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|  | Public Health Division HIV 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 | |