



**USER'S MANUAL FOR THE  
CHILD AND ADOLESCENT  
TEXAS RECOMMENDED ASSESSMENT GUIDELINES  
(CA-TRAG)**

**September 2007  
Version 3.2**

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## ACKNOWLEDGMENTS

The User's Manual for the Child and Adolescent Texas Recommended Assessment Guidelines (CA-TRAG) was originally developed by the Texas Department of Mental Health and Mental Retardation (TDMHMR) Resiliency and Disease Management (RDM) Assessment Workgroup, now part of the Texas Department of State Health Services (DSHS). It was also produced with the suggestions of reviewers across the state of Texas. We also acknowledge the American Association of Community Psychiatrists (AACP), Wesley E. Sowers, M.D., AACP, and Jack Stevenson, M.S., Deerfield Behavioral Health, for providing helpful materials. Finally, we are grateful to Benjamin M. Ogles, Ph.D., Department of Psychology, Ohio University, for furnishing critical materials, and for his generous advice and support.

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\*Versions 1.0 – 2.1; \*\*Versions 1.0-3.0.

## INTRODUCTION

With the implementation of the Resiliency (children and adolescents) and Disease Management (adults) or RDM initiative to design service packages and a financing methodology for public mental health services in the state of Texas, the use of quantifiable measures to guide assessment and level of care recommendations are essential. Until now, however, there have been few, if any, instruments to address these needs. The Child and Adolescent Texas Recommended Assessment Guidelines (CA-TRAG) by the Texas Department of State Health Services (DSHS) is an instrument that can be used for these purposes. However, no recommendations in this document supersede Federal, State, or local licensing or operating requirements for agencies, programs, or facilities.

The User's Manual for the CA-TRAG is meant to be used face-to-face by a Qualified Mental Health Professional-Community Services (QMHP-CS) at each Local Mental Health Authority (LMHA) and their providers to assess the service needs and recommend a level of care for children and adolescents in the public mental health system. Therefore, the CA-TRAG comprises part of the DSHS *Child & Adolescent Uniform Assessment for RDM*. DSHS' *Utilization Management Guidelines* for use with each level of care call upon (but are not limited to) the CA-TRAG.

The CA-TRAG was created in response to the many clinicians and administrators who called for the development of a common framework for making level of care recommendations in the treatment of children and adolescents in the Texas public mental health system. The format of the CA-TRAG is based on the Adult Texas Recommended Assessment Guidelines (Adult-TRAG; Texas Department of Mental Health and Mental Retardation, 2003), but has been adapted to reflect a developmental perspective, family focus, and acknowledgment of the array of services in systems that serve children and adolescents with serious emotional disturbances. The CA-TRAG may be used with children ages 3 to 17 years.

More specifically, the goal of the CA-TRAG is two-fold. First, the goal is to develop a systematic assessment process for measuring mental health service needs among children and adolescents based on their diagnostic category and ten domains. Second, the aim is to propose a methodology for quantifying the assessment of service needs to allow reliable recommendations into the various levels of care or service packages with specified types and amounts of services.

This User's Manual for the CA-TRAG is divided into six sections:

- ◆ **Section 1** focuses on the rationale and principles used in its construction.

- ◆ **Section 2** includes a description and rating system for each of the following ten assessment domains:
  1. Ohio Youth Problem Severity Scale (OYPSS; Ogles, Melendez, Davis, and Lunnen, 1999)
  2. Ohio Youth Functioning Scale (OYFS; Ogles, Melendez, Davis, and Lunnen, 1999)
  3. Risk of Self-Harm
  4. Severe Disruptive or Aggressive Behavior
  5. Family Resources
  6. History of Psychiatric Treatment
  7. Co-Occurring Substance Use
  8. Juvenile Justice Involvement
  9. School Behavior
  10. Psychoactive Medication Treatment
  
- ◆ **Section 3** of this User's Manual describes the following four levels of care in the service system:
  - ◆ **Crisis Services**
  - ◆ **Level of Care 1: Brief Outpatient**
    - ◆ Service Package 1.1: Brief Outpatient (Externalizing Disorders)
    - ◆ Service Package 1.2: Brief Outpatient (Internalizing Disorders)
  - ◆ **Level of Care 2: Intensive Outpatient**
    - ◆ Service Package 2.1: Intensive Outpatient (Multi-Systemic Therapy)
    - ◆ Service Package 2.2: Intensive Outpatient (Externalizing Disorders)
    - ◆ Service Package 2.3: Intensive Outpatient (Internalizing Disorders)
    - ◆ Service Package 2.4: Intensive Outpatient (Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis or other psychotic disorders)
  - ◆ **Level of Care 4: After-Care Services**

The recommended assessment guidelines, including the diagnostic category and domain ratings, are then presented for each level of care. A simplified Level of Care Decision Grid is also provided to facilitate the translation of assessment results into level of care recommendations.

- ◆ **Section 4** contains sample case vignettes as well as simplified CA-TRAG Scoring Sheets to assess your understanding of the material presented.
- ◆ **Section 5** includes questions and answers to help you practice applying the CA-TRAG.
- ◆ **Section 6** comprises sample questions so that you may gain a complete understanding of each domain of the CA-TRAG.

We hope that Version 3.2 of the User's Manual for the CA-TRAG will be useful, knowing that a study on an earlier, but very similar, version found the CA-TRAG to be highly reliable and valid. However, we realize that a document like this must be dynamic

and that additional changes may be needed either to accommodate local needs or to address unexpected shortcomings that are only realized after experience with the instrument. The DSHS RDM Assessment Workgroup welcomes ***specific suggested (sentence-level) changes*** to this User's Manual. That is, for each of your suggested (sentence-level) changes, please reference the existing page number, paragraph number, and sentence, and then supply your new sentence. Then please send them in writing to: Molly Lopez, Ph.D., Community Mental Health and Substance Abuse, Texas Department of State Health Services, Mail Code 2018, P.O. Box 12668, 909 W. 45<sup>th</sup>, P.O. Box 12668, Austin, Texas, U.S.A. 78711-2668, Email: [molly.lopez@dshs.state.tx.us](mailto:molly.lopez@dshs.state.tx.us). Requests for reprints of the study report entitled, "*Child and Adolescent Texas Recommended Assessment Guidelines (CA-TRAG): A Study of Reliability and Validity*," may also be sent to Molly Lopez using the same contact information.

## SECTION 1

### RATIONALE AND PRINCIPLES

The Texas public mental health system has been fraught with examples of apparent inequities in care. There has been great variability in the types and amounts of services provided to individuals that could not be explained by differences in specific needs for care (e.g., diagnosis, intensity of symptoms, and level of functioning). Yet, in a system constrained by limited resources, it is critically important to distribute treatments and services in accordance with identified needs and appropriateness of the service modality. Therefore, as part of the RDM initiative to design service packages and a financing methodology for public mental health services for children and adolescents accessing public mental health services, DSHS has developed the CA-TRAG to help LMHA QMHP-CS clinicians and their providers make decisions about what level of care or service package is most appropriate for children and adolescents with serious emotional disturbances based on a face-to-face assessment.

A multitude of attempts have been made to quantify the process of individuals with an appropriate level of care. Instruments have been developed by managed care and/or information systems companies, by government agencies, and by clinical researchers with this objective in mind (e.g., Achenbach, 1991; Barker, Barron, McFarland, and Bigelow, 1994; Bowman Internet Systems, LLC 2001; Glazer and Gray, 1996; Gordon and Gordon, 1991; Hodges, 2000; Kazarian and Joseph, 1994; Klaehn, O'Malley, Vaughan, and Kroeger, 2002; Lyons, Kisiel, Dulcan, Cohen, and Shesler, 1997; McKesson Corporation, 2000; Multi Health Systems, Inc., 2002; OQ Systems, Inc., 2001; Roy-Byrne et al., 1998; TeleSage, 2000; Uehara, Smukler, and Newman, 1996).

Despite the advantages of these instruments, there are several disadvantages when it comes to their application, as noted by Sowers, George, and Thompson (1999). For instance, proprietary instruments may be too expensive for public mental health delivery systems, especially in light of the current funding situation. And even if the instrument itself is not proprietary, the cost to train clinicians to use the instrument may be quite high. Other instruments concentrate on a specific population, limiting their application (Allen and Dixon, 1994; American Society of Addiction Medicine, 1996; Eisen et al., 1998; Lingiardi, Madeddu, Fossati, and Maffei, 1994). They are often difficult for clinicians to use and may be too complicated. In defining levels of care, they tend to be somewhat specific to a defined set of services, preventing them from being applied to other systems, regions, and situations. Moreover, few systems exist that adequately address the needs of children and adolescents with serious emotional disturbance, co-occurring substance use, or both using a complete array of services (Roy-Byrne et al., 1998; Sowers, 1998). Lastly, poverty and the services needed to address it are too often overlooked (Santos, Henggeler, Burns, Arana, and Meisler, 1995; Sharfstein, 1996; Quinlivan and McWhirter, 1996).

It was within this context, then, that the DSHS RDM Assessment Workgroup began work on the Child and Adolescent Texas Recommended Assessment Guidelines (CA-TRAG). Work on the CA-TRAG began in 2003 guided by the following principles:

- ◆ The instrument should be easy to understand and use by clinicians.
- ◆ The domains assessed should be quantifiable and should promote consistent clinical judgement.
- ◆ Level of care or service package descriptions should be brief and clear to ensure uniformity and efficiency.
- ◆ Level of care recommendations should be made appropriately to ensure correct responses to the needs of children and adolescents.

With these principles in mind, the current Version 3.2 of the User's Manual for the CA-TRAG represents minor changes to Version 3.1. Both versions are based on Version 2.1, which was studied and found to be highly reliable and valid. Importantly, however, no recommendations in this document supersede Federal, State, or local licensing or operating requirements for agencies, programs, or facilities. The User's Manual for the CA-TRAG is meant to be used face-to-face by a QMHP-CS at each LMHA and their providers to assess the service needs and recommend a level of care for children and adolescents in the public mental health system. Therefore, the CA-TRAG comprises part of the DSHS Child & Adolescent Uniform Assessment for RDM. DSHS' Utilization Management Guidelines for use with each level of care call upon (but are not limited to) the CA-TRAG.

## SECTION 2

### DIAGNOSTIC CATEGORIES, DOMAINS FOR ASSESSMENT, AND RATING SYSTEMS

#### Diagnostic Categories

Diagnosis is a key factor for determining the level and type of service that may be recommended. Each level of care contains diagnosis-specific interventions based on the available research literature. For the purposes of the CA-TRAG, diagnoses are categorized as “Externalizing Disorders”, “Internalizing Disorders”, and “Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis and other psychotic disorders,” and are used to recommend the most appropriate service package.

The “Externalizing Disorders” category consists of diagnoses suggesting undercontrolled or disruptive behavior. Some of the most common diagnoses seen in this category are Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Conduct Disorders, and Disruptive Disorder Not Otherwise Specified (NOS). Interventions for this group of disorders focus on the development of skills for both the child and their caregiver, including child behavior management training. The “Internalizing Disorders” category consists of diagnoses suggesting over-control and affective symptoms. Some of the more common diagnoses in the “Internalizing Disorders” category are Depressive Disorders and Anxiety Disorders. The literature recommends the use of Cognitive Behavioral Therapy (CBT) for treating these types of disorders. An additional category of “Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis or other psychotic disorders” includes diagnoses suggesting the need for psychiatric care as the initial or primary intervention.

In Appendix 1, the DSM-IV-TR (American Psychiatric Association, 2000) diagnoses are grouped in the externalizing, internalizing and the “Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis or other psychotic disorders” categories for use with the CA-TRAG. This is not a comprehensive list of all possible diagnoses. It is an effort to provide the most common diagnoses found in our service system and to provide a guide for the clinician in making a recommendation to a level of care and service package. Appendix 1 also contains a list of “Other Diagnoses” for which a level of care recommendation is not clearly evident. Under these circumstances, the level of care recommendation is based on clinical judgement.

In some cases, a child or adolescent will be diagnosed with both internalizing and externalizing disorders or a diagnosis that does not cleanly fit into any one category. Appropriate diagnosis is crucial in making the most appropriate level of care recommendations. The level of care recommended should correspond to the disorder or presenting problem that is causing the most significant functional impairment for the child and family or is causing the most distress for the child or family. At times, it may be unclear which disorder is causing the most difficulty for the child. In such cases, there are three factors that need to be considered: 1) what problem is causing the most

impairment; 2) what issue is the most amenable to treatment; and 3) what services do the child or family see as being the most beneficial.

### **Domains for Assessment and Rating Systems**

In addition to the diagnostic category, the CA-TRAG requires that the child or adolescent be assessed within ten domains before a level of care recommendation can be made. The CA-TRAG domain rating system is used to assess the intensity of a child or adolescent's mental health service needs. It defines the domains clinicians consider when recommending the most appropriate level of care for children and adolescents with serious emotional disturbances who are in the public mental health system. The CA-TRAG is comprised of the following domains for assessment:

1. Ohio Youth Problem Severity Scale (OYPSS; Ogles et al., 1999)
2. Ohio Youth Functioning Scale (OYFS; Ogles et al., 1999)
3. Risk of Self-Harm
4. Severe Disruptive or Aggressive Behavior
5. Family Resources
6. History of Psychiatric Treatment
7. Co-Occurring Substance Use
8. Juvenile Justice Involvement
9. School Behavior
10. Psychoactive Medication Treatment

Each domain is rated using the anchors provided. With the exception of the Ohio Scales and domains 6, 8, and 10, each is rated 1 (*no notable limitations*), 2 (*mild limitations*), 3 (*moderate limitations*), 4 (*serious limitations*), or 5 (*extreme limitations*), with higher domain ratings indicating a greater level of need. Domain 3 examines the child or adolescent's Risk of Self-Harm, while Domain 4 measures the extent to which the child or adolescent is displaying Severe Disruptive or Aggressive Behavior. Domain 5 examines the child or adolescent's Family Resources. Domain 6 (History of Psychiatric Treatment) uses a similar 1 to 5 rating scale and is used to determine whether or not the child has been hospitalized or placed in a residential treatment center within the last 18 months. Domain 7 assesses the extent of Co-Occurring Substance Use. Domain 8 (Juvenile Justice Involvement) examines the extent to which the child or adolescent has been involved in the juvenile justice system, using a five-point scale. This scale differentiates between current minor involvement, probation or parole, or arrest within the last 90 days. Domain 9 (School Behavior) focuses on the disruption that the child's disorder may be causing in a school setting. For preschool aged children, this domain should be used to rate their behavior in a structured childcare environment. Domain 10 (Psychoactive Medication Treatment) is rated on a 2-point scale and indicates the need to continue current treatment on psychotropic medications.

Sometimes, there will be uncertainty about whether a child or adolescent has met criteria for a rating within one of the domains. Clinical judgment must be used in making decisions under these circumstances, and the rating or criterion that provides the closest approximation to the actual situation should be selected. Yet, problems could

still arise. But it is likely that at least one criterion will be met, and this is the one that should be selected.

Once ratings have been assigned on all ten domains, they should be recorded on a CA-TRAG Level of Care Scoring Sheet (see Section 4; see also Section 1 of DSHS' Child & Adolescent Uniform Assessment for RDM). Referring to the CA-TRAG Level of Care Decision Grid (Section 3) and/or the CA-TRAG Calculator (**use only Version 3.1**; DSHS, 2006; see DSHS' webpage on RDM to download – <http://www.dshs.state.tx.us/mhprograms/RDMCAtrag.shtm>), the level of care recommendation can then be obtained based on the child or adolescent's diagnostic category and ten domain ratings.

Finally, the CA-TRAG is the basis for DSHS' Child & Adolescent Uniform Assessment for RDM. It must be completed every 90 days (except when the extended utilization management option is used) and at discharge. Each of the ten CA-TRAG domains and rating systems are presented, following general notes about the instruments used to assess the first two domains [i.e., Ohio Youth Problem Severity Scale (OYPSS) and Ohio Youth Functioning Scale (OYFS)] according to the Ohio Youth Problem, Functioning and Satisfaction Scales (Short Form; Ogles et al., 1999).

***General Notes for the Ohio Youth Problem Severity Scale (OYPSS) and Ohio Youth Functioning Scale (OYFS):***

- ◆ **The age ranges indicated for both the OYPSS and OYFS are 5 to 17 years. Although these instruments have not been formally studied with children younger than 5, they will be used by the LMHA for children ages 3 and 4. For items that are not age appropriate, the caregiver should be instructed to rate the child as a 0 on the OYPSS and a 3 on the OYFS. An item rating of 0 on the OYPSS and a 3 on the OYFS are considered to be neutral ratings, or alternatively, such ratings may indicate that the item does not apply.**
- ◆ **The two remaining subscales from the Ohio Youth Problem, Functioning, and Satisfaction Scales (Short Form; Ogles et al., 1999)—the Restrictiveness of Living Environment Scale (ROLES) and the Satisfaction Survey—have been eliminated for use on the CA-TRAG.**
- ◆ **The following items recorded in Section 2 of DSHS' Child & Adolescent Uniform Assessment for RDM (CARE-CEA-RDM) form, were added to meet state and national performance reporting requirements:**
  - ◆ **Number of arrests in the last 90 days.**
  - ◆ **School days missed in the last 90 days.**
  - ◆ **Primary residence type during the last 90 days**
- ◆ **These items should be assessed and documented at intake and at the 90-day update.**

## 1. Ohio Youth Problem Severity Scale (OYPSS; Ogles et al., 1999)

This domain is based on an established and psychometrically validated instrument, the Ohio Youth Problem Severity Scale (OYPSS; Ogles et al., 1999).

