



**USER'S MANUAL FOR THE
ADULT TEXAS RECOMMENDED ASSESSMENT GUIDELINES
(Adult-TRAG)**

**November 2005
Version 3.0**

DISCLAIMER: The Texas Department of State Health Services (DSHS) does not accept liability for inappropriate use of this document, or from any claim arising out of or based on this document's use. 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 Adult Texas Assessment Guidelines (Adult-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 adults in the public mental health system. Therefore, the Adult-TRAG comprises part of the DSHS *MH Adult Uniform Assessment for Resiliency & Disease Management*. DSHS' *Utilization Management Guidelines* for use with each level of care call upon (but are not limited to) the Adult-TRAG.

© Texas Department of State Health Services (DSHS). No part of this manual may be reproduced without written permission.

CONTENTS

ACKNOWLEDGMENTS	2
INTRODUCTION	3
 SECTION 1	
Rationale and Principles	5
 SECTION 2	
Dimensions for Assessment and Rating System	7
Instructions	7
1. Risk of Harm	8
2. Support Needs	9
3. Psychiatric-Related Hospitalizations	10
4. Functional Impairment	10
5. Employment Problems	12
6. Housing Instability	12
7. Co-Occurring Substance Use	13
8. Criminal Justice Involvement	14
9. Response to Medication Treatment (MDD Only).....	15
 SECTION 3	
Levels of Care and Recommended Assessment Guidelines	16
Instructions	16
Crisis Services	17
Service Package 1: Pharmacological Management, Medication Training and Supports, and Routine Case Management	18
Service Package 2: Pharmacological Management, Medication Training and Supports, Routine Case Management, and Counseling	19
Service Package 3: Pharmacological Management, Medication Training and Supports, Psychosocial Rehabilitation, Supported Employment, and Medical Services	20
Service Package 4: Assertive Community Treatment (ACT)/ACT Alternative	21
Level of Care Decision Grid	22
 SECTION 4	
Sample Case Vignettes	23
 SECTION 5	
Adult-TRAG Questions (Q) and Answers (A)	33
 SECTION 6	
Sample Questions for the Adult-TRAG Dimensions	41
REFERENCES	45

ACKNOWLEDGMENTS

The User's Manual for the Adult Texas Recommended Assessment Guidelines (Adult-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 also included the suggestions of reviewers across the State of Texas. Special thanks to Pam Daggett, M.R.A., TDMHMR/DSHS, Mary V. Gerlach, M. Ed., Lubbock Regional MHMR Center, Greg Gibson, M.A.H.S., TDMHMR/DSHS, John Keppler, M.D., DSHS, Gerry McDermott, The Center for Healthcare Services, and A. John Rush, M.D., Department of Psychiatry, University of Texas, Southwestern Medical Center. 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.

TDMHMR/DSHS RDM Assessment Workgroup

Karen M. Ruggiero, Ph.D., Adult-TRAG Project Leader

Debbie Berndt, M.Ed.*
 Susan Burek, M.A.*
 A. J. Ernst, Ph.D., LMSW-ACP, LCDC*
 Lauren Lacefield Lewis, B.A.
 Molly Lopez, Ph.D.
 Mike Maples, M.A.H.S., LMFT, LPC
 Nina Jo Muse, M.D.
 Alan Shafer, Ph.D.*
 Steven Shon, M.D.
 Sam Shore, M.S.S.W., LMSW
 Marcia Toprac, Ph.D.*
 Frank Vega, M.A., LMFT
 Perry Young, M.S.S.W., LMSW

*Versions 1.0 – 2.1.

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 Adult Texas Recommended Assessment Guidelines (Adult-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 Adult-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 adults in the public mental health system. Therefore, the Adult-TRAG comprises part of the DSHS *MH Adult Uniform Assessment for RDM*. DSHS' *Utilization Management Guidelines* for use with each level of care call upon (but are not limited to) the Adult-TRAG.

More specifically, the goal of the Adult-TRAG is two-fold. First, the goal is to develop a systematic assessment process for measuring mental health service needs among adults based on their most recent diagnosis and nine dimensions. 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 Adult-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 nine assessment dimensions:
 1. Risk of Harm;
 2. Support Needs;
 3. Psychiatric-Related Hospitalizations;
 4. Functional Impairment;
 5. Employment Problems;
 6. Housing Instability;
 7. Co-Occurring Substance Use;
 8. Criminal Justice Involvement;
 9. Response to Medication Treatment (MDD Only); and

- ◆ **Section 3** of this User's Manual describes the following five levels of care in the service system:

- ◆ Crisis Services;
- ◆ Service Package 1: Pharmacological Management, Medication Training and Supports, and Routine Case Management;
- ◆ Service Package 2: Pharmacological Management, Medication Training and Supports, Routine Case Management, and Counseling;
- ◆ Service Package 3: Pharmacological Management, Medication Training and Supports, Psychosocial Rehabilitation, Supported Employment, and Medical Services; and
- ◆ Service Package 4: Assertive Community Treatment (ACT)/ACT Alternative.

