



Psychosocial Acuity – Regional

Client name:

Client number:

(Check the appropriate level in each life area. Multiply the number of "checks" in each column by the number of "points" for a total.)

If any of the following conditions apply, the psychosocial acuity level is automatically 4 and the acuity must be reassessed in 60 days:

- Incarcerated within the last 90 days. Diagnosed with HIV in the last 180 days. Currently homeless.

| Life area | 1 (1 point) | 2 (2 points) | 3 (3 points) | 4 (4 points) |
|---|--|--|--|--|
| Basic needs | <input type="checkbox"/> Client is able to meet own basic needs. Client is able to access community assistance on their own as needed. | <input type="checkbox"/> Occasional help to access assistance. Needs occasional food or financial assistance monthly < 2 times per year. | <input type="checkbox"/> Difficulty accessing assistance. Often w/o basics. Accesses food or financial assistance monthly 3-6 times per year. | <input type="checkbox"/> Has limited access to food. Without most basic needs. Accesses food or financial assistance monthly > 7 times. |
| Transportation | <input type="checkbox"/> Has reliable transportation. Is able to cover costs of transportation. | <input type="checkbox"/> Needs occasional assistance < 2 mo. per year. | <input type="checkbox"/> No means. Under or un-served area. Needs assistance 3-6 mo. per year. | <input type="checkbox"/> Serious impact on medical care. Needs assistance > 7 mo. per year. |
| Risk reduction | <input type="checkbox"/> Understand risks and practices harm reduction behavior. | <input type="checkbox"/> Poor understanding of risk and no exposure to high risk situations or behaviors. | <input type="checkbox"/> Has poor knowledge and/or occasionally engages in risky behaviors. | <input type="checkbox"/> Lacks knowledge and/or engages in significant risky behaviors. |
| Health insurance/medical care coverage | <input type="checkbox"/> Has own medical insurance and payer. Able to access medical care. | <input type="checkbox"/> Enrolled in CAREAssist. Needs occasional assistance accessing medical care < 2 times per year. | <input type="checkbox"/> Needs CM assistance or referral to access insurance or CAREAssist. No medical crisis. Needs assistance accessing medical care 3-6 times per year. | <input type="checkbox"/> Needs immediate assistance to access insurance or CAREAssist. Medical crisis. Does not have access to medical care. |
| Self sufficiency | <input type="checkbox"/> Independent. F/U on referrals and access services. | <input type="checkbox"/> Sometimes requires assistance in F/U and completing forms. | <input type="checkbox"/> Difficulty w/ F/U; completing forms; accessing services. | <input type="checkbox"/> Never F/U; unable to complete forms; burns bridges. |
| Housing/living arrangement | <input type="checkbox"/> Living in clean, stable housing. Does not need assistance. | <input type="checkbox"/> Stable housing. Occasionally needs assistance with housing < 2 mo. per year. | <input type="checkbox"/> Temporary housing. OHOP violation or eviction imminent. Frequently accesses assistance 3-6 mo. per year or pays rent late. Unsafe housing. | <input type="checkbox"/> Homeless. Recently evicted. Unable to live independently. Accesses assistance > 7 mo. per year. |

| Life area | 1 (1 point) | 2 (2 points) | 3 (3 points) | 4 (4 points) |
|-------------------------|--|--|--|--|
| Mental health | <input type="checkbox"/> No reported mental health problems. No need for referral. | <input type="checkbox"/> Reports some difficulties/stress is functioning. Engaged in mental health care. | <input type="checkbox"/> Experiencing severe difficulty in day-to-day functioning. Requires significant support. Needs referral to mental health care. | <input type="checkbox"/> Danger to self/others, needs immediate intervention. Needs but not accessing therapy. |
| Addictions | <input type="checkbox"/> No risk, or low risk alcohol/drug use.No tobacco use. | <input type="checkbox"/> Risky use of alcohol/drugs. Tobacco user, contemplating or attempting to quit. | <input type="checkbox"/> Harmful use of alcohol/drugs. Tobacco user. No desire to quit. | <input type="checkbox"/> Dependent use of alcohol/drugs. |
| Points per level | | | | |
| Total points: 0 | <input type="checkbox"/> Points reported on care plan | | Date: | |