The OYPSS was developed to assess the problem severity of children and adolescents receiving community mental health services. There are three parallel forms of the 20-item OYPSS completed by the youth's parent or primary caregiver (P-form), the youth (Y-form), and the youth's agency worker (W-form). Each item is rated from 0 (*not at all*) to 5 (*all the time*) with a 0 to 100 total score. The OYPSS Y-form is designed for youth ages 12 to 17, whereas the OYPSS P-form and W-form are designed for youth ages 5 to 17.

### **Notes for the Ohio Youth Problem Severity Scale (OYPSS; Ogles et al., 1999):**

- ◆ **The OYPSS was selected because its format makes it possible for parents or caregivers to report on their child or adolescent's problem severity, since they are the best source of information in this regard. The intake worker should make every effort to obtain a valid OYPSS parent evaluation (P-form). However, if the parent or caregiver is unavailable and the OYPSS P-form cannot be obtained, the OYPSS youth self-report (Y-form) should be used instead. Alternatively, if the intake worker determines that the OYPSS P-form or the OYPSS Y-form is invalid, then the OYPSS worker evaluation (W-form) should be used instead.**
- ◆ **If more than two items on the OYPSS are not rated, the results are considered invalid and this domain cannot be evaluated. Therefore, the intake worker must review the OYPSS before finalizing the intake interview to ensure that the form is completed correctly.**
- ◆ **Please consult the abbreviated Ohio Youth Scales Manual located in Appendix 2 for more detailed instructions on the administration and scoring of the OYPSS.**

## 2. Ohio Youth Functioning Scale (OYFS; Ogles et al., 1999)

This domain is based on the Ohio Youth Functioning Scale (OYFS; Ogles et al., 1999). Like the OYPSS, the OYFS was developed for the assessment of children and adolescents receiving publicly funded mental health services. There are three parallel forms of the 20-item OYFS completed by the youth's parent or primary caregiver (P-form), the youth (Y-form), and the youth's agency worker (W-form). Each item is rated from 4 (*doing very well*) to 0 (*extreme troubles*) with a 0 to 80 total score. The OYFS Y-form is designed for youth ages 12 to 17, whereas the OYFS P-form and W-form are designed for youth ages 5 to 17.

**Notes for the Ohio Youth Functioning Scale (OYFS; Ogles et al., 1999):**

- ◆ The OYFS was selected because its format makes it possible for parents or caregivers to report on their child or adolescent's functioning, since they are the best source of information in this regard. The intake worker should make every effort to obtain a valid OYFS parent evaluation (P-form). However, if the parent or caregiver is unavailable and the OYFS P-form cannot be obtained, the OYFS youth self-report (Y-form) should be used instead. Alternatively, if the intake worker determines that the OYFS P-form or the OYFS Y-form is invalid, then the OYFS worker evaluation (W-form) should be used instead.
- ◆ If more than two items on the OYFS are not rated, the results are considered invalid and this domain cannot be evaluated. Therefore, the intake worker must review the OYFS before finalizing the intake interview to ensure that the form is completed correctly.
- ◆ Please consult the abbreviated Ohio Youth Scales Manual located in Appendix 2 for more detailed instructions on the administration and scoring of the OYFS.

**3. Risk of Self-Harm**

**1. No Notable Limitations**

- ◆ No current suicidal ideation.

**2. Mild Limitations**

- ◆ Fleeting suicidal ideation with no plan.

**3. Moderate Limitations**

- ◆ Suicidal ideation or threats with no plan.

**4. Serious Limitations (one or more of the following)**

- ◆ Ideation with intent, plan and means **with** adequate safety plan.
- ◆ Ideation with no plan but has a history of suicide attempts.

**5. Extreme Limitations**

- ◆ Ideation with intent, plan and means **without** adequate safety plan.

**4. Severe Disruptive or Aggressive Behavior**

**1. No Notable Limitations (one or more of the following)**

- ◆ Interacts appropriately with others.
- ◆ Respectful towards others.

## **2. Mild Limitations (one or more of the following)**

- ◆ Frequently irritable or easily annoyed but behavior/moods are easily resolved.
- ◆ Occasional verbal outbursts or aggression towards objects (e.g., yells at someone, slams door).
- ◆ Seen as being “quick tempered.”

## **3. Moderate Limitations (one or more of the following)**

- ◆ General or vague threats of aggression towards others with no clear intent (e.g., “I’m going to get you!”).
- ◆ Assault resulting in no or minimal physical harm to another (e.g., only brief pain).
- ◆ Frequent verbal outbursts without provocation or aggression towards objects.

## **4. Serious Limitations (one or more of the following)**

- ◆ Significant verbal threats of physical harm towards others with no weapon.
- ◆ Assaults resulting in moderate physical harm to another (e.g., leaves bruises or cuts, lasting pain).
- ◆ Intentionally damages property resulting in moderate damage (e.g., breaks furniture or windows).
- ◆ Repeatedly plays with fire such that damage could likely result.
- ◆ Has been sexually inappropriate with others such that adults are concerned about supervision with other children or adolescents.

## **5. Extreme Limitations (one or more of the following)**

- ◆ Assault resulting in serious physical harm to another that necessitates medical care.
- ◆ Significant verbal threats of physical harm towards others with a weapon.
- ◆ Deliberate and severe damage to property (e.g., fire setting).
- ◆ Sexually assaultive towards another.
- ◆ Runs away from home overnight repeatedly or cannot be located for more than 5 days.
- ◆ Imminent risk of out of home placement as a result of behavior that places his family or others at serious risk of harm.

## **5. Family Resources**

### **1. No Notable Limitations**

- ◆ Family environment is stable and caregiver feels able to meet the current needs of the child or adolescent.
- ◆ Caregiver reports little or no pressure or stress from lack of external resources (i.e., material or social supports).

### **2. Mild Limitations (one or more of the following)**

- ◆ Caregiver expresses concerns regarding their ability to cope with child or adolescent’s problems.
- ◆ Caregiver has a slight deficit in problem solving, parenting strategies and/or communication skills but is willing to participate in treatment.

### **3. *Moderate Limitations (one or more of the following)***

- ◆ Caregiver/other family member's physical or mental health concerns interfere to some extent with the ability to adequately meet child or adolescent's needs.
- ◆ Caregiver reports pressure from unmet material or social supports.
- ◆ Caregiver is often dissatisfied with the relationship with the child or adolescent, but generally feels capable of handling the child or adolescent's behavioral and emotional needs.
- ◆ Caregiver has moderate difficulty in problem solving, parenting strategies and or communication skills or their willingness to participate in treatment is questionable.

### **4. *Serious Limitations (one or more of the following)***

- ◆ Caregiver reports being overwhelmed by pressure or stress of their child or adolescent's problems and has expressed significant concerns regarding their ability to deal with the child or adolescent right now.
- ◆ Caregiver demonstrates limited ability or willingness to participate in treatment.
- ◆ Caregiver expresses hostility and resentment toward child or adolescent.
- ◆ Appropriate community supports are lacking to help meet the needs of the child, adolescent, or family.

### **5. *Extreme Limitations (one or more of the following)***

- ◆ Caregiver expresses an unwillingness to participate in treatment right now and feels pessimistic about their child or adolescent's future.
- ◆ Child requires extensive supervision that prevents the caregiver from being employed or fulfilling other responsibilities.
- ◆ Due to child's behavior, caregiver refuses to allow the child or adolescent to return home or is considering parental relinquishment of legal custody or juvenile justice referral in order to place the child outside the home.
- ◆ Sexual or physical abuse or neglect or severe or frequent domestic violence present in the home.

## **6. History of Psychiatric Treatment**

1. No history of psychiatric residential treatment or hospitalizations.
2. Psychiatric residential treatment or hospitalization has not occurred within the last 12 months.
3. One episode of psychiatric residential treatment placement or hospitalizations has occurred within the last 12 months.
4. More than one psychiatric residential treatment or hospitalization has occurred within the last 12 months but none within the last 90 days.
5. Discharged from psychiatric residential treatment or hospitalization within the last 90 days or had 3 or more hospitalizations within the last 180 days.

## 7. Co-Occurring Substance Use

### 1. **No Notable Limitations**

- ◆ No substance use reported.

### 2. **Mild Limitations (one or more of the following)**

- ◆ Occasional use of substances with no identifiable negative consequences.
- ◆ Experimented with substances but does not regularly use.

### 3. **Moderate Limitations (one or more of the following)**

- ◆ Occasional use of substances with mild to moderate negative consequences (e.g., beginning to interfere with school attendance, relationships, work performance).
- ◆ Regular use of substances to intoxication (i.e., 1 to 2 times per week).

### 4. **Serious Limitations (one or more of the following)**

- ◆ Evidence of an inability to control use of substances.
- ◆ Regular use of substances with serious negative consequences (e.g., beginning to affect health, suspended or expelled from school, fired from job).
- ◆ Chronic use of substances to intoxication (i.e., more than 2 times per week).

### 5. **Extreme Limitations (one or more of the following)**

- ◆ Has blackouts associated with substance use.
- ◆ Evidence of physical addiction to substances, including need to increase use to maintain effect (i.e., tolerance), withdrawal symptoms when not regularly using substances, or craving substances in order to feel “normal” or to get through the day.

## 8. Juvenile Justice Involvement

1. No juvenile justice involvement in the last 90 days and not currently on probation or parole.
2. Community interventions/diversions (including Child In Need of Supervision or CINS offenses) or informal proceedings with juvenile probation department within past 90 days.
3. Arrested and adjudicated for a non-CINS misdemeanor within the past 90 days or currently on probation or parole for non-CINS misdemeanor.
4. Arrested and adjudicated for a felony within the past 90 days or currently on probation or parole for a felony.
5. Rearrested within past 90 days regardless of the nature of the offense or the outcome.

## 9. School Behavior

### 1. **No Notable Limitations (one or more of the following)**

- ◆ No behavior problems reported.
- ◆ School behavior problems domain is not applicable for the child or adolescent (e.g., has completed school, dropped out and received GED, or too young for school and not in a structured childcare environment).

**2. Mild Limitations (one or more of the following)**

- ◆ Some problems in school/daycare as a result of minor disruptive behaviors.
- ◆ Occasionally breaks school/daycare rules.

**3. Moderate Limitations (one or more of the following)**

- ◆ Disruptive behavior has resulted in classroom behavior management interventions.
- ◆ Disruptive behavior that leads to frequent disciplinary referrals.

**4. Serious Limitations (one or more of the following)**

- ◆ Ongoing behavior that severely disrupts the entire class.
- ◆ Disruptive behavior results in additional behavior management interventions (e.g., one-to-one classroom supervision, in-school suspension).
- ◆ Breaks multiple school/daycare rules, regardless of consequences.
- ◆ Frequent unexcused absences or truant from school.

**5. Severe Limitations (one or more of the following)**

- ◆ Suspended, expelled or dropped out of school/daycare.
- ◆ Made serious threats or harmed teachers or other students.
- ◆ Disruptive behavior has lead to placement in a self-contained classroom or to a Juvenile Justice Alternative Education placement.

**10. Psychoactive Medication Treatment**

1. Not currently treated with psychoactive medication.
2. Currently treated with psychoactive medication and continued treatment is clinically indicated.

## SECTION 3

### LEVELS OF CARE AND RECOMMENDED ASSESSMENT GUIDELINES

#### Instructions

Like the User's Manual for the CA-TRAG in general, the levels of care and recommended assessment guidelines described below are meant to be used face-to-face by a QMHP-CS at each LMHA and their providers. However, no recommendations in this document as a whole, and in this section in particular, supersede Federal, State, or local licensing or operating requirements for agencies, programs, or facilities. This User's Manual, in general, and the Levels of Care and Recommended Assessment Guidelines, in particular, are not intended to replace clinical judgment. The CA-TRAG comprises part of the DSHS' Child & Adolescent Uniform Assessment for RDM. DSHS' Utilization Management Guidelines for use with each level of care call upon (but are not limited to) the CA-TRAG.

There are four levels of care. Within Levels of Care 1 and 2, there are different service packages based on the necessary diagnostic categories that were described in Section 2.

- ◆ **Crisis Services**
- ◆ **Level of Care 1: Brief Outpatient**
  - Service Package 1.1: Brief Outpatient (Externalizing Disorders)
  - Service Package 1.2: Brief Outpatient (Internalizing Disorders)
- ◆ **Level of Care 2: Intensive Outpatient**
  - Service Package 2.1: Intensive Outpatient (Externalizing Disorders - Multi-Systemic Therapy)
  - Service Package 2.2: Intensive Outpatient (Externalizing Disorders)
  - Service Package 2.3: Intensive Outpatient (Internalizing Disorders)
  - Service Package 2.4: Intensive Outpatient (Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis or other psychotic disorders)
- ◆ **Level of Care 4: After-Care**

Each level of care describes particular packages of services. Although there is some overlap, services generally become progressively more intensive (and expensive) as one moves from the lower to the higher levels of care, with the exception of Level of Care 4 (After-Care). A description of each level of care appears below, followed by the recommended assessment guidelines based on the diagnostic category and ten domain ratings.

Importantly, should a child or adolescent's diagnostic category and domain ratings indicate that they may be recommended for more than one level of care, then the child or adolescent's CA-TRAG Level of Care Recommendation should be the level of care that is most intensive.

More specifically, the following rules apply:

- ◆ Should a child or adolescent's diagnostic category and domain ratings indicate that they may be recommended for Service Package 2.1 (Intensive Outpatient – Externalizing Disorders – MST) **and** either Service Package 1.1 (Brief Outpatient – Externalizing Disorders) or Service Package 2.2 (Intensive Outpatient – Externalizing Disorders), then the default CA-TRAG Level of Care Recommendation should be Level of Care 2.1 (Intensive Outpatient – Externalizing Disorders – MST).
- ◆ Should a child or adolescent's diagnostic category and domain ratings indicate that they may be recommended for Level of Care 2.3 (Intensive Outpatient – Internalizing Disorders) **and** Level of Care 1.2 (Brief Outpatient – Internalizing Disorders), then the default CA-TRAG Level of Care Recommendation should be Level of Care 2.3 (Intensive Outpatient – Internalizing Disorders).

## **CRISIS SERVICES**

### **Description**

Crisis Services are available to **new** children and adolescents in the priority population and others who are experiencing psychiatric crises at **intake**. Services include 24-hour triage, crisis assessment, case coordination, physician services, and inpatient hospitalization, if indicated. Other services may be available, including crisis respite and 23-hour observation. Importantly, for children and adolescents already receiving Levels of Care 1 (Brief Outpatient), 2 (Intensive Outpatient), **and** Level of Care 4 (After-Care), community-based crisis services are provided within the existing service package. So, if the child or adolescent is already in service and a crisis situation emerges, do not attempt to administer the CA-TRAG. Resolve the crisis first and attempt to administer the CA-TRAG when the child or adolescent is stable to determine if a different service intensity is warranted.

### **Recommended Assessment Guidelines**

Crisis Services are recommended for children or adolescents in any diagnostic category who have a rating of **5** on domain 3 (Risk of Self-Harm) **or** a rating of **5** on domain 7 (Co-Occurring Substance Use). Importantly, a child or adolescent who presents a serious risk of harming another, regardless of the CA-TRAG domain ratings, is recommended for Crisis Services.

### **Diagnostic Category**

- ◆ Any.
- 1. Ohio Youth Problem Severity Scale (OYPSS)**
    - ◆ Not applicable for this level of care.
  - 2. Ohio Youth Functioning Scale (OYFS)**
    - ◆ Not applicable for this level of care.
  - 3. Risk of Self-Harm**
    - ◆ A rating of **5** is sufficient for this level of care, independent of other domain ratings.

**4. Severe Disruptive or Aggressive Behavior**

- ◆ Not applicable for this level of care.

**5. Family Resources**

- ◆ Not applicable for this level of care.

**6. History of Psychiatric Treatment**

- ◆ Not applicable for this level of care.

**7. Co-Occurring Substance Use**

- ◆ A rating of **5** is sufficient for this level of care, independent of other domain ratings.

**8. Juvenile Justice Involvement**

- ◆ Not applicable for this level of care.

**9. School Behavior**

- ◆ Not applicable for this level of care.

**10. Psychoactive Medication Treatment**

- ◆ Not applicable for this level of care.

**LEVEL OF CARE 1: BRIEF OUTPATIENT****Service Package 1.1: Brief Outpatient (Externalizing Disorders)****Description**

This service package is available to children and adolescents with externalizing disorders and a moderate level of functional impairment. The focus of the intervention is on psychosocial skill development for the child or adolescent and the enhancement of parenting skills, especially in child behavior management. Information regarding the diagnosis, medication, monitoring of symptoms and side effects is provided. This service package is generally considered short-term and time-limited.