The recommended assessment guidelines, including the most recent diagnosis and dimension 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 Adult-TRAG Scoring Sheets to assess your understanding of the material presented.
- ◆ **Section 5** includes questions and answers to help you practice applying the Adult-TRAG.
- ◆ **Section 6** comprises sample questions so that you may gain a complete understanding of each dimension of the Adult-TRAG.

We hope that Version 3.0 of the User's Manual for the Adult-TRAG will be useful, knowing that two studies on an earlier, but very similar, version found the Adult-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: Karen M. Ruggiero, Ph.D., Program Services Unit, Community Mental Health and Substance Abuse, Texas Department of State Health Services, Mail Code 2018, P. O. Box 12668, 909 W. 45th, P.O. Box 12668, Austin, Texas, U.S.A. 78711-2668, Email: karen.ruggiero@dshs.state.tx.us. Requests for reprints of the study report entitled, "*Adult Texas Recommended Assessment Guidelines (Adult-TRAG): A Study of Reliability and Validity*," as well as a related manuscript entitled "*The Adult Texas Recommended Assessment Guidelines: Uniform Assessment for Serious Mental Illness*," may also be sent to Karen M. Ruggiero, Ph.D., 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 individuals with severe mental illness, DSHS has developed the Adult-TRAG to help QMHP-CS clinicians on the authority-side and their providers make decisions about what level of care or service package is most appropriate for adults based on a face-to-face assessment.

A multitude of attempts have been made to quantify the process of matching 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., American Association of Community Psychiatrists, 1996, 2000; Barker, Barron, McFarland, and Bigelow, 1994; Bowman Internet Systems, LLC 2001; Glazer and Gray, 1996; Gordon and Gordon, 1991; Kazarian and Joseph, 1994; 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 may be somewhat specific to a defined set of services, preventing them from being applied to other systems, regions, and situations. Moreover, few systems address the needs of individuals with severe mental illness, 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 Adult Texas Recommended Assessment Guidelines (Adult-TRAG). Work on the Adult-TRAG started in 2002 guided by the following principles:

- ◆ The instrument should be easy to understand and use by clinicians.
- ◆ The dimensions assessed should be quantifiable and should promote consistent clinical judgment.
- ◆ 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 clients.

With these principles in mind, the current Version 3.0 of the User's Manual for the Adult-TRAG was by making changes to Version 2.1 after two studies found the Adult-TRAG 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 Adult-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 adults in the public mental health system. Therefore, the Adult-TRAG comprises part of the DSHS MH Adult Uniform Assessment for RDM. DSHS' Utilization Management Guidelines for use with each level of care call upon (but are not limited to) the Adult-TRAG.

SECTION 2

DIMENSIONS FOR ASSESSMENT AND RATING SYSTEM

Instructions

The Adult-TRAG dimensions for assessment are used by a QMHP-CS to evaluate an individual's mental health service needs face-to-face. It defines the dimensions clinicians consider when recommending the most appropriate level of care for adults with severe mental illness who are in the public mental health system:

1. Risk of Harm;
2. Support Needs;
3. Psychiatric-Related Hospitalizations;
4. Functional Impairment;
5. Employment Problems;
6. Housing Instability;
7. Co-Occurring Substance Use;
8. Criminal Justice Involvement;
9. Response to Medication Treatment (MDD Only); and

Most dimensions are rated 1 to 5, and for each potential dimension rating, one or more criteria is defined. For most ratings with multiple criteria, only one criterion needs to be met for that rating to be selected. Therefore, the clinician should choose the highest rating for which at least **one** of the criteria is satisfied.

Sometimes, there will be uncertainty about whether a person has met criteria for a rating within one of the dimensions. 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 nine dimensions, they should be recorded on an Adult-TRAG Level of Care Scoring Sheet (see Section 4; see also Section 1 of DSHS' MH Adult Uniform Assessment for RDM). Referring to the Adult-TRAG Level of Care Decision Grid (Section 3) and/or the Adult-TRAG Calculator (**use only Version 3.0**; DSHS, 2005; see DSHS' webpage on RDM to download – <http://www.dshs.state.tx.us/mhprograms/RDMTRAG.shtm>), the level of care recommendation can then be obtained based on the person's most recent diagnosis and nine dimension ratings.

