who is in school but has a plan that does not appear to be effective. | Individual is not currently involved in an educational program. This rating is given whether or not additional education is necessary for the individual to meet goals. |

37. SPIRITUAL/RELIGIOUS*This rating should be based on the individual's involvement in spiritual or religious beliefs and activities.*

| 0 | 1 | 2 | 3 |
|---|--|---|--|
| This level indicates an individual with strong religious and spiritual strengths. The individual may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort him/her in difficult times. | This level indicates an individual with some religious and spiritual strengths. The individual may be involved in a religious community. | This level indicates an individual with few spiritual or religious strengths. The individual may have little contact with religious institutions. | This level indicates an individual with no known spiritual or religious involvement. |

38. COMMUNITY CONNECTION*This rating should be based on the individual's level of involvement in the cultural aspects of life in his/her community.*

| 0 | 1 | 2 | 3 |
|---|--|--|---|
| This level indicates an individual with extensive and substantial long-term ties with the community. For example, involvement in a community group for more than one year, may be widely accepted by neighbors, or involved in other community activities or informal networks. | This level indicates an individual with significant community ties although they may be relatively short-term (i.e., past year). | This level indicates an individual with limited ties and/or supports from the community. | This level indicates an individual with no known ties or supports from the community. |

39. VOLUNTEERING*This item describes the degree to which an individual is involved in volunteer activities that give back to the community.*

| 0 | 1 | 2 | 3 |
|---|--|---|--|
| Individual actively seeks out and engages in helping the community by performing volunteer activities on a regular basis (e.g., at least once a month). | Individual understands the importance of volunteering, but does not actively seek out volunteer activities. The individual only engages in volunteer activities sporadically (e.g., once or twice per year). | Individual is starting to appreciate the importance of volunteering, but has never engaged in any volunteer activities. | Individual is not interested in volunteering and refuses to engage in such activities. |

10. DSM-IV DIAGNOSIS**Complete multi-axial diagnosis, and indicate primary diagnosis by the check box. Remember to include substance abuse diagnoses on Axis I if applicable.****11. CLINICAL IMPRESSION, RECOMMENDATION, DISPOSITION****Include medical necessity, disposition.****12. SIGNATURES**