If needed, a psychiatric evaluation, medication and medication management are available in addition to Service Package 1.1 through the Utilization Management (UM) process. Access to parent support groups is also available.

**Recommended Assessment Guidelines**

Service Package 1.1 is recommended for children or adolescents with externalizing disorders who have a score of **18 or greater** on the OYPSS or a score **less than 55** on the OYFS. **In addition**, a rating of **2, 3, 4, or 5** on domain 4 (Severe Disruptive or Aggressive Behavior) or a rating of **2, 3, 4, or 5** on domain 9 (School Behavior) is necessary for this service package.

**Diagnostic Category**

- ◆ Externalizing disorders (e.g., ADD/ADHD, Conduct Disorder, Oppositional Defiant Disorder, and Disruptive Disorder NOS).

### 1. Ohio Youth Problem Severity Scale (OYPSS)

- ◆ Independent of other domain ratings, a score of **18 or greater** is necessary for this service package **and** a rating of **2, 3, 4, or 5** on domain 4 (Severe Disruptive or Aggressive Behavior) **or** a rating of **2, 3, 4, or 5** on domain 9 (School Behavior).

### 2. Ohio Youth Functioning Scale (OYFS)

- ◆ Independent of other domain ratings, a score **less than 55** is necessary for this service package **and** a rating of **2, 3, 4, or 5** on domain 4 (Severe Disruptive or Aggressive Behavior) **or** a rating of **2, 3, 4, or 5** on domain 9 (School Behavior).

### 3. Risk of Self-Harm

- ◆ Not applicable for this service package.

### 4. Severe Disruptive or Aggressive Behavior:

- ◆ Independent of other domain ratings, a rating of **2, 3, 4, or 5** is necessary for this service package **and** a score of **18 or greater** on the OYPSS **or** a score **less than 55** on the OYFS.

### 5. Family Resources

- ◆ Not applicable for this service package.

### 6. History of Psychiatric Treatment

- ◆ Not applicable for this service package.

### 7. Co-Occurring Substance Use

- ◆ Not applicable for this service package.

### 8. Juvenile Justice Involvement

- ◆ Not applicable for this service package.

### 9. School Behavior

- ◆ Independent of other domain ratings, a rating of **2, 3, 4, or 5** is necessary for this service package **and** a score of **18 or greater** on the OYPSS **or** a score **less than 55** on the OYFS.

### 10. Psychoactive Medication Treatment

- ◆ Not applicable for this service package.

## Service Package 1.2: Brief Outpatient (Internalizing Disorders)

### Description

This service package is targeted at children and adolescents with internalizing disorders and a moderate level of functional impairment. The focus of the intervention is counseling using a cognitive behavioral approach. Information regarding the diagnosis, medication, monitoring of symptoms and side effects is provided. This service package is generally considered short-term and time-limited.

If needed, a psychiatric evaluation, medication and medication management, and family therapy are available in addition to Service Package 1.2 through the Utilization Management (UM) process. Access to parent support groups is also available.

## Recommended Assessment Guidelines

Due to the clinical presentation of internalizing disorders, the CA-TRAG domains may not easily identify internalized symptoms. Therefore, Service Package 1.2 is recommended for children or adolescents with internalizing disorders who have a score of **18 or greater** on the OYPSS or a score **less than 55** on the OYFS, independent of other domain ratings.

### Diagnostic Category

- ◆ Internalizing disorders (e.g., Depressive Disorders, Anxiety Disorders, and Adjustment Disorders with internalizing symptoms).

#### 1. Ohio Youth Problem Severity Scale (OYPSS)

- ◆ A score of **18 or greater** is sufficient for this service package, independent of other domain ratings.

#### 2. Ohio Youth Functioning Scale (OYFS)

- ◆ A score **less than 55** is sufficient for this service package, independent of other domain ratings.

#### 3. Risk of Self-Harm

- ◆ Not applicable for this service package.

#### 4. Severe Disruptive or Aggressive Behavior

- ◆ Not applicable for this service package.

#### 5. Family Resources

- ◆ Not applicable for this service package.

#### 6. History of Psychiatric Treatment

- ◆ Not applicable for this service package.

#### 7. Co-Occurring Substance Use

- ◆ Not applicable for this service package.

#### 8. Juvenile Justice Involvement

- ◆ Not applicable for this service package.

#### 9. School Behavior

- ◆ Not applicable for this service package.

#### 10. Psychoactive Medication Treatment

- ◆ Not applicable for this service package.

## LEVEL OF CARE 2: INTENSIVE OUTPATIENT

### Service Package 2.1: Intensive Outpatient (Externalizing Disorders – Multi-Systemic Therapy)

#### Description

This service package is aimed at youth with externalizing disorders and high levels of severe disruptive or aggressive behaviors who are in the juvenile justice system and who are at high risk of out of home placement or further penetration into the juvenile justice system due to presenting behaviors. Multi-Systemic Therapy (MST) is a comprehensive, intensive in-home and community-based treatment model. Service components include intensive case management, counseling, and skills training. Multiple family concerns and significant parental stress indicate the need for intensive case management and the availability of parent-to-parent peer support. The family service plan is developed using a wraparound planning approach. Extensive collaboration with juvenile probation or parole is required.

If needed, a psychiatric evaluation, medication and medication management, and flexible funds are available in addition to Service Package 2.1 through the Utilization Management (UM) process.

#### Recommended Assessment Guidelines

Service Package 2.1 is recommended for children or adolescents with externalizing disorders who have a score of **18 or greater** on the OYPSS or a score **less than 55** on the OYFS. **In addition**, a rating of **4** or **5** on domain 4 (Severe Disruptive or Aggressive Behavior) **and** a rating of **3, 4** or **5** on the domain 8 (Juvenile Justice Involvement) are necessary for MST.

#### Diagnostic Category

- ◆ Externalizing disorders (e.g., ADHD/ADD, Conduct Disorder, Oppositional Defiant Disorder, or another Axis I diagnosis with secondary externalizing diagnosis).
1. **Ohio Youth Problem Severity Scale (OYPSS)**
    - ◆ Independent of other domain ratings, a score of **18 or greater** is necessary for this service package **and** a rating of **4** or **5** on domain 4 (Severe Disruptive or Aggressive Behavior) **and** a rating of **3, 4**, or **5** on domain 8 (Juvenile Justice Involvement).
  2. **Ohio Youth Functioning Scale (OYFS)**
    - ◆ Independent of other domain ratings, a score **less than 55** is necessary for this service package **and** a rating of **4** or **5** on domain 4 (Severe Disruptive or Aggressive Behavior) **and** a rating of **3, 4**, or **5** on domain 8 (Juvenile Justice Involvement).
  3. **Risk of Self-Harm**
    - ◆ Not applicable for this service package.
  4. **Severe Disruptive or Aggressive Behavior**
    - ◆ Independent of other domain ratings, a rating of **4** or **5** is necessary for this service package **and** a rating of **3, 4**, or **5** on domain 8 (Juvenile Justice Involvement) **and** a score of **18 or greater** on the OYPSS or a score **less than 55** on the OYFS.

### 5. Family Resources

- ◆ Not applicable for this service package.

### 6. History of Psychiatric Treatment

- ◆ Not applicable for this service package.

### 7. Co-Occurring Substance Use

- ◆ Not applicable for this service package.

### 8. Juvenile Justice Involvement

- ◆ Independent of other domain ratings, a rating of **3, 4** or **5** is necessary for this service package **and** a rating of **4** or **5** on domain 4 (Severe Disruptive or Aggressive Behavior) **and** a score of **18 or greater** on the OYPSS **or** a score **less than 55** on the OYFS.

### 9. School Behavior

- ◆ Not applicable for this service package.

### 10. Psychoactive Medication Treatment

- ◆ Not applicable for this service package.

## Service Package 2.2: Intensive Outpatient (Externalizing Disorders)

### Description

This service package is available to children and adolescents with externalizing disorders and moderate to high functional impairment at home, school or in the community. Multiple family concerns and significant parental stress indicate the need for intensive case management and the availability of parent-to-parent peer support. The family service plan is developed using a wraparound planning approach.

If needed, a psychiatric evaluation, medication and medication management, and flexible funds are available in addition to Service Package 2.2 through the Utilization Management (UM) process.

### Recommended Assessment Guidelines

This service package is recommended for children or adolescents with externalizing disorders who have a score of **18 or greater** on the OYPSS **or** a score **less than 55** on the OYFS. **In addition, at least two of the following** are necessary: a rating of **4** or **5** on domain 4 (Severe Disruptive or Aggressive Behavior); a rating of **4** or **5** on domain 5 (Family Resources); a rating of **5** on domain 6 (History of Psychiatric Treatment); a rating of **3, 4, or 5** on domain 8 (Juvenile Justice Involvement); a rating of **4** or **5** on domain 9 (School Behavior).

### Diagnostic Category

- ◆ Externalizing disorders (e.g., ADHD/ADD, Conduct Disorder, Oppositional Defiant Disorder, and Disruptive Disorder NOS).

### 1. Ohio Youth Problem Severity Scale (OYPSS)

- ◆ Independent of other domain ratings, a score of **18 or greater** is necessary for this service package **and at least two of the following** are necessary: a rating of **4** or **5** on domain 4 (Severe Disruptive or Aggressive Behavior); a rating of **4** or **5** on domain 5 (Family Resources); a rating of **5** on domain 6 (History of Psychiatric Treatment); a rating of **3, 4, or 5** on domain 8 (Juvenile Justice Involvement); a rating of **4** or **5** on domain 9 (School Behavior).

### 2. Ohio Youth Functioning Scale (OYFS)

- ◆ Independent of other domain ratings, a score **less than 55** is necessary for this service package **and at least two of the following** are necessary: a rating of **4** or **5** on domain 4 (Severe Disruptive or Aggressive Behavior); a rating of **4** or **5** on domain 5 (Family Resources); a rating of **5** on domain 6 (History of Psychiatric Treatment); a rating of **3, 4, or 5** on domain 8 (Juvenile Justice Involvement); a rating of **4** or **5** on domain 9 (School Behavior).

### 3. Risk of Self-Harm

- ◆ Not applicable for this service package.

### 4. Severe Disruptive or Aggressive Behavior

- ◆ Independent of other domain ratings, a rating of **4** or **5** is necessary for this service package **and a score of 18 or greater** on the OYPSS **or a score less than 55** on the OYFS, **and at least one of the following**: a rating of **4** or **5** on domain 5 (Family Resources); a rating of **5** on domain 6 (History of Psychiatric Treatment); a rating of **3, 4, or 5** on domain 8 (Juvenile Justice Involvement); a rating of **4** or **5** on domain 9 (School Behavior).

### 5. Family Resources

- ◆ Independent of other domain ratings, a rating of **4** or **5** is necessary for this service package **and a score of 18 or greater** on the OYPSS **or a score less than 55** on the OYFS, **and at least one of the following**: a rating of **4** or **5** on domain 4 (Severe Disruptive or Aggressive Behavior); a rating of **5** on domain 6 (History of Psychiatric Treatment); a rating of **3, 4, or 5** on domain 8 (Juvenile Justice Involvement); a rating of **4** or **5** on domain 9 (School Behavior).

### 6. History of Psychiatric Treatment

- ◆ Independent of other domain ratings, a rating of **5** is necessary for this service package **and a score of 18 or greater** on the OYPSS **or a score less than 55** on the OYFS, **and at least one of the following**: a rating of **4** or **5** on domain 4 (Severe Disruptive or Aggressive Behavior); a rating of **4** or **5** on domain 5 (Family Resources); a rating of **3, 4, or 5** on domain 8 (Juvenile Justice Involvement); a rating of **4** or **5** on domain 9 (School Behavior).

### 7. Co-Occurring Substance Use

- ◆ Not applicable for this service package.

### 8. Juvenile Justice Involvement

- ◆ Independent of other domain ratings, a rating of **3, 4** or **5** is necessary for this service package **and a score of 18 or greater** on the OYPSS **or a score less than 55** on the OYFS, **and at least one of the following**: a rating of **4** or **5** on domain 4 (Severe Disruptive or Aggressive Behavior); a rating of **4** or **5** on domain 5 (Family Resources); a rating of **5** on domain 6 (History of Psychiatric Treatment); a rating of **4** or **5** on domain 9 (School Behavior).

## 9. School Behavior

- ◆ Independent of other domain ratings, a rating of **4** or **5** is necessary for this service package **and** a score of **18 or greater** on the OYPSS **or** a score **less than 55** on the OYFS, **and at least one of the following**: a rating of **4** or **5** on domain 4 (Severe Disruptive or Aggressive Behavior); a rating of **4** or **5** on domain 5 (Family Resources); a rating of **5** on domain 6 (History of Psychiatric Treatment); a rating of **3, 4, or 5** on domain 8 (Juvenile Justice Involvement).

## 10. Psychoactive Medication Treatment

- ◆ Not applicable for this service package.

## Service Package 2.3: Intensive Outpatient (Internalizing Disorders)

### Description

This service package is aimed at children and adolescents with internalizing disorders and a moderate to high level of problem severity or functional impairment. The focus of the intervention is on counseling using Cognitive Behavioral Therapy (CBT). Multiple family concerns and significant parental stress indicate the need for intensive case management and the availability of parent-to-parent peer support. The family service plan is developed using a wraparound planning approach.

If needed, a psychiatric evaluation, medication and medication management, family therapy, and flexible funds are available in addition to Service Package 2.3 through the Utilization Management (UM) process.

### Recommended Assessment Guidelines

This service package is recommended for children or adolescents with internalizing disorders who have a score of **18 or greater** on the OYPSS **or** a score **less than 55** on the OYFS. **In addition**, a rating of **4** or **5** on domain 5 (Family Resources) **or** a rating of **5** on domain 6 (History of Psychiatric Treatment) are necessary for this service package.

### Diagnostic Category

- ◆ Internalizing disorders (e.g., Depressive Disorders, Anxiety Disorders, and Adjustment Disorders with internalizing symptoms).

#### 1. Ohio Youth Problem Severity Scale (OYPSS)

- ◆ Independent of other domain ratings, a score of **18 or greater** is necessary for this service package **and** a rating of **4** or **5** on domain 5 (Family Resources) **or** a rating of **5** on domain 6 (History of Psychiatric Treatment).

#### 2. Ohio Youth Functioning Scale (OYFS)

- ◆ Independent of other domain ratings, a score **less than 55** is necessary for service package **and** a rating of **4** or **5** on domain 5 (Family Resources) **or** a rating of **5** on domain 6 (History of Psychiatric Treatment).

#### 3. Risk of Self-Harm

- ◆ Not applicable for this service package.

**4. Severe Disruptive or Aggressive Behavior**

- ◆ Not applicable for this service package.

**5. Family Resources**

- ◆ Independent of other domain ratings, a rating of **4** or **5** is necessary for this service package **or** a rating of **5** on domain 6 (History of Psychiatric Treatment) **and** a score of **18 or greater** on the OYPSS **or** a score **less than 55** on the OYFS.

**6. History of Psychiatric Treatment**

- ◆ Independent of other domain ratings, a rating of **5** is necessary for this service package **or** a rating of **4** or **5** on domain 5 (Family Resources) **and** a score of **18 or greater** on the OYPSS **or** a score **less than 55** on the OYFS.

**7. Co-Occurring Substance Use**

- ◆ Not applicable for this service package.

**8. Juvenile Justice Involvement**

- ◆ Not applicable for this service package.

**9. School Behavior**

- ◆ Not applicable for this service package.

**10. Psychoactive Medication Treatment**

- ◆ Not applicable for this service package.

**Service Package 2.4: Intensive Outpatient (Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis, or other psychotic disorders)****Description**

This service package is targeted at children and adolescents who are diagnosed with Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis or other psychotic disorders and are not yet stable on medication. The major focus is on stabilizing the child through psychiatric evaluation and medication management. Multiple family concerns and significant parental stress indicate the need for intensive case management and the availability of parent-to-parent peer support. The family service plan is developed using a wraparound planning approach.

If needed, flexible funds are available in addition to Service Package 2.4 through the utilization management process.

**Recommended Assessment Guidelines**

This service package is recommended for children and adolescents with Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis or other psychotic disorders who have a score of **18 or greater** on the OYPSS **or** a score **less than 55** on the OYFS.

**Diagnostic Category**

- ◆ Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis, or other psychotic disorders.

**1. Ohio Youth Problem Severity Scale (OYPSS)**

- ◆ A score of **18 or greater** is sufficient for this service package, independent of other domain ratings.

**2. Ohio Youth Functioning Scale (OYFS)**

- ◆ A score **less than 55** is sufficient for this service package, independent of other domain ratings.

**3. Risk of Self-Harm**

- ◆ Not applicable for this service package.

**4. Severe Disruptive or Aggressive Behavior**

- ◆ Not applicable for this service package.

**5. Family Resources**

- ◆ Not applicable for this service package.

**6. History of Psychiatric Treatment**

- ◆ Not applicable for this service package.

**7. Co-Occurring Substance Use**

- ◆ Not applicable for this service package.

**8. Juvenile Justice Involvement**

- ◆ Not applicable for this service package.

**9. School Behavior**

- ◆ Not applicable for this service package.

**10. Psychoactive Medication Treatment**

- ◆ Not applicable for this service package.

