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|  | Public Health DivisionHIV Community Services Program |  |
| **Psychosocial Acuity — Regional** |
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| 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)*** |
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| **Basic needs** | [ ]  | Client is able to meet own basic needs. Client is able to access community assistance on their own as needed.  |  [ ]  | Occasional help to access assistance. Needs occasional food or financial assistance < 2 months per year.  |  [ ]  | Difficulty accessing assistance. Often w/o basics. Accesses food or financial assistance 3-6 months per year. |  [ ]  | Has limited access to food. Without most basic needs. Accesses food or financial assistance > 7 months per year.  |
| **Transportation** | [ ]  | Has reliable transportation. Is able to cover costs of transportation. |  [ ]  | Needs occasional assistance < 2 mo. per year. |  [ ]  | No means. Under or un-served area. Needs assistance 3-6 mo. per year. |  [ ]  | Serious impact on medical care. Needs assistance > 7 mo. per year. |
| **Risk reduction** | [ ]  | Understand risks and practices harm reduction behavior. |  [ ]  | Poor understanding of risk and no exposure to high risk situations or behaviors. |  [ ]  | Has poor knowledge and/or occasionally engages in risky behaviors. |  [ ]  | Lacks knowledge and/or engages in significant risky behaviors. |
| **Health insurance/medical care coverage** | [ ]  | Has own medical insurance and payer. Able to access medical care. |  [ ]  | Enrolled in CAREAssist. Needs occasional assistance accessing medical care < 2 times per year. |  [ ]  | Needs CM assistance or referral to access insurance or CAREAssist. No medical crisis. Needs assistance accessing medical care 3-6 times per year. |  [ ]  | Needs immediate assistance to access insurance or CAREAssist. Medical crisis. Does not have access to medical care. |
| **Self sufficiency** | [ ]  | Independent. F/U on referrals and access services.  |  [ ]  | Sometimes requires assistance in F/U and completing forms. |  [ ]  | Difficulty w/ F/U; completing forms; accessing services. |  [ ]  | Never F/U; unable to complete forms; burns bridges. |
| **Housing/living arrangement** | [ ]  | Living in clean, stable housing. Does not need assistance. |  [ ]  | Stable housing. Occasionally needs assistance with housing < 2 mo. per year. |  [ ]  | Temporary housing. OHOP violation or eviction imminent. Frequently accesses assistance 3-6 mo. per year or pays rent late. Unsafe housing. |  [ ]  | 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)*** |
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| **Mental health** | [ ]  | No reported mental health problems. No need for referral. |  [ ]  | Reports some difficulties/stress is functioning. Engaged in mental health care. |  [ ]  | Experiencing severe difficulty in day-to-day functioning. Requires significant support. Needs referral to mental health care. |  [ ]  | Danger to self/others, needs immediate intervention. Needs but not accessing therapy. |
| **Substance Use**  | [ ]  | No risk, or low risk alcohol/drug use. No tobacco use.  |  [ ]  | Risky use of alcohol/drugs. Tobacco user, contemplating or attempting to quit.\* |  [ ]  | Harmful use of alcohol/drugs. Tobacco user. No desire to quit. |  [ ]  | Dependent use of alcohol/drugs.  |
| **Points per level** |       |       |       |       |
| **Total Points**  |       |       |       | Date       |