**Note:** Level of Care 3 was eliminated from the service package array in Fiscal Year 2007.

## **LEVEL OF CARE 4: AFTER-CARE**

### **Description**

This level of care is available to children and adolescents who have stabilized in terms of problem severity and functioning and require only medication and medication management to maintain stability.

### **Recommended Assessment Guidelines**

This level of care is recommended for children or adolescents in any diagnostic category who are currently being treated with psychoactive medication and continued treatment is clinically indicated [i.e., a rating of **2** on domain 10 (Psychoactive Medication Treatment)], provided they have successfully completed Level of Care 1, 2 or 3. Alternatively, this level of care is recommended for those who are currently being treated with psychoactive medication and continued treatment is clinically indicated [i.e., a rating of **2** on domain 10 (Psychoactive Medication Treatment)], provided

they do not qualify for Level of Care 1, 2, or 3. **Importantly, should a child or adolescent in this service package receive crisis intervention rehabilitation, they must be re-assessed after their crisis is resolved to determine whether a more intensive service package is needed.**

### **Diagnostic Category**

- ◆ Any.
- 1. Ohio Youth Problem Severity Scale (OYPSS)**
    - ◆ Not applicable for this level of care.
  - 2. Ohio Youth Functioning Scale (OYFS)**
    - ◆ Not applicable for this level of care.
  - 3. Risk of Self-Harm**
    - ◆ Not applicable for this level of care.
  - 4. Severe Disruptive or Aggressive Behavior**
    - ◆ Not applicable for this level of care.
  - 5. Family Resources**
    - ◆ Not applicable for this level of care.
  - 6. History of Psychiatric Treatment**
    - ◆ Not applicable for this level of care.
  - 7. Co-Occurring Substance Use**
    - ◆ Not applicable for this level of care.
  - 8. Juvenile Justice Involvement**
    - ◆ Not applicable for this level of care.
  - 9. School Behavior**
    - ◆ Not applicable for this level of care.
  - 10. Psychoactive Medication Treatment**
    - ◆ A rating of **2** is sufficient for this level of care, independent of other domain ratings.

**CA-TRAG  
LEVEL OF CARE DECISION GRID**

Domain \ Level of Care	Crisis Services	1: Brief Outpatient		2: Intensive Outpatient				4: After-Care
		Service Package 1.1: Externalizing Disorders	Service Package 1.2: Internalizing Disorders	Service Package 2.1: Externalizing Disorders - MST	Service Package 2.2: Externalizing Disorders	Service Package 2.3: Internalizing Disorders	Service Package 2.4: Bipolar Disorder or Schizophrenia or Major Depressive Disorder with Psychosis or other psychotic disorders	Any
<b>Diagnostic Category</b>	Any							
1. Ohio Youth Problem Severity Scale (OYPSS)		OYPSS 18+ or OYFS < 55						
2. Ohio Youth Functioning Scale (OYFS)								
3. Risk of Self-Harm	5*							
4. Severe Disruptive or Aggressive Behavior		2, 3, 4, or 5*		4 or 5 <sup>†</sup>	4 or 5 <sup>‡</sup>			
5. Family Resources					4 or 5 <sup>‡</sup>	4 or 5*		
6. History of Psychiatric Treatment					5 <sup>‡</sup>	5*		
7. Co-Occurring Substance Use	5*							
8. Juvenile Justice Involvement				3, 4 or 5 <sup>†</sup>	3, 4 or 5 <sup>‡</sup>			
9. School Behavior		2, 3, 4, or 5*			4 or 5 <sup>‡</sup>			
10. Psychoactive Medication Treatment								2* <sup>∇</sup>
<b>Note:</b>	*Indicates domain rating is sufficient for this level of care independent of other domain ratings.	*Indicates domain rating is sufficient for this service package independent of other domain ratings, provided necessary diagnostic category is met plus OYPSS or OYFS.	CA-TRAG Level of Care Recommendation of 1.2 based on fulfillment of OYPSS or OYFS criterion only.	<sup>†</sup> Indicates combination of necessary domain ratings for this service package independent of other domain ratings, provided necessary diagnostic category is met plus OYPSS or OYFS.	Two or more domain ratings with <sup>‡</sup> are necessary for this service package independent of other domain ratings, provided necessary diagnostic category is met plus OYPSS or OYFS.	*Indicates domain rating is sufficient for this service package independent of other domain ratings, provided necessary diagnostic category is met plus OYPSS or OYFS.	*CA-TRAG Level of Care Recommendation of 2.4 based on necessary diagnostic category of Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis or other psychotic disorders plus OYPSS or OYFS.	*Indicates domain rating is sufficient for this level of care independent of other domain ratings, provided child/adolescent successfully completed Level of Care 1 or 2. <sup>∇</sup> Alternatively, domain rating is sufficient for this level of care independent of other domain ratings, provided child/adolescent does not qualify for Level of Care 1 or 2

## SECTION 4

### SAMPLE CASE VIGNETTES

In this section, you will have the opportunity to use the material that has been presented. Section 4 contains two case vignettes written by the developers of the CA-TRAG. This will allow you to test your ability to use the CA-TRAG effectively and to compare your results with those obtained by the developers of the instrument.

#### Instructions:

1. Carefully read each case vignette.
2. On the CA-TRAG Scoring Sheet following each case vignette:
  - ◆ Indicate one diagnostic category (only check that which is noted in the case vignette).
  - ◆ Make your rating for each of the ten CA-TRAG domains, referring back to the Diagnostic Categories, Domains for Assessment, and Rating Systems (Section 2: pages 9-17).
  - ◆ Check one CA-TRAG Level of Care Recommended (LOC-R), referring back to the Levels of Care and Recommended Assessment Guidelines (Section 3: pages 18-30), and the CA-TRAG Level of Care Decision Grid (Section 3: page 31).
3. Compare your Diagnostic Category, CA-TRAG Domain Ratings, and CA-TRAG Level of Care Recommended or LOC-R to that shown in the Sample Case Vignette Results.

### **CASE 1: PETER**

Peter is a 5-year-old Caucasian male diagnosed with ADHD. His father reported that he talks back, is bossy and demanding, is impulsive, accident prone, and has poor attention. He reported that Peter can be very aggressive to both adults and other children, doesn't follow rules, and has sneaked out of the house on several occasions. He reported that Peter has been kicked out of 5 daycare programs. Peter frequently destroys his toys, sometimes burning them. Peter's father reported he fell off a playscape and lost consciousness briefly at age 4. He has never received any mental health treatment.

Peter will start school in several months, but is currently being cared for at a new daycare. Peter's mother left the home when Peter was 2 and is not currently a part of his life. Peter's father reports he works a lot, and is frustrated with all of the calls he gets from daycare because of Peter's behavior. He reported that he may lose his job if Peter gets thrown out of this daycare. There is no other family or support system in the area.

Ohio Youth Problem Severity Scale (OYPSS) = 31

Ohio Youth Functioning Scale (OYFS) = 45

## CA-TRAG SCORING SHEET

### 1. Diagnostic Category (check one)

- Externalizing Disorders  
 Internalizing Disorders  
 Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis or other psychotic disorders

### 2. Calculation of CA-TRAG Domain Ratings

<u>Domain</u>	<u>Domain Rating</u>				
1. Problem Severity	OYPSS _____				
2. Functioning	OYFS _____				
3. Risk of Self-Harm	1	2	3	4	5 (circle one)
4. Severe Disruptive or Aggressive Behavior	1	2	3	4	5 (circle one)
5. Family Resources	1	2	3	4	5 (circle one)
6. History of Psychiatric Treatment	1	2	3	4	5 (circle one)
7. Co-Occurring Substance Use	1	2	3	4	5 (circle one)
8. Juvenile Justice Involvement	1	2	3	4	5 (circle one)
9. School Behavior	1	2	3	4	5 (circle one)
10. Psychoactive Medication Treatment	1	2			5 (circle one)

### 3. CA-TRAG Level of Care Recommendation or LOC-R (check one)

**Crisis Services**

**Level of Care 1: Brief Outpatient**

Service Package 1.1: Brief Outpatient (Externalizing Disorders)

Service Package 1.2: Brief Outpatient (Internalizing Disorders)

**Level of Care 2: Intensive Outpatient**

Service Package 2.1: Intensive Outpatient (Externalizing Disorders - MST)

Service Package 2.2: Intensive Outpatient (Externalizing Disorders)

Service Package 2.3: Intensive Outpatient (Internalizing Disorders)

Service Package 2.4: Intensive Outpatient (Bipolar Disorder, Schizophrenia, and Major Depressive Disorder with Psychosis or other psychotic disorders)

**Level of Care 4: After-Care**

**Not Eligible for Services**

**4. Actual Level of Care Authorized or LOC-A (check one)**

**Crisis Services**

**Level of Care 1: Brief Outpatient**

Service Package 1.1: Brief Outpatient (Externalizing Disorders)

Service Package 1.2: Brief Outpatient (Internalizing Disorders)

**Level of Care 2: Intensive Outpatient**

Service Package 2.1: Intensive Outpatient (Externalizing Disorders - MST)

Service Package 2.2: Intensive Outpatient (Externalizing Disorders)

Service Package 2.3: Intensive Outpatient (Internalizing Disorders)

Service Package 2.4: Intensive Outpatient (Bipolar, Schizophrenia, and Major Depressive Disorder with Psychosis or other psychotic disorders)

**Level of Care 4: After-Care**

**Consumer Refuses Services**

**Waiting for All Authorized Services**

**Not Eligible for Services**

**5. Reasons for Deviation from CA-TRAG Level of Care Recommended or LOC-R (check all appropriate reasons below)**

- Resource Limitations
- Consumer Choice
- Consumer Need
- Continuity of Care per UM Guidelines
- Other

**6. Client's Name:**

\_\_\_\_\_ (last)

\_\_\_\_\_ (first)

**7. Date of Scoring:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(mm) (dd) (yy)

**8. Completed by:**

\_\_\_\_\_ (last)

\_\_\_\_\_ (first)

**9. Local Case Number Assigned:**

\_\_\_\_\_

## SAMPLE CASE VIGNETTE RESULTS

**NAME:** CASE 1, PETER

**DIAGNOSTIC CATEGORY:** Externalizing Disorders (ADHD)

**DOMAIN 1:** Ohio Youth Problem Severity Scale (OYPSS) SCORE = 31

**DOMAIN 2:** Ohio Youth Functioning Scale (OYFS) SCORE = 45

**DOMAIN 3:** Risk of Self- Harm RATING = 1

**DOMAIN 4:** Severe Disruptive or Aggressive Behavior RATING = 4

**DOMAIN 5:** Family Resources RATING = 4

**DOMAIN 6:** History of Psychiatric Treatment RATING = 1

**DOMAIN 7:** Co-Occurring Substance Use RATING = 1

**DOMAIN 8:** Juvenile Justice Involvement RATING = 1

**DOMAIN 9:** School Behavior RATING = 5

**DOMAIN 10:** Psychoactive Medication Treatment RATING = 1

**CA-TRAG LEVEL OF CARE RECOMMENDED (LOC-R) = Service Package 2.2:  
Intensive Outpatient (Externalizing Disorders)**

## CASE 2: MARY

Mary is a 15-year-old Caucasian diagnosed with Major Depressive Disorder. Her mother reports she has a 4-year history of mood problems. Her mother describes her mood as “withdrawn”, “overwhelmed”, and occasionally as “irritable”. She does sometimes have a “normal mood”, but is never overly joyful or extremely irritable. Mary has little problem falling asleep but wakes 4 to 5 times a night for no reason. She naps whenever possible. Although she does stay awake at school, she states she is always tired. Mary is doing okay in school this year but sometimes refuses to complete her homework, claiming to be too tired.

Mary has no interests or hobbies. She sometimes enjoys being with friends, but is becoming increasingly irritable with them. Mary’s mother states that she can go “days” without eating and has had periods of no appetite or interest in eating for the last 2 or 3 years. She denies any concern about her weight. Mary’s mother reports that 2 years ago Mary took sleeping pills in a suicide attempt. Mary stated she did it because “I just can’t stand my mom.” No treatment was sought related to this attempt, and Mary has never received mental health treatment. Mary stated that she sometimes thinks about killing herself. She states that she would probably take pills again. Mary and her mother have agreed to a plan to keep all medication locked up and to call the crisis number if Mary is feeling suicidal. Mary denies use of drugs or alcohol and has never had contact with law enforcement.

Mary’s relationship with her mother and father is strained. She feels her mother doesn’t care what she wants or needs. Mary says she is always worried about her father, because he might go back to using drugs. Mary’s mother reports that she has been diagnosed with depression as well, and it currently taking Prozac, which seems to help.

Ohio Youth Problem Severity Scale (OYPSS) = 33

Ohio Youth Functioning Scale (OYFS) = 47

## CA-TRAG SCORING SHEET

### 1. Diagnostic Category (check one)

- Externalizing Disorders  
 Internalizing Disorders  
 Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis or other psychotic disorders

### 2. Calculation of CA-TRAG Domain Ratings

<u>Domain</u>	<u>Domain Rating</u>					
1. Problem Severity	OYPSS _____					
2. Functioning	OYFS _____					
3. Risk of Self-Harm	1	2	3	4	5	(circle one)
4. Severe Disruptive or Aggressive Behavior	1	2	3	4	5	(circle one)
5. Family Resources	1	2	3	4	5	(circle one)
6. History of Psychiatric Treatment	1	2	3	4	5	(circle one)
7. Co-Occurring Substance Use	1	2	3	4	5	(circle one)
8. Juvenile Justice Involvement	1	2	3	4	5	(circle one)
9. School Behavior	1	2	3	4	5	(circle one)
10. Psychoactive Medication Treatment	1	2				(circle one)

### 3. CA-TRAG Level of Care Recommendation or LOC-R (check one)

**Crisis Services**

**Level of Care 1: Brief Outpatient**

- Service Package 1.1: Brief Outpatient (Externalizing Disorders)  
 Service Package 1.2: Brief Outpatient (Internalizing Disorders)

**Level of Care 2: Intensive Outpatient**

- Service Package 2.1: Intensive Outpatient (Externalizing Disorders - MST)  
 Service Package 2.2: Intensive Outpatient (Externalizing Disorders)  
 Service Package 2.3: Intensive Outpatient (Internalizing Disorders)  
 Service Package 2.4: Intensive Outpatient (Bipolar Disorder, Schizophrenia, and Major Depressive Disorder with Psychosis or other psychotic disorders)

**Level of Care 4: After-Care**

**Not Eligible for Services**

**4. Actual Level of Care Authorized or LOC-A (check one)** **Crisis Services** **Level of Care 1: Brief Outpatient** Service Package 1.1: Brief Outpatient (Externalizing Disorders) Service Package 1.2: Brief Outpatient (Internalizing Disorders) **Level of Care 2: Intensive Outpatient** Service Package 2.1: Intensive Outpatient (Externalizing Disorders - MST) Service Package 2.2: Intensive Outpatient (Externalizing Disorders) Service Package 2.3: Intensive Outpatient (Internalizing Disorders) Service Package 2.4: Intensive Outpatient (Bipolar, Schizophrenia, and Major Depressive Disorder with Psychosis or other psychotic disorders) **Level of Care 4: After-Care** **Consumer Refuses Services** **Waiting for All Authorized Services** **Not Eligible for Services****5. Reasons for Deviation from CA-TRAG Level of Care Recommended or LOC-R (check all appropriate reasons below)**

- Resource Limitations
- Consumer Choice
- Consumer Need
- Continuity of Care per UM Guidelines
- Other

**6. Client's Name:**

\_\_\_\_\_

(last)

\_\_\_\_\_

(first)

**7. Date of Scoring:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

(mm)

(dd)

(yy)

**8. Completed by:**

\_\_\_\_\_

(last)

\_\_\_\_\_

(first)

**9. Local Case Number Assigned:**

\_\_\_\_\_

## SAMPLE CASE VIGNETTE RESULTS

**NAME:** CASE 2, MARY

**DIAGNOSTIC CATEGORY:** Internalizing Disorders (Major Depressive Disorder)

**DOMAIN 1:** Ohio Youth Problem Severity Scale (OYPSS) SCORE = 33

**DOMAIN 2:** Ohio Youth Functioning Scale (OYFS) SCORE = 47

**DOMAIN 3:** Risk of Self- Harm RATING = 4

**DOMAIN 4:** Severe Disruptive or Aggressive Behavior RATING = 1

**DOMAIN 5:** Family Resources RATING = 2

**DOMAIN 6:** History of Psychiatric Treatment RATING = 1

**DOMAIN 7:** Co-Occurring Substance Use RATING = 1

**DOMAIN 8:** Juvenile Justice Involvement RATING = 1

**DOMAIN 9:** School Behavior RATING = 2

**DOMAIN 10:** Psychoactive Medication Treatment RATING = 1

**CA-TRAG LEVEL OF CARE RECOMMENDED (LOC-R) = Service Package 1.2: Brief Outpatient (Internalizing Disorder)**

## SECTION 5

### CA-TRAG QUESTIONS (Q) AND ANSWERS (A)

#### INTRODUCTION

**Q:** What do the letters “TRAG” stand for?

**A:** The letters “TRAG” stand for “Texas Recommended Assessment Guidelines.”

**Q:** Is the CA-TRAG meant to be the **sole** tool for how to recommend levels of care for children and adolescents within the Texas public mental health service delivery system?

**A:** No. No recommendations in this document supersede Federal, State, or local licensing or operating requirements for agencies, programs, or facilities. The *User’s Manual for the Child and Adolescent Texas Assessment Guidelines (CA-TRAG)* is meant to be used face-to-face by a Qualified Mental Health Professional-Community Services (QMHP-CS) at each Local Mental Health Authority (LMHA) and their providers to assess the service needs and recommend a level of care for children and adolescents in the public mental health system. Therefore, the CA-TRAG comprises part of the DSHS *Child & Adolescent Uniform Assessment for RDM*. DSHS’ *Utilization Management Guidelines* for use with each level of care call upon (but are not limited to) the CA-TRAG.

**Q:** Is the current Version 3.1 the only version of the User’s Manual for the CA-TRAG that will ever be produced?

**A:** No. We hope that Version 3.1 of the User’s Manual for the CA-TRAG will be useful, knowing that a study on an earlier, but very similar, version found the CA-TRAG to be highly reliable and valid. However, we realize that a document like this must be dynamic and that additional changes may be needed either to accommodate local needs or to address unexpected shortcomings that are only realized after experience with the instrument.

#### SECTION 1: RATIONALE AND PRINCIPLES

**Q:** Why is the CA-TRAG needed?

**A:** The Texas public mental health system is fraught with examples of apparent inequities in care. There is great variability in the types and amounts of services provided to children and adolescents that cannot be explained by differences in specific needs for care (e.g., diagnosis, intensity of symptoms, and level of functioning). Yet in a system constrained by limited resources, it is critically important to distribute treatments and services in accordance with identified needs and appropriateness of the service modality.

**Q:** For what purpose is the CA-TRAG intended?

**A:** DSHS developed the CA-TRAG to help QMHP-CS clinicians at each Local Mental Health Authority (LMHA) and their providers to make decisions about what level of care or service package is most appropriate for children and adolescents based on a face-to-face assessment.

**Q:** Name one disadvantage of existing level of care utilization instruments when it comes to their application.

**A:** Some of the disadvantages of existing level of care utilization instruments follow, as noted by Sowers, George, and Thompson (1999):

- ◆ Proprietary instruments may be too expensive for public mental health delivery systems, especially in light of the current funding situation. And even if the instrument itself is not proprietary, the cost to train clinicians to use the instrument may be quite high.
- ◆ Other instruments concentrate on a specific population, limiting their application (Allen and Dixon, 1994; American Society of Addiction Medicine, 1996; Eisen et al., 1998; Lingiardi, Madeddu, Fossati, and Maffei, 1994).
- ◆ They are often difficult for clinicians to use and may be too complicated. In defining levels of care, they tend to be somewhat specific to a defined set of services, preventing them from being applied to other systems, regions, and situations.
- ◆ Few systems exist that adequately address the needs of children and adolescents with serious mental illness, co-occurring substance use, or both using a complete array of services (Roy-Byrne et al., 1998; Sowers, 1998).
- ◆ Poverty and the services needed to address it are too often overlooked (Santos, Henggeler, Burns, Arana, and Meisler, 1995; Sharfstein, 1996; Quinlivan and McWhirter, 1996).

**Q:** What principles were used to guide the development of the CA-TRAG?

**A:** The principles used to guide the development of the CA-TRAG are as follows:

- ◆ The instrument should be easy to understand and use by clinicians.
- ◆ A domains assessed should be quantifiable and should foster consistent clinical judgement.
- ◆ Level of care or service package definitions should be brief and clear to ensure uniformity and efficiency.
- ◆ Level of care recommendations should be made appropriately to ensure correct responses to the needs of children and adolescents.

## **SECTION 2: DIAGNOSTIC CATEGORIES, DOMAINS FOR ASSESSMENT AND RATING SYSTEM**

### **Instructions**

**Q:** Name the ten domains for assessment in the CA-TRAG.

**A:** 1. Ohio Youth Problem Severity Scale (OYPSS; Ogles et al., 1999)  
2. Ohio Youth Functioning Scale (OYFS; Ogles et al., 1999)  
3. Risk of Self-Harm  
4. Severe Disruptive or Aggressive Behavior  
5. Family Resources  
6. History of Psychiatric Treatment  
7. Co-Occurring Substance Use  
8. Juvenile Justice Involvement  
9. School Behavior  
10. Psychoactive Medication Treatment

**Q:** What is the scale used to rate the domains for assessment?

**A:** All domains are rated on a scale from 1 to 5, except domain 10 that has a 2-point Scale.

**Q:** In making a rating for a particular domain, how many criteria need to be met for a rating to be selected?

**A:** Most domains have multiple criteria listed under each potential rating. Choose the rating that most closely describes the child or adolescent. Only *one* criterion is necessary to assign a rating within a domain.

**Q:** What happens when there is uncertainty about whether a child or adolescent has met criteria for a rating within one of the domains?

**A:** Clinical judgment must be used in making decisions under these circumstances, and the rating that provides the closest approximation to the actual situation should be used.

**Q:** Can we use other instruments to assist us in making a CA-TRAG Level of Care Recommendation?

**A:** No, only the diagnostic categories and ten domains as specified in this User's Manual for the CA-TRAG can be used to make a CA-TRAG Level of Care Recommendation or LOC-R. However, other clinical instruments may be helpful in determining if an over-ride to the recommended LOC is clinically indicated.

**Q:** Can the Actual Level of Care Authorized (LOC-A) differ from the CA-TRAG Level of Care Recommended (LOC-R)?

**A:** Yes. This is what is meant by “clinical over-ride.” Importantly, when this is the case and the LOC-A differs from the LOC-R, then you must specify the “Reasons for Deviation from CA-TRAG Level of Care Recommended or LOC-R” on the CA-TRAG Scoring Sheet and as part of Section 3 of the DSHS’ Child & Adolescent Uniform Assessment for RDM (CARE-CEA-RDM).

For example, although Service Package 2.1 [Intensive Outpatient (Externalizing Disorders - Multi-Systemic Therapy)] may be the correct LOC-R, this service package will not be available in all service areas. In that case, Service Package 2.2 [Intensive Outpatient – (Externalizing Disorders)] will likely be the LOC-A, which is a decision made by the Utilization Management (UM) manager.

Even if an intake worker completing the CA-TRAG is aware that a specific Level of Care is unavailable, they must nonetheless indicate the CA-TRAG Level of Care Recommended or LOC-R per the child or adolescent’s diagnostic category and domain ratings. Only then will it be possible to understand the *real* needs of children and adolescents as part of the evaluation of the RDM initiative.

### **Domain 1: Ohio Youth Problem Severity Scale (OYPSS; Ogles et al., 1999)**

**Q:** What are the components of domain 1 [Ohio Youth Problem Severity Scale (OYPSS)]?

**A:** This domain is based on an established and psychometrically validated instrument, the Ohio Youth Problem Severity Scale (OYPSS; Ogles et al., 1999). The OYPSS was developed to assess the problem severity of children and adolescents who access community mental health services. The OYPSS is made up of three 20-item forms that are completed by the parent or primary caregiver (P-form), the youth (Y-form), and the worker (W-form). Each statement is rated from 0 (*not at all*) to 5 (*all the time*). The OYPSS Y-form is for youth ages 12 to 17 and the OYPSS P-form and W-form are for children ages 5 to 17. **Although this instrument has not been formally studied with children younger than 5, it will be used by the Local Mental Health Authorities (LMHAs) for children ages 3 and 4. For items that are not age appropriate, the caregiver should be instructed to rate the child as a 0 on the OYPSS.**

## Domain 2: Ohio Youth Functioning Scale (OYFS; Ogles et al., 1999)

**Q:** What are the components of domain 2 [Ohio Youth Functioning Scale (OYFS)]?

**A:** This domain is based on the Ohio Youth Functioning Scale (OYFS; Ogles et al., 1999). The OYFS was developed to assess children and adolescents who access community mental health services. The OYFS is made up of three 20-item forms that are completed by the parent or primary caregiver (P-form), the youth (Y-form), and the worker (W-form). Each item is rated from 0 (*doing very well*) to 4 (*extreme troubles*) with a 0 to 80 total score. The OYFS Y-form is for ages 12 to 17 and the OYFS P-form and W-form are designed for youth ages 5 to 17. **Although this instrument has not been formally studied with children younger than 5, it will be used by the Local Mental Health Authorities (LMHAs) for children ages 3 and 4. For items that are not age appropriate, the caregiver should be instructed to rate the child as a 3 on the OYFS. An item rating of 3 on the OYFS is considered to be a neutral rating, or alternatively, such a rating may indicate that the item does not apply.**

## Domain 3: Risk of Self-Harm

**Q:** What are the components of domain 3 (Risk of Self-Harm)?

**A:** This domain assesses current risk that the child or adolescent may attempt or commit suicide.

## Domain 4: Severe Disruptive or Aggressive Behavior

**Q:** What are the components of domain 4 (Severe Disruptive or Aggressive Behavior)?

**A:** This domain considers the severity of disruptive or aggressive behavior exhibited by the child or adolescent. The behaviors suggested in this domain range from being seen as “quick tempered” as a mild limitation to assault resulting in serious physical harm to another as a serious limitation.

## Domain 5: Family Resources

**Q:** What are the components of domain 5 (Family Resources)?

**A:** This domain considers the current level of stress generated for the caregiver by the presenting problems of the child or adolescent. It looks at the social, emotional, community and financial resources that may or may not be available to the caregiver to meet the needs of the child or adolescent. It also looks at the willingness and ability of the caregiver to be involved in the treatment process.

**Domain 6: History of Psychiatric Treatment**

**Q:** What are the components of domain 6 (History of Psychiatric Treatment)?

**A:** This domain is used to identify children and adolescents who have had psychiatric hospitalization or residential treatment. Children or adolescents with a placement history tend to need more intensive services than those without such a history.

**Domain 7: Co-Occurring Substance Use**

**Q:** What are the components of domain 7 (Co-Occurring Substance Use)?

**A:** This domain focuses on the child or adolescent's co-occurring substance use (i.e., alcohol, illegal drugs, prescription medication), including the frequency and duration as well as the cognitive, behavioral, and/or physiological consequences. A score of 2 or greater may indicate the need for a more in depth substance use assessment.

**Domain 8: Juvenile Justice Involvement**

**Q:** What are the components of domain 8 (Juvenile Justice Involvement)?

**A:** This domain examines the child or adolescent's degree of involvement in the juvenile justice system, including current probation or parole status, arrests and/or adjudication within the last 90 days.

**Domain 9: School Behavior**

**Q:** What are the components of domain 9 (School Behavior)?

**A:** This domain looks at the level to which the child or adolescent's behavior affects their ability to function in a school or childcare setting.

**Domain 10: Psychoactive Medication Treatment**

**Q:** What are the components of domain 10 (Psychoactive Medication Treatment)?

**A:** This domain assesses whether a child or adolescent is currently receiving or not receiving psychoactive medications.

### SECTION 3: LEVELS OF CARE AND RECOMMENDED ASSESSMENT GUIDELINES

**Q:** What are the levels of care and service packages described in the CA-TRAG?

**A:** **Crisis Services**

**Level of Care 1: Brief Outpatient**

Service Package 1.1: Brief Outpatient (Externalizing Disorders)

Service Package 1.2: Brief Outpatient (Internalizing Disorders)

**Level of Care 2: Intensive Outpatient**

Service Package 2.1: Intensive Outpatient (Externalizing Disorders - Multi-Systemic Therapy)

Service Package 2.2: Intensive Outpatient (Externalizing Disorders)

Service Package 2.3: Intensive Outpatient (Internalizing Disorders)

Service Package 2.4: Intensive Outpatient (Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis or other psychotic disorders)

**Level of Care 4: After-Care**

**Q:** What is the difference between Level of Care 1 (Brief Outpatient) and Level of Care 2 (Intensive Outpatient)?

**A:** The treatment services are the same in both levels of care, either child and caregiver skills training or Cognitive Behavioral Therapy (CBT). However, Level of Care 2 (Intensive Outpatient) has a much more intensive case management component and has the availability of a Family Partner for added caregiver support.

**Q:** Describe Service Package 2.1 [Intensive Outpatient (Externalizing Disorders - Multi-Systemic Therapy)].

**A:** This service package is aimed at youth with externalizing disorders and high levels of severe disruptive or aggressive behaviors who are in the juvenile justice system and who are at high risk of out of home placement or further penetration into the juvenile justice system due to presenting behaviors. Multi-Systemic Therapy (MST) is a comprehensive, intensive in-home and community-based treatment model. Service components include intensive case management, counseling, and skills training. Family service planning is conducted using a wraparound planning approach. Extensive collaboration with juvenile justice system is required. In the event that MST services are unavailable, the youth's Actual Level of Care Authorized or LOC-A will likely be Service Package 2.2 [Intensive Outpatient (Externalizing Disorders)]. However, the worker must still indicate the youth's CA-TRAG Level of Care Recommended or LOC-R as Service Package 2.1 (MST).

**Q:** Describe Service Package 2.2 [Intensive Outpatient (Externalizing Disorders)].

**A:** This service package is available to children and adolescents with externalizing disorders and moderate to high functional impairment at home, school or in the community. Multiple family concerns and significant parental stress indicate the need for intensive case management and the availability of parent-to-parent peer support. The family service plan is developed using a wraparound planning approach.

**Q:** True or False: The most intensive level of care for a child or adolescent is Level of Care 4 (After-Care).

**A:** False. After-Care is intended to maintain stability after successful psychosocial treatment for children needing on-going medication management.

## SECTION 6

### SAMPLE QUESTIONS FOR THE CA-TRAG DOMAIN ASSESSMENTS

These sample questions will help you become more familiar with the CA-TRAG, and are presented here so that you may gain a complete understanding of each dimension of the CA-TRAG. They should be included in a clinically-appropriate, face-to-face interview by a trained, QMHP-CS clinician who has experience interviewing children and adolescents with serious emotional disturbances. Though these examples are worded for the child interview, they can be restated for caregivers (e.g., Has your child thought about hurting him or herself in the past month? Does your child play with fire? Has your child ever hurt anyone else?).

#### **Domain 3: Risk of Self Harm**

1. Have you thought about hurting yourself in the past month?
2. Have you tried to hurt yourself in the past month?
3. Do you have a plan to harm or kill yourself?

#### **Domain 4: Severe Disruptive or Aggressive Behavior**

1. How do you get along with kids your own age?
2. Do you ever get into fights?
3. Do you play with fire?
4. Do you get mad very often?
5. What kinds of things make you mad?
6. Have you ever hurt anyone else?
7. Have you ever run away from home and stayed gone overnight?

#### **Domain 5: Family Resources**

1. How do you feel about your relationship with your child right now?
2. Do you feel you can meet your child's needs?
3. Tell me a positive experience you had with your child.
4. Does supervising your child prevent you from working or otherwise meeting your obligations?

#### **Domain 6: History of Psychiatric Treatment**

1. Have you ever been in residential treatment or a psychiatric hospital?
2. When was that?

**Domain 7: Co-Occurring Substance Use**

1. Have you ever gotten drunk or used drugs?
2. How often do you drink alcohol or use drugs?
3. Do you get sick if you don't drink?
4. Have you ever gotten in trouble at home or at school for using alcohol or drugs?

**Domain 8: Juvenile Justice Involvement**

1. Have you ever been before the Justice of the Peace?; For what reason
2. Are you on some type of community supervision right now?
3. Have you ever been arrested?
4. Are you on probation or parole?
5. Who is your probation or parole officer?

**Domain 9: School Behavior**

1. Do you like your teachers?
2. Have you been sent to the principal's office for getting in trouble in the last month?
3. Do you ever get in trouble in class? For what kinds of things? What usually happens when you get in trouble?
4. How many times per day does your child get a "time out" or is not allowed to be involved in activities at the child care center?
5. Has your child ever been kicked out of a childcare center?
6. How often do you miss school? What causes you to miss school?

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## APPENDIX 1

### DSM-IV-TR Diagnoses and Most Common Categorization

<b>Internalizing Disorders</b>	
<b>Diagnosis</b>	<b>DSM-IV-TR Code</b>
Acute Stress Disorder	308.3
Adjustment Disorder with Anxiety	309.24
Adjustment Disorder with Depressed Mood	309
Adjustment Disorder with Mixed Anxiety and Depressed Mood	309.28
Agoraphobia without History of Panic Disorder	300.22
Anxiety Disorder Due to (General Medical Condition)	293.89
Anxiety Disorder Not Otherwise Specified (NOS)	300
Depressive Disorder NOS	311
Dysthymic Disorder	300.4
Generalized Anxiety Disorder	300.02
Major Depressive Disorder, without Psychotic Features	296.2 – 296.23 296.25; 296.26; 296.3 – 296.33; 296.35; 296.36
Obsessive Compulsive Disorder	300.3
Panic Disorder with or without Agoraphobia	300.01; 300.21
Post-Traumatic Stress Disorder	309.81
Separation Anxiety	309.21
Social Phobia	300.23
Somatoform Disorders (Somatization, Conversion, Hypochondriasis, etc)	300.81; 300.11; 307.80; 307.89; 300.7
Specific Phobia	300.29
<b>Externalizing Disorders</b>	
<b>Diagnosis</b>	<b>DSM-IV Code</b>
Adjustment Disorder with Disturbance of Conduct	309.3
Attention Deficit Hyperactivity Disorder NOS	314.9
Attention Deficit Hyperactivity Disorder, Combined Type	314.01
Attention Deficit Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type	314.01
Attention Deficit Hyperactivity Disorder, Predominantly Inattentive Type	314.00
Conduct Disorder	312.8; 312.81; 312.82; 312.89
Disruptive Behavior Disorder NOS	312.9
Intermittent Explosive Disorder	312.34
Oppositional Defiant Disorder	313.81
<b>Bipolar, Major Depression with Psychoses, Schizophrenia and Other Related Psychoses</b>	
<b>Diagnosis</b>	<b>DSM-IV Code</b>
*Bipolar Disorder NOS	296.8
*Bipolar I Disorder	296.0 – 296.06; 296.4 – 296.46; 296.5 – 296.56; 296.6 – 296.66; 296.7
*Bipolar II Disorder	296.89
*Brief Psychotic Disorder	298.8
*Cyclothymic Disorder	301.13

*Delirium Disorders	780.09; 293.0
*Delusional Disorder	297.1
*Major Depression with Psychosis	296.24; 296.34
*Psychotic Disorder Due to Medical Condition	293.81; 293.82
*Psychotic Disorder NOS	298.9
*Schizoaffective Disorder	295.7
*Schizophrenia	295.1 – 295.3; 295.6; 295.9
*Schizophreniform Disorder	295.4
*Shared Psychotic Disorder	297.3
<b>Other Diagnoses</b>	
<b>Diagnosis</b>	<b>DSM-IV-TR Code</b>
Adjustment Disorder Unspecified	309.9
**Adjustment Disorder with Mixed Disturbance of Emotions and Conduct	309.4
Amnesic Disorder	294.0
Anorexia Nervosa	307.1
Bulimia Nervosa	307.51
Communication Disorder NOS	307.9
Dementias (inappropriate for children)	290.0; 290.1; 290.11- 290.13; 290.20; 290.21; 290.3; 290.40- 290.43; 294.1; 294.9; 294.8
Dissociative Disorders	300.12 – 300.15; 300.6
Eating Disorder NOS	307.5
Elimination Disorders (Encopresis and Enuresis)	787.6; 307.6; 307.7
Factitious Disorders	300.16; 300.19
Feeding Disorder of Infancy or Early Childhood	307.59
Gender Identity Disorders	302.6; 302.85
Identity Problem	313.82
Impulse Control Disorder NOS	312.3
Kleptomania	312.32
Learning Disorders	315.00-315.9
Medication Induced Problems	332.1; 333.1; 333.7; 333.82; 333.90; 333.92; 333.99; 995.2
Mental Health Disorder Due to Medical Condition	293.9
Mental Retardation	317; 318.0-318.2; 319
Mood Disorder Due to Medical Condition	293.83
**Mood Disorder NOS	296.9
Neglect, Physical Abuse, or Sexual Abuse of a Child	995.5
Pain Disorders	307.80; 307.89
Paraphilias (Exhibitionism, Fetishism, etc.)	302.2; 302.4; 302.81; 302.89; 302.9; 302.83; 302.84; 302.3; 302.82
Pathological Gambling	312.31
Personality Change due to Medical Condition	310.1
Personality Disorders	301.0-301.9
Pervasive Developmental Disorders	299.00; 299.10; 299.80
Pica	307.52
Pyromania	312.33

Reactive Attachment Disorder of Infancy or Early Childhood	313.89
Rumination Disorder	307.53
Selective Mutism	313.23
Sexual Dysfunctions	302.70-302.79; 306.51; 607.84; 608.89; 625.0; 625.8
Sleep Disorders	307.47; 307.42; 307.44; 307.46; 307.45; 347; 780.52; 780.54; 780.59
Specified factor due to General Medical Condition	316
Stereotypic Movement Disorder	307.3
Stuttering	307
Substance-Related Disorders	291.0-292.9; 303.00; 303.90; 304.00-305.90
Tic Disorders	307.2; 307.21; 307.23; 307.22
Trichotillomania	312.39
Unspecified Mental Disorder	300.9; 313.9

**Important:**

\*For children and adolescents with a diagnosis in the Bipolar Disorder or Schizophrenia or Major Depressive Disorder with Psychosis or other psychotic disorders category, you now complete a field that indicates if the child is (1) primarily “Externalizing,” or (2) primarily “Internalizing”, or (3) “Not Yet Stabilized on Medication”. Children deemed “Not Yet Stabilized on Medication” are recommended for LOC 2.4, while others are recommended for the most appropriate package based on the Internalizing/Externalizing designation and other CA-TRAG criteria. This field was added to the DSHS *Child & Adolescent Uniform Assessment for Resiliency & Disease Management* in WebCARE beginning September 1<sup>st</sup>, 2005. These changes allow you to determine if the child or adolescent needs to be recommended for a more appropriate service package to address their treatment needs, ultimately resulting in fewer over-rides. For those Local Mental Health Authorities that batch the DSHS *Child & Adolescent Uniform Assessment for Resiliency & Disease Management*, this new field was added to the batch layout on September 1<sup>st</sup>, 2005, but will not be required to be completed until December 1<sup>st</sup>, 2005.

\*\*Adjustment Disorder with Mixed Disturbance of Emotions and Conduct (309.4) and Mood Disorder NOS (296.9) now need to be categorized as (1) primarily “Externalizing” or (2) primarily “Internalizing” via a field in the DSHS *Child & Adolescent Uniform Assessment for Resiliency & Disease Management* in WebCARE beginning September 1<sup>st</sup>, 2005. This change should reduce the number of children and adolescents whose CA-TRAG LOC-R = 9 (Ineligible/Indeterminate) because of their diagnoses. For those Local Mental Health Authorities that batch the DSHS *Child & Adolescent Uniform Assessment for Resiliency & Disease Management*, this one new field was added to the batch layout on September 1<sup>st</sup>, 2005, but is not required to be completed until December 1<sup>st</sup>, 2005. Local Mental Health Authorities that do not batch this field prior to December 1<sup>st</sup>, 2005, will continue to receive CA-TRAG LOC-R = 9 for these children and adolescents.

## APPENDIX 2

### MANUAL FOR THE OHIO YOUTH SCALES

From

*The Ohio Youth Problem, Functioning, and Satisfaction Scales (Short Form):  
Users Manual.*

(Ogles, Melendez, Davis, and Lunnen, 1999)

#### ITEM DESCRIPTIONS

The "Problem Severity Scale" is comprised of 20 items covering common problems reported by youth who receive behavioral health services. Each item is rated for severity/frequency (0 "Not at all" to 5 "All the time") on a six-point scale. A total score is calculated by summing the ratings for all 20 items.

The "Functioning Scale" is comprised of 20 items designed to rate the youth's level of functioning in a variety of areas of daily activity (e.g., interpersonal relationships, recreation, self-direction and motivation). Each item is rated on a five-point scale (0 "Extreme troubles" to 4 "Doing very well"). Although the problem severity scale is similar to many other existing symptom rating scales that focus on the severity of behavioral problems, the functioning scale provides a broader range of ratings including "OK" and "Doing very well". This provides an opportunity for raters to identify areas of functional strength. A total functioning score is calculated by summing the ratings for all 20 items. Higher scores are indicative of better functioning.

In addition to the problems and functioning scales, two brief (four item) scales on the parent and youth forms assess satisfaction and hopefulness. Four items assess satisfaction with and inclusion in behavioral health services on a six-point scale (1 "extremely satisfied" to 6 "extremely dissatisfied"). The total satisfaction score is calculated by summing the 4 items. Four additional items on the parent and youth forms tap levels of hopefulness and well-being either about parenting or self/future respectively. Each of these is also rated on a six-point scale. The total hopefulness score is calculated by summing the 4 items.

#### ADMINISTRATION AND SCORING

The Ohio Scales were developed for quick administration, scoring and interpretation. With relatively minimal training, parents or case managers can administer, score, and interpret the meaning of scores for each of the scales. Each of the scales will be briefly discussed in this section.

There are three parallel forms of the Ohio Scales completed by the youth's parent or primary caretaker (P-form), the youth (Y-form), and the youth's agency worker (W form). This allows assessment of the client's strengths and weaknesses from multiple perspectives. The youth form is designed for youth ages 12-18. The parent and

agency worker versions are designed for youth ages 5-18. The instrument is two pages long, placed on the front and back of a single sheet. The questions for problem severity and functioning are identical on the three parallel forms. The satisfaction and hopefulness scales are slightly different depending on the perspective (parent or youth). On the front side of all three forms is the 20-item problem severity scale. The remaining scales are on the back.

### ***Problem Severity***

All three forms include the 20 item problem severity scale. Each of these items is rated on a 6-point scale for frequency during the past 30 days: not at all, once or twice, several times, often, most of the time, or all of the time. The columns for each frequency are coded respectively from 0 (Not at all) to 5 (All of the Time). Each column's score can then easily be added at the bottom of the page. The sum of the six columns then becomes the individual's score on the problem severity scale. No items are reverse-scored.

### ***Functioning***

All three forms include the 20 item functioning scale in the bottom half of the back page. Each of these 20 items is rated using a 5-point scale: extreme troubles, quite a few troubles, some troubles, OK, or doing very well. Since raters might have somewhat different conceptions regarding what constitutes the various levels of functioning, we use comparable ratings on the Children's Global Assessment Scale (CGAS) as a reference:

<b>Ohio Scales</b>	<b>CGAS</b>
Doing very well (4)	Superior functioning in all areas; (CGAS 90's)
OK (3)	Good functioning in all areas; (CGAS 80's)
Some Troubles (2)	Some difficulty in a single area, but generally functioning pretty well (CGAS approximately 70's)
Quite a few Troubles (1)	Moderate problems in most areas or severe impairment in one area (CGAS approximately 50's)
Extreme Troubles (0)	Major impairment in several areas and unable to function in one or more areas (CGAS 30's or below)

A common question about the functioning scale involves the rating of items 3 and 13. For young children, raters often wonder how to rate items concerning vocational preparation (Item 13) or developing relationships with boyfriends or girlfriends (Item 3). On these items the rater should rate "OK (3)" if they are unsure or rate the youth based on what might be expected for their developmental level. For example, developmentally appropriate vocational preparation for a 7 year old typically involves school work, chores at home, and other work-like assignments. Note: If insufficient information is available to answer a specific item on the functioning scale, that item should be rated "OK (3)". The

functioning scale total is calculated in the same manner used on the problem severity scale. Each of the 20 items is rated on its 5-point scale. The rating for each item is circled. The columns for each frequency are coded respectively from 0 (extreme troubles) to 4 (doing very well). Each column's score can then easily be added at the bottom of the page. The sum of the five columns then becomes the individual's score on the functioning scale. Note items are reverse scored.

As can be seen from the scoring method, a high score on the problem severity scale is considered to be more problematic (more frequent problems), while a low score on the functioning scale is considered to be more impairment. The method of scoring is thus congruent with what one would intuitively expect given the content of each scale.

### **Hopefulness**

On the backside of the parent and youth versions, eight questions are printed at the top of the page. The first four questions ask for ratings of hopefulness (parent) or overall well being (youth). The specific questions vary somewhat on the two versions to fit the respondents. Each question is answered according to a 6-point scale with the specific scale items varying to fit the questions. In each question, response "1" is the most hopeful/well and response "6" is the least. The four items can then be totaled for a hopefulness scale score. On this scale, a lower total means more hope or wellness.

## **CLINICAL USE OF THE OHIO SCALES**

The Ohio Scales give the clinician a wealth of useful and easily understandable information. Perhaps most obvious is the ability to track a client's progress over time with repeated administrations of the instrument. Ongoing ratings of overall functioning and problem severity can be useful to clinicians and program administrators alike. Additionally, however, the initial administration of the Ohio Scales provides excellent information to aid in development of the client's treatment plan. It should be noted that the Ohio Scales were developed primarily to aid in the tracking of service effectiveness. As a result, they do not provide comprehensive information that might be associated with the administration of a diagnostic measure such as the Child Behavior Checklist (Achenbach & Edelbrock, 1983). Nevertheless, much useful information is available upon initial administration of the Ohio Scales.

### **Development of Treatment Plan**

Administration of the Ohio Scales at intake provides an index of a youth's current problems and level of functioning. Answers to a standardized list of questions help ensure that the typical problems and areas of functioning encountered by youth who receive behavioral health services will be covered.

**Critical Items.** Specific responses to critical items should be checked first. Positive responses to items such as "hurting self (cutting or scratching self, taking pills)", "talking or thinking about death", "using drugs or alcohol" will require the

immediate attention of the clinician. The youth may need to be assessed for serious risk of harm to self or others or for disturbed thinking. It may also be helpful to check whether the parent and youth give different information on these critical items.

**Target Problems.** In developing a treatment plan, the next section to check would be the problem severity scale on the front of the page. A quick scan will tell the clinician the problems that are endorsed as occurring most frequently. These problems are likely to be the most relevant to the treatment and can be included as target problems in the treatment plan. Again, any differences in the ratings by the parent and youth may prove helpful in dealing with both the youth and the family.

**Functional Strengths.** The next section to check would be specific responses to the functioning scale on the back of the page. Any functioning items that are rated highly may be noted as strengths. A rating of “0” or “1” on a functioning item identifies specific attributes or activities that can be included in the treatment plan as personal strengths. The clinician may also take note of any specific functioning questions that might improve rapidly and then be helpful in working on problems. For example, improvement in hobby participation or appropriate recreational activities might quickly aid improvement in self-concept or relationships with peers or family.

**Compare Total Scores.** In addition to initial use of individual item responses to aid with the specifics of a treatment plan, calculating scale total scores may also be useful.

### **Tracking Changes Over Time**

The easy administration of the Ohio Scales allows the instrument to be used as frequently as the clinician would like. Over time, it is then possible to track any improvement in an objective manner, free from the difficulties of relying on memory.

**Change in Total Scores.** There are several different ways to use data collected over time. Viewing scale total scores, it is possible to see the overall amount of improvement. In addition, total scale scores can be compared to the community sample. For example, the clinician can examine scale total scores at intake and after three months to see if any changes in overall problem severity or functioning occurred.

**Change in Items.** It may also be useful in some cases to selectively track specific problem areas that were identified for clinical work. In this case, the client may complete specific relevant questions (items) more frequently than the scheduled administration of the entire Ohio Scales. The Ohio Scales offer great flexibility for individual customization in order to provide the greatest usefulness possible.

**Compare Change in Scales.** In constructing case conceptualizations, the clinician may also find it useful to use scale totals (or even specific item responses) to better understand theoretically how a client is improving. Specifically, the clinician may look at the improvement over time in the problem severity scale versus the functioning

scale. Does it seem with a particular youth that problems have been disrupting functioning and an improvement in the problem severity scale precedes an improvement in the functioning scale? On the other hand, does it seem with a particular case that functioning improvement provides help with problems? The Ohio Scales provides specific information on an individual's changes to help address issues such as these.

**Aggregate Change.** Tracking results over time also provides useful information to administrators as well as clinicians. Administrators may aggregate or average the improvement numbers for all clients or groups of clients to obtain information regarding specific programs. These numbers may be very useful in reporting to regulatory bodies or in attempts to gain agency funding. It should be noted that average change scores reported in this fashion do not include information regarding the causes of change. Unless control groups or some other form of control has been used in an experimental fashion, client improvement could be due to other factors than treatment. As a result, administrators should be careful how they make attributions about evaluation data collected from a single group tracked over time.

**Change in Hopefulness.** One key ingredient for family involvement in behavioral health services is the parent's hopefulness about being able to parent and care for their child. When families seek services, they are often physically tired and emotionally discouraged by the challenges of raising a child with serious emotional and behavioral problems. Similarly, the youth may lack hope about the future. Because of this, the Ohio Scales incorporates a four item scale to track hopefulness over time. Clinicians may find useful information about the parent's or youth's level of hopefulness over time by tracking changes in the hopefulness total scale score.

### **Clinically Significant Change**

In the current behavioral health care market, clients of outcome data want evidence that clients benefit from treatment. The statistical tests that researchers offer, however, do not always provide the most relevant information. Statistical tests may be difficult for many outcome clients to understand. In addition, statistical tests do not provide information regarding the effectiveness of treatment for any one individual. Similarly, the clinical relevance of client change is not considered in many research designs. As a result, methods for determining and displaying the clinical meaningfulness of client change may facilitate the description and dissemination of outcome data. Jacobson and colleagues (Jacobson, Follete, & Revenstorf, 1984; Jacobson & Revenstorf, 1988; Jacobson & Truax, 1991) proposed a standardized method for determining clinical significance. This method is based on the assumption that clinically significant change involves a return to normal functioning. Jacobson and Truax (1991) propose two criteria for assessing clinical significance.

First, clients receiving psychological interventions should move from a theoretical dysfunctional population to a functional population as a result of treatment. In other words, if the distributions of individuals in need of treatment and "healthy individuals"

are represented graphically, the client who has completed treatment should be more likely to be identified as a member of the healthy population distribution. For example, a youth receiving outpatient counseling should have a problem severity score after treatment that is more similar to the scores for the general population than to other clinical samples.

Second, the change for a client must be reliable -- the pre to post treatment change must be large enough that differences can be attributed to "real" change and not to measurement error. Jacobson and Truax (1991) provide a method to calculate a Reliable Change Index (RCI). The change is considered reliable, or unlikely to be the product of measurement error, if the change index (RCI) is greater than 1.96. If the client meets both criteria, movement from one distribution to the other and an RCI greater than 1.96, then the change is considered "clinically significant". A number of other issues must be considered when using the Jacobson method, but a thorough discussion of the difficulties and issues is beyond the scope of this manual. Similarly, the technical description of RCI calculations is beyond the scope of this manual. Interested readers can refer to the technical manual or other sources for a more detailed review (e.g., Ogles, Lambert, & Masters, 1996).

***Client Meaningful Change.*** Using the Jacobson method and the averages for our samples, we can identify cutoff and change scores that are necessary for calculating meaningful change using the Ohio Scales. Table 3 presents the cutoff scores and change scores for the problem severity and functioning scales for all three raters of outcome. For example, if the parent ratings indicated that the total problem severity score decreased by 10 points and the most recent rating fell below 25, then the youth could be said to have made clinically meaningful changes. These numbers are based on the samples presented in the Technical Manual. Site specific norms may sometimes be more useful. ***Description of Meaningful Change.*** In addition to determining if the client made a clinically significant change or not, we could use these data to describe the child's pre and post-treatment status. For example, "Sigmund entered treatment with a problem severity score of 40. This is typical of youth who receive community support services. After 9 months of service, he had a problem severity score of 12 which is more similar to other youth living in his community (within 1 standard deviation of the community sample mean). The magnitude or size of change (28 points) also indicates that he made a reliable change for the better."

***Comparing Clinical Change.*** If needed we could go one step further and indicate how Sigmund's post-treatment score compared to individuals in the general population, distressed individuals, and non-distressed individuals by calculating percentile scores for each of the distributions. Of course this would require additional detailed data regarding the Ohio Scales. The point is that clear statements regarding the clinical meaningfulness of the change may be useful adjuncts to other descriptions of outcome. ***Graphic Depiction by Group.*** A final method of utilizing the Jacobson method involves the graphic depiction of pre to post treatment change for individuals or groups of individuals. For example, Figure 3 displays a graph with the parent rated problem severity at intake on the bottom of the graph and the post treatment score on

the left side of the graph. The horizontal line (post treatment score = 25) represents the cutoff score necessary to be considered part of the healthy group following treatment. The diagonal line running from corner to corner is the line of no change. Clients who have the same pretreatment and post treatment total will be plotted on this line (Client A). The dashed diagonal lines on either side of the "line of no change" represent the change scores necessary to result in an RCI greater than 1.96. Clients between the dashed diagonal lines (Client B) did not improve sufficiently to rule out random fluctuations or test unreliability as the source of the change ( $RCI < 1.96$ ). Clients plotted outside the lines (above the top line or below the bottom line) can be considered to have made reliable changes ( $RCI > 1.96$ ). For example, Client C made changes for the better (below the bottom line) and Client D made changes for the worse (above the top line). Individuals who made reliable improvement and had end of treatment scores similar to the healthy population are plotted below the diagonal and the cutoff score (Client E). A similar graph could be created for the functioning scale.

## Ohio Youth Problem, Functioning and Satisfaction Scales (Parent Form)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Form Completed By:  Mother  Father  Step-mother  Step-father  Other: \_\_\_\_\_

<b>Section I (Ohio Youth Problem Severity Scale)</b>							
<b>Instructions:</b> Please rate the degree to which your child has experienced the following problems in the past 30 days.		Not at all	Once or Twice	Several Times	Often	Most of the time	All of the time
1	Arguing with others	<input type="checkbox"/>					
2	Getting into fights	<input type="checkbox"/>					
3	Yelling, swearing, or screaming at others	<input type="checkbox"/>					
4	Fits of anger	<input type="checkbox"/>					
5	Refusing to do things teachers or parents ask	<input type="checkbox"/>					
6	Causing trouble for no reason	<input type="checkbox"/>					
7	Using drugs or alcohol	<input type="checkbox"/>					
8	Breaking rules or breaking the law (out past curfew, stealing)	<input type="checkbox"/>					
9	Skipping school or classes	<input type="checkbox"/>					
10	Lying	<input type="checkbox"/>					
11	Can't seem to sit still, having too much energy	<input type="checkbox"/>					
12	Hurting self (cutting or scratching self, taking pills)	<input type="checkbox"/>					
13	Talking or thinking about death	<input type="checkbox"/>					
14	Feeling worthless or useless	<input type="checkbox"/>					
15	Feeling lonely and having no friends	<input type="checkbox"/>					
16	Feeling anxious or fearful	<input type="checkbox"/>					
17	Worrying that something bad is going to happen	<input type="checkbox"/>					
18	Feeling sad or depressed	<input type="checkbox"/>					
19	Nightmares	<input type="checkbox"/>					
20	Eating problems	<input type="checkbox"/>					

<b>Section II (Ohio Youth Functioning Scale)</b>						
<b>Instructions:</b> Please rate the degree to which your child's problems affect his or her current ability in everyday activities. Consider you child's current level of functioning.		Extreme Troubles	Quite a few troubles	Some Troubles	OK	Doing Very Well
21	Getting along with friends.	<input type="checkbox"/>				
22	Getting along with family.	<input type="checkbox"/>				
23	Dating and developing relationships with boyfriends or girlfriends.	<input type="checkbox"/>				
24	Getting along with adults outside the family.	<input type="checkbox"/>				
25	Keeping neat and clean, looking good.	<input type="checkbox"/>				
26	Caring for health needs and keeping good health habits (taking medicines or brushing teeth).	<input type="checkbox"/>				
27	Controlling emotions and staying out of trouble.	<input type="checkbox"/>				
28	Being motivated and finishing projects.	<input type="checkbox"/>				
29	Participating in hobbies (baseball cards, coins, stamps, art).	<input type="checkbox"/>				
30	Participating in recreational activities (sports, swimming, bike riding).	<input type="checkbox"/>				
31	Completing household chores (cleaning room, other chores).	<input type="checkbox"/>				
32	Attending school and getting passing grades in school.	<input type="checkbox"/>				
33	Learning skills that will be useful for future jobs.	<input type="checkbox"/>				
34	Feeling good about self.	<input type="checkbox"/>				
35	Thinking clearly and making good decisions.	<input type="checkbox"/>				
36	Concentrating, paying attention, and completing tasks.	<input type="checkbox"/>				
37	Earning money and learning how to use money wisely.	<input type="checkbox"/>				
38	Doing things without supervision or restrictions.	<input type="checkbox"/>				
39	Accepting responsibility for actions.	<input type="checkbox"/>				
40	Ability to express feelings.	<input type="checkbox"/>				

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**Instructions:** Please circle your response to each question.

1. Overall, how satisfied are you with your relationship to your child right now?
  1. Extremely satisfied.
  2. Moderately satisfied.
  3. Somewhat satisfied.
  4. Somewhat dissatisfied.
  5. Moderately dissatisfied.
  6. Extremely dissatisfied.
2. How capable of dealing with your child's problems do you feel right now?
  1. Extremely capable.
  2. Moderately capable.
  3. Somewhat capable.
  4. Somewhat incapable.
  5. Moderately incapable.
  6. Extremely incapable.
3. How much stress or pressure is in your life right now?
  1. Very little.
  2. Some
  3. Quite a bit.
  4. A moderate amount.
  5. A great deal.
  6. Unbearable Amounts.
4. How optimistic are you about your child's future right now?
  1. The future looks very bright.
  2. The future looks somewhat bright.
  3. The future looks OK.
  4. The future looks both good and bad.
  5. The future looks bad.
  6. The future looks very bad.

**Instructions:** In the past 90 days how many of the following events occurred?

- \_\_\_\_\_ Number of arrests  
 \_\_\_\_\_ Suspensions from school  
 \_\_\_\_\_ Detentions at school  
 \_\_\_\_\_ Days of school missed  
 \_\_\_\_\_ Number of self-harm attempts

Enter the number of days the youth was placed in each of the following situations **during the past 90 days**. (For example, a youth may have been in a detention center for 3 days, a hospital for 7 days and with the biological mother for 80 days).

_____ two biological parents	Private Residence
_____ biological mother	Private Residence
_____ biological father	Private Residence
_____ home of a relative	Private Residence
_____ home of a family friend	Private Residence
_____ independent living with self or friend	Private Residence
_____ supervised independent living	Private Residence with support
_____ drug/alcohol rehab center	24 hour residential care
_____ group home	24 hour residential care
_____ residential treatment	24 hour residential care
_____ inpatient psychiatric hospital	Institutional setting
_____ medical hospital	Institutional setting
_____ jail	Jail/correctional facility
_____ juvenile detention facility	Jail/correctional facility
_____ foster care	foster home
_____ therapeutic foster care	foster home
_____ specialized foster care	foster home
_____ Homeless/shelter	Homeless/shelter
_____ other	other
_____ unknown	unknown

## Ohio Youth Problem, Functioning and Satisfaction Scales (Youth Form)

Youth Rating – Short Form (Ages 12-18)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

<b>Section I (Ohio Youth Problem Severity Scale)</b>							
<b>Instructions:</b> Please rate the degree to which you have experienced the following problems in the past 30 days.		Not at all	Once or Twice	Several Times	Often	Most of the time	All of the time
1	Arguing with others	<input type="checkbox"/>					
2	Getting into fights	<input type="checkbox"/>					
3	Yelling, swearing, or screaming at others	<input type="checkbox"/>					
4	Fits of anger	<input type="checkbox"/>					
5	Refusing to do things teachers or parents ask	<input type="checkbox"/>					
6	Causing trouble for no reason	<input type="checkbox"/>					
7	Using drugs or alcohol	<input type="checkbox"/>					
8	Breaking rules or breaking the law (out past curfew, stealing)	<input type="checkbox"/>					
9	Skipping school or classes	<input type="checkbox"/>					
10	Lying	<input type="checkbox"/>					
11	Can't seem to sit still, having too much energy	<input type="checkbox"/>					
12	Hurting self (cutting or scratching self, taking pills)	<input type="checkbox"/>					
13	Talking or thinking about death	<input type="checkbox"/>					
14	Feeling worthless or useless	<input type="checkbox"/>					
15	Feeling lonely and having no friends	<input type="checkbox"/>					
16	Feeling anxious or fearful	<input type="checkbox"/>					
17	Worrying that something bad is going to happen	<input type="checkbox"/>					
18	Feeling sad or depressed	<input type="checkbox"/>					
19	Nightmares	<input type="checkbox"/>					
20	Eating problems	<input type="checkbox"/>					

<b>Section II (Ohio Youth Functioning Scale)</b>						
<b>Instructions:</b> Below are some ways your problems might get in the way of your ability to do everyday activities. Read each item and check the box that best describes your current situation.		Extreme Troubles	Quite a few troubles	Some Troubles	OK	Doing Very Well
21	Getting along with friends.	<input type="checkbox"/>				
22	Getting along with family.	<input type="checkbox"/>				
23	Dating and developing relationships with boyfriends or girlfriends.	<input type="checkbox"/>				
24	Getting along with adults outside the family.	<input type="checkbox"/>				
25	Keeping neat and clean, looking good.	<input type="checkbox"/>				
26	Caring for health needs and keeping good health habits (taking medicines or brushing teeth).	<input type="checkbox"/>				
27	Controlling emotions and staying out of trouble.	<input type="checkbox"/>				
28	Being motivated and finishing projects.	<input type="checkbox"/>				
29	Participating in hobbies (baseball cards, coins, stamps, art).	<input type="checkbox"/>				
30	Participating in recreational activities (sports, swimming, bike riding).	<input type="checkbox"/>				
31	Completing household chores (cleaning room, other chores).	<input type="checkbox"/>				
32	Attending school and getting passing grades in school.	<input type="checkbox"/>				
33	Learning skills that will be useful for future jobs.	<input type="checkbox"/>				
34	Feeling good about self.	<input type="checkbox"/>				
35	Thinking clearly and making good decisions.	<input type="checkbox"/>				
36	Concentrating, paying attention, and completing tasks.	<input type="checkbox"/>				
37	Earning money and learning how to use money wisely.	<input type="checkbox"/>				
38	Doing things without supervision or restrictions.	<input type="checkbox"/>				
39	Accepting responsibility for actions.	<input type="checkbox"/>				
40	Ability to express feelings.	<input type="checkbox"/>				

**Instructions:** Please circle your response to each question.

1. Overall, how satisfied are you with your life right now?
  1. Extremely satisfied.
  2. Moderately satisfied.
  3. Somewhat satisfied.
  4. Somewhat dissatisfied.
  5. Moderately dissatisfied.
  6. Extremely dissatisfied.

2. How energetic and healthy do you feel right now?

1. Extremely healthy.
2. Moderately healthy.
3. Somewhat healthy.
4. Somewhat unhealthy.
5. Moderately unhealthy.
6. Extremely unhealthy.

3. How much stress or pressure is in your life right now?

1. Very little.
2. Some
3. Quite a bit.
4. A moderate amount.
5. A great deal.
6. Unbearable Amounts.

4. How optimistic are you about the future right now?

1. The future looks very bright.
2. The future looks somewhat bright.
3. The future looks OK.
4. The future looks both good and bad.
5. The future looks bad.
6. The future looks very bad.

**Instructions:** In the past 90 days how many of the following events occurred?

- \_\_\_\_\_ Number of arrests  
 \_\_\_\_\_ Suspensions from school  
 \_\_\_\_\_ Detentions at school  
 \_\_\_\_\_ Days of school missed  
 \_\_\_\_\_ Number of self-harm attempts

Enter the number of days the youth was placed in each of the following situations **during the past 90 days**. (For example, a youth may have been in a detention center for 3 days, a hospital for 7 days and with the biological mother for 80 days).

_____ two biological parents	Private Residence
_____ biological mother	Private Residence
_____ biological father	Private Residence
_____ home of a relative	Private Residence
_____ home of a family friend	Private Residence
_____ independent living with self or friend	Private Residence
_____ supervised independent living	Private Residence with support
_____ drug/alcohol rehab center	24 hour residential care
_____ group home	24 hour residential care
_____ residential treatment	24 hour residential care
_____ inpatient psychiatric hospital	Institutional setting
_____ medical hospital	Institutional setting
_____ jail	Jail/correctional facility
_____ juvenile detention facility	Jail/correctional facility
_____ foster care	foster home
_____ therapeutic foster care	foster home
_____ specialized foster care	foster home
_____ Homeless/shelter	Homeless/shelter
_____ other	other
_____ unknown	unknown

## Ohio Youth Problem, Functioning and Satisfaction Scales (Spanish Parent Form)

Nombre del niño: \_\_\_\_\_ Fecha: \_\_\_\_\_ Grado del niño: \_\_\_\_\_

Fecha de nacimiento del niño: \_\_\_\_\_

Formulario respondido por:  Madre  Padre  Madrastra  Padrastro  Otro: \_\_\_\_\_

<b>Sección I (Ohio Youth Problem Severity Scale)</b>							
<b>Instrucciones:</b> Califique la frecuencia con que su hijo ha tenido los siguientes problemas en los últimos 30 días.		Nunca	Una o dos veces	Varias veces	Con frecuencia	Casi siempre	Todo el tiempo
1	Discute con los demás	<input type="checkbox"/>					
2	Se mete en peleas	<input type="checkbox"/>					
3	Dice, insulta o grita a los demás, usa malas palabras	<input type="checkbox"/>					
4	Ataques de ira	<input type="checkbox"/>					
5	Se rehúsa a hacer lo que le dicen los maestros o los padres	<input type="checkbox"/>					
6	Causa problemas sin motivo	<input type="checkbox"/>					
7	Usa drogas o alcohol	<input type="checkbox"/>					
8	No cumple las reglas o la ley (llega después de hora, roba)	<input type="checkbox"/>					
9	Falta a la escuela o a las clases	<input type="checkbox"/>					
10	Miente	<input type="checkbox"/>					
11	No puede quedarse quieto, tiene demasiada energía	<input type="checkbox"/>					
12	Se lastima o daña a sí mismo (se corta o raspa, toma píldoras)	<input type="checkbox"/>					
13	Habla o piensa sobre la muerte	<input type="checkbox"/>					
14	Siente que no vale nada o no sirve para nada	<input type="checkbox"/>					
15	Se siente solo y no tiene amigos	<input type="checkbox"/>					
16	Se siente ansioso o temeroso	<input type="checkbox"/>					
17	Se preocupa de que suceda algo malo	<input type="checkbox"/>					
18	Se siente triste o deprimido	<input type="checkbox"/>					
19	Pesadillas	<input type="checkbox"/>					
20	Problemas con la alimentación	<input type="checkbox"/>					

<b>Sección II (Ohio Youth Functioning Scale)</b>						
<b>Instrucciones:</b> Por favor califique el grado en que los problemas de su hijo afectan su actual capacidad en las actividades diarias. Considere el actual nivel de funcionamiento de su hijo.		Problemas extremos	Bastantes problemas	Algunos Problemas	Me va bien	Me va muy bien
21	Llevarse bien con los amigos	<input type="checkbox"/>				
22	Llevarse bien con la familia	<input type="checkbox"/>				
23	Salir o entablar relación con novios o novias	<input type="checkbox"/>				
24	Llevarse bien con los adultos fuera de la familia (maestros, director de la escuela)	<input type="checkbox"/>				
25	Estar prolijo y limpio, lucir bien	<input type="checkbox"/>				
26	Cuidarse la salud y tener buenos hábitos de salud (tomar medicamentos o lavarse los dientes)	<input type="checkbox"/>				
27	Controlar las emociones y evitar los problemas	<input type="checkbox"/>				
28	Sentirse motivado y terminar los proyectos	<input type="checkbox"/>				
29	Participar en pasatiempos (tarjetas de béisbol, monedas, estampillas, dibujo)	<input type="checkbox"/>				
30	Participar en actividades recreativas (deportes, natación, montar bicicleta)	<input type="checkbox"/>				
31	Hacer tareas en la casa (limpiar su cuarto, otras tareas)	<input type="checkbox"/>				
32	Asistir a la escuela y aprobar las materias	<input type="checkbox"/>				
33	Aprender tareas que le serán útiles para trabajos futuros	<input type="checkbox"/>				
34	Sentirse bien sobre sí mismo	<input type="checkbox"/>				
35	Pensar con claridad y tomar decisiones acertadas	<input type="checkbox"/>				
36	Concentrarse, prestar atención y terminar las tareas	<input type="checkbox"/>				
37	Ganar dinero y aprender a usar el dinero con inteligencia	<input type="checkbox"/>				
38	Hacer cosas sin supervisión o restricciones	<input type="checkbox"/>				
39	Aceptar responsabilidad por sus acciones	<input type="checkbox"/>				
40	Capacidad de expresar sentimientos	<input type="checkbox"/>				

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**Instrucciones:** Marque con un círculo su respuesta a cada pregunta.

1. En general, ¿cuán satisfecho está usted con su relación con su hijo ahora?
  1. Extremadamente satisfecho
  2. Moderadamente satisfecho
  3. Ligeramente satisfecho
  4. Ligeramente insatisfecho
  5. Moderadamente insatisfecho
  6. Extremadamente insatisfecho
2. ¿Cuán capaz de encarar los problemas de su hijo se siente ahora?
  1. Extremadamente capaz
  2. Moderadamente capaz
  3. Ligeramente capaz
  4. Ligeramente incapaz
  5. Moderadamente incapaz
  6. Extremadamente incapaz
3. ¿Cuánto estrés o presión tiene en su vida ahora?
  1. Muy poco
  2. Un poco
  3. Bastante
  4. Una cantidad moderada
  5. Mucho
  6. Insoportable
4. ¿Cuán optimista se siente ahora con respecto al futuro de su hijo?
  1. El futuro luce prometedor
  2. El futuro luce ligeramente prometedor
  3. El futuro luce bastante bien
  4. El futuro luce tanto bien como mal
  5. El futuro luce mal
  6. El futuro luce muy mal

Total \_\_\_\_\_

**Instrucciones:** Durante los últimos 90 días, cuantas veces han ocurrido los casos siguientes?

- \_\_\_\_\_ Arrestos  
 \_\_\_\_\_ Suspenciones de la escuela  
 \_\_\_\_\_ Detenciones en la escuela  
 \_\_\_\_\_ Dias que ha faltado a clase  
 \_\_\_\_\_ Atentados a lastimarse o hacerse daño

Indique cuantos días ha estado la persona en cada una de las siguientes situaciones **durante los últimos 90 días**. (Por ejemplo, puede haber estado en un centro de detención por 3 días, en un hospital por 7 días, y con su madre biológica por 80 días).

_____ Con ambos padres biológicos	Domicilio de propiedad privada
_____ Con su madre biológica	Domicilio de propiedad privada
_____ Con su padre biológico	Domicilio de propiedad privada
_____ En casa de familiares	Domicilio de propiedad privada
_____ En casa de amistades de familia	Domicilio de propiedad privada
_____ Viviendo a solas o con amigos	Domicilio de propiedad privada
_____ Viviendo a solas bajo vigilancia	Domicilio de propiedad privada con apoyo
_____ En centro de rehabilitación para drogas y alcohol.	Con cuidados domesticos las 24 horas
_____ En hospicio para grupos	Con cuidados domesticos las 24 horas
_____ Bajo tratamiento en casa	Con cuidados domesticos las 24 horas
_____ En hospital con psiquiatra	Internado
_____ En hospital con medico	Internado
_____ Detenido - cárcel	Carcel o centro correjional
_____ Detenido - correjional juvenil	Carcel o centro correjional
_____ Cuidado para niños	Hospicio para niños
_____ Cuidado para niños con terapia	Hospicio para niños
_____ Cuidado especializado para niños	Hospicio para niños
_____ Albergue para personas sin domicilio.	Albergue
_____ Otras situaciones	Miscelaneo
_____ Desconosido	Desconosido

## Ohio Youth Problem, Functioning and Satisfaction Scales (Spanish Youth Form)

Nombre: \_\_\_\_\_ Fecha: \_\_\_\_\_ Grado: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

<b>Sección I (Ohio Youth Problem Severity Scale)</b>							
<b>Instrucciones:</b> Califique la frecuencia con que has tenido los siguientes problemas en los últimos 30 días.		Nunca	Uno o dos veces	Varias veces	Con frecuencia	Casi siempre	Todo el tiempo
1	Discutir con los demás	<input type="checkbox"/>					
2	Meterme en peleas	<input type="checkbox"/>					
3	Gritar o insultar a los demás, usar malas palabras	<input type="checkbox"/>					
4	Ataques de ira	<input type="checkbox"/>					
5	Rehusarme a hacer lo que dicen los maestros o los padres	<input type="checkbox"/>					
6	Causar problemas sin motivo	<input type="checkbox"/>					
7	Usar drogas o alcohol 0	<input type="checkbox"/>					
8	No cumplir las reglas o la ley (llegar después de hora, robar)	<input type="checkbox"/>					
9	Faltar a la escuela o a las clases	<input type="checkbox"/>					
10	Mentir	<input type="checkbox"/>					
11	No poder quedarme quieto, tener demasiada energía	<input type="checkbox"/>					
12	Lastimarme o dañarme a mí mismo (me corto o raspo, tomo píldoras)	<input type="checkbox"/>					
13	Hablar o pensar sobre la muerte	<input type="checkbox"/>					
14	Sentir que no valgo nada o no sirvo para nada	<input type="checkbox"/>					
15	Sentirme solo y no tener amigos	<input type="checkbox"/>					
16	Sentirme ansioso o temeroso	<input type="checkbox"/>					
17	Preocuparme de que suceda algo malo	<input type="checkbox"/>					
18	Sentirme triste o deprimido	<input type="checkbox"/>					
19	Pesadillas	<input type="checkbox"/>					
20	Problemas con la alimentación	<input type="checkbox"/>					

<b>Sección II (Ohio Youth Functioning Scale)</b>						
<b>Instrucciones:</b> Por favor califica el grado en que sus problemas afectan su actual capacidad para realizar las actividades diarias. Lee cada punto y marque con un círculo el que mejor describe su actual situación.		Problemas extremos	Bastantes problemas	Algunos Problemas	Me va bien	Me va muy bien
21	Llevarme bien con mis amigos	<input type="checkbox"/>				
22	Llevarme bien con la familia	<input type="checkbox"/>				
23	Salir o entablar relación con novios o novias	<input type="checkbox"/>				
24	Llevarme bien con los adultos fuera de la familia (maestros, director de la escuela)	<input type="checkbox"/>				
25	Estar prolijo y limpio, lucir bien	<input type="checkbox"/>				
26	Cuidarme la salud y tener buenos hábitos de salud (tomar medicamentos o lavarme los dientes)	<input type="checkbox"/>				
27	Controlar las emociones y evitar los problemas	<input type="checkbox"/>				
28	Sentirme motivado y terminar los proyectos	<input type="checkbox"/>				
29	Participar en pasatiempos (tarjetas de béisbol, monedas, estampillas, dibujo)	<input type="checkbox"/>				
30	Participar en actividades recreativas (deportes, natación, montar bicicleta)	<input type="checkbox"/>				
31	Hacer tareas en la casa (limpiar mi cuarto, otras tareas)	<input type="checkbox"/>				
32	Asistir a la escuela y aprobar las materias	<input type="checkbox"/>				
33	Aprender tareas que me serán útiles para trabajos futuros	<input type="checkbox"/>				
34	Sentirme bien sobre mí mismo	<input type="checkbox"/>				
35	Pensar con claridad y tomar decisiones acertadas	<input type="checkbox"/>				
36	Concentrarme, prestar atención y terminar las tareas	<input type="checkbox"/>				
37	Ganar dinero y aprender a usar el dinero con inteligencia	<input type="checkbox"/>				
38	Hacer cosas sin supervisión o restricciones	<input type="checkbox"/>				
39	Aceptar responsabilidad por mis acciones	<input type="checkbox"/>				
40	Capacidad de expresar sentimientos	<input type="checkbox"/>				

**Instrucciones:** Marca con un círculo su respuesta a cada pregunta.

1. En general, ¿cuán satisfecho está con su vida actualmente?
1. Extremadamente satisfecho
  2. Moderadamente satisfecho
  3. Ligeramente satisfecho
  4. Ligeramente insatisfecho
  5. Moderadamente insatisfecho
  6. Extremadamente insatisfecho
2. ¿Con cuánta energía y salud se siente ahora?
1. Extremadamente saludable
  2. Moderadamente saludable
  3. Ligeramente saludable
  4. Ligeramente saludable
  5. Moderadamente saludable
  6. Extremadamente saludable
3. ¿Cuánto estrés o presión tiene en su vida actualmente?
1. Muy poco estrés
  2. Un poco de estrés
  3. Bastante estrés
  4. Una cantidad moderada de estrés
  5. Mucho estrés
  6. Insoportable cantidad de estrés
4. ¿Cuán optimista se siente con respecto al futuro?
1. El futuro luce prometedor
  2. El futuro luce ligeramente prometedor
  3. El futuro luce bastante bien
  4. El futuro luce tanto bien como mal
  5. El futuro luce mal
  6. El futuro luce muy mal

**Instrucciones:** Durante los últimos 90 días, cuantas veces han ocurrido los casos siguientes?

- \_\_\_\_\_ Arrestos
- \_\_\_\_\_ Suspenciones de la escuela
- \_\_\_\_\_ Detenciones en la escuela
- \_\_\_\_\_ Días que ha faltado a clase
- \_\_\_\_\_ Atentados a lastimarse o hacerse daño

Indique cuantos días ha estado la persona en cada una de las siguientes situaciones **durante los últimos 90 días**. (Por ejemplo, puede haber estado en un centro de detención por 3 días, en un hospital por 7 días, y con su madre biológica por 80 días).

_____ Con ambos padres biológicos	Domicilio de propiedad privada
_____ Con su madre biológica	Domicilio de propiedad privada
_____ Con su padre biológico	Domicilio de propiedad privada
_____ En casa de familiares	Domicilio de propiedad privada
_____ En casa de amistades de familia	Domicilio de propiedad privada
_____ Viviendo a solas o con amigos	Domicilio de propiedad privada
_____ Viviendo a solas bajo vigilancia	Domicilio de propiedad privada con apoyo
_____ En centro de rehabilitación para drogas y alcohol.	Con cuidados domesticos las 24 horas
_____ En hospicio para grupos	Con cuidados domesticos las 24 horas
_____ Bajo tratamiento en casa	Con cuidados domesticos las 24 horas
_____ En hospital con psiquiatra	Internado
_____ En hospital con medico	Internado
_____ Detenido - cárcel	Cárcel o centro correccional
_____ Detenido - correccional juvenil	Cárcel o centro correccional
_____ Cuidado para niños	Hospicio para niños
_____ Cuidado para niños con terapia	Hospicio para niños
_____ Cuidado especializado para niños	Hospicio para niños
_____ Albergue para personas sin domicilio.	Albergue
_____ Otras situaciones	Miscelaneo
_____ Desconosido	Desconosido

## Ohio Youth Problem, Functioning and Satisfaction Scales (Worker Form)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Child's Grade: \_\_\_\_\_  
 Form Completed By: \_\_\_\_\_  Case Manager  Therapist  Other: \_\_\_\_\_

<b>Section I (Ohio Youth Problem Severity Scale)</b>							
<b>Instructions:</b> Please rate the degree to which the designated child has experienced the following problems in the past 30 days.		Not at all	Once or Twice	Several Times	Often	Most of the time	All of the time
1	Arguing with others	<input type="checkbox"/>					
2	Getting into fights	<input type="checkbox"/>					
3	Yelling, swearing, or screaming at others	<input type="checkbox"/>					
4	Fits of anger	<input type="checkbox"/>					
5	Refusing to do things teachers or parents ask	<input type="checkbox"/>					
6	Causing trouble for no reason	<input type="checkbox"/>					
7	Using drugs or alcohol	<input type="checkbox"/>					
8	Breaking rules or breaking the law (out past curfew, stealing)	<input type="checkbox"/>					
9	Skipping school or classes	<input type="checkbox"/>					
10	Lying	<input type="checkbox"/>					
11	Can't seem to sit still, having too much energy	<input type="checkbox"/>					
12	Hurting self (cutting or scratching self, taking pills)	<input type="checkbox"/>					
13	Talking or thinking about death	<input type="checkbox"/>					
14	Feeling worthless or useless	<input type="checkbox"/>					
15	Feeling lonely and having no friends	<input type="checkbox"/>					
16	Feeling anxious or fearful	<input type="checkbox"/>					
17	Worrying that something bad is going to happen	<input type="checkbox"/>					
18	Feeling sad or depressed	<input type="checkbox"/>					
19	Nightmares	<input type="checkbox"/>					
20	Eating problems	<input type="checkbox"/>					

<b>Section II (Ohio Youth Functioning Scale)</b>						
<b>Instructions:</b> Please check the box corresponding to the designated youth's current level of functioning in each area.		Extreme Troubles	Quite a few troubles	Some Troubles	OK	Doing Very Well
21	Getting along with friends.	<input type="checkbox"/>				
22	Getting along with family.	<input type="checkbox"/>				
23	Dating and developing relationships with boyfriends or girlfriends.	<input type="checkbox"/>				
24	Getting along with adults outside the family.	<input type="checkbox"/>				
25	Keeping neat and clean, looking good.	<input type="checkbox"/>				
26	Caring for health needs and keeping good health habits (taking medicines or brushing teeth).	<input type="checkbox"/>				
27	Controlling emotions and staying out of trouble.	<input type="checkbox"/>				
28	Being motivated and finishing projects.	<input type="checkbox"/>				
29	Participating in hobbies (baseball cards, coins, stamps, art).	<input type="checkbox"/>				
30	Participating in recreational activities (sports, swimming, bike riding).	<input type="checkbox"/>				
31	Completing household chores (cleaning room, other chores).	<input type="checkbox"/>				
32	Attending school and getting passing grades in school.	<input type="checkbox"/>				
33	Learning skills that will be useful for future jobs.	<input type="checkbox"/>				
34	Feeling good about self.	<input type="checkbox"/>				
35	Thinking clearly and making good decisions.	<input type="checkbox"/>				
36	Concentrating, paying attention, and completing tasks.	<input type="checkbox"/>				
37	Earning money and learning how to use money wisely.	<input type="checkbox"/>				
38	Doing things without supervision or restrictions.	<input type="checkbox"/>				
39	Accepting responsibility for actions.	<input type="checkbox"/>				
40	Ability to express feelings.	<input type="checkbox"/>				

Adapted from the Ohio Youth Problem, Functioning and Satisfaction Scales  
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<b>Instructions: In the past 90 days how many of the following events occurred?</b> _____ Number of arrests _____ Suspensions from school _____ Detentions at school _____ Days of school missed _____ Number of self-harm attempts	
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<b>Enter the number of days the youth was placed in each of the following situations during the past 90 days. (For example, a youth may have been in a detention center for 3 days, a hospital for 7 days and with the biological mother for 80 days).</b>	
_____ two biological parents	Private Residence
_____ biological mother	Private Residence
_____ biological father	Private Residence
_____ home of a relative	Private Residence
_____ home of a family friend	Private Residence
_____ independent living with self or friend	Private Residence
_____ supervised independent living	Private Residence with support
_____ drug/alcohol rehab center	24 hour residential care
_____ group home	24 hour residential care
_____ residential treatment	24 hour residential care
_____ inpatient psychiatric hospital	Institutional setting
_____ medical hospital	Institutional setting
_____ jail	Jail/correctional facility
_____ juvenile detention facility	Jail/correctional facility
_____ foster care	foster home
_____ therapeutic foster care	foster home
_____ specialized foster care	foster home
_____ Homeless/shelter	Homeless/shelter
_____ other	other
_____ unknown	unknown

## NOTES

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