1. Risk of Harm

This dimension considers the extent to which a person is at risk for harming themselves or others. This risk may be due to suicidal or homicidal ideation, or due to impaired judgment or impulse control resulting from intoxication or otherwise altered mental states. Criteria for this dimension include factors such as suicidal or homicidal thoughts, intentions, ambivalence, history of attempts, impulsiveness, and availability of means. In addition, criteria are included that indicate the degree to which the individual's ability to remain safe may be impaired. Risk of Harm may be rated according to the following criteria:

1 – None (one or more of the following)

- ◆ No current indication of suicidal or homicidal thoughts, impulses or ideation.
- ◆ No indication of significant distress.
- ◆ Clear ability to care for self now and in the past.

2 – Low (one or more of the following)

- ◆ Fleeting suicidal or homicidal thoughts, impulses or ideation without intent or conscious plan and without past history.
- ◆ Substance use without significant episodes of potentially harmful behaviors.
- ◆ Occasional self-neglect without current evidence of such behavior.

3 – Moderate (one or more of the following)

- ◆ Significant current suicidal or homicidal ideation without intent or conscious plan and without past history.
- ◆ Fleeting suicidal or homicidal thoughts, impulses or ideation with extreme distress and/or history of suicidal/homicidal behavior exists.
- ◆ Current expression of suicidal/homicidal behavior does not represent significant change from baseline (chronic history).
- ◆ Binge or excessive use of substances resulting in potentially harmful behaviors without current involvement in such behavior.
- ◆ Some evidence of self-neglect and/or compromise in ability to care for oneself in current environment.

4 – Significant (one or more of the following)

- ◆ Current and/or past (i.e., in the past 90 days) suicidal or homicidal ideation with expressed intentions but with at least one of the following...
 - ◆ some expressed inability to carry out threat, **or**
 - ◆ a stated ambivalence to carry out the threat.
- ◆ Recent pattern of excessive substance use resulting in clearly harmful behaviors with no demonstrated ability to abstain from use (e.g., car accident, drug overdose, etc.).
- ◆ Clear compromise of ability to care adequately for oneself in current environment.

5 – High (one or more of the following)

- ◆ Current suicidal or homicidal behavior with intention, plan and available means to follow through with threat...
 - ◆ with expressed intention and ability to carry out threat, **or**
 - ◆ with a history of serious past attempts which are of a lethal nature, **or**
 - ◆ in presence of command hallucinations or delusions which threaten to override usual impulse control.
- ◆ Repeated episodes of violence and/or harmful behavior toward self or others, while under the influence of intoxicating substances with pattern of nearly continuous and uncontrolled use.
- ◆ Inability to care for oneself in current environment with evidence of deterioration in physical/mental condition or injury related to these deficits (e.g., starving self, no diabetic control, etc.).

2. Support Needs

This dimension measures the extent to which support is unavailable from family, friends, and community sources, and the likelihood that these supports will be unable and unwilling to provide sufficient help when needed.

1 – None

- ◆ Abundant natural and community supports with ample time and interest to provide for both emotional and material needs in all circumstances.

2 – Low

- ◆ Natural and community supports are available and are capable of and willing to provide significant aid in times of need.

3 – Moderate

- ◆ A few natural and community supports exist and are capable of providing some help if needed. Barriers may include....
 - ◆ ambivalence, **or**
 - ◆ difficult access, **or**
 - ◆ limited time, **or**
 - ◆ limited available resources.

4 – Significant

- ◆ Very few actual or potential natural and community supports are available. Barriers may include...
 - ◆ unwillingness on part of recipient, **or**
 - ◆ limited resources in community, **or**
 - ◆ unwillingness on part of family or friends to participate.

5 – High

- ◆ No natural and community supports are available in current environment.

3. Psychiatric-Related Hospitalizations

This dimension considers the number of times the individual has been hospitalized for psychiatric-related reasons in the past 180 days and/or two years. Importantly, this excludes hospital transfers, and each hospitalization must exceed 24 hours to be classified as such according to this scale.

1 – None (one of the following)

- ◆ No psychiatric-related hospitalizations in the past 180 days.
- ◆ No psychiatric-related hospitalizations in the past two years.

2 – Low (one of the following)

- ◆ 1 psychiatric-related hospitalization in the past 180 days.
- ◆ 1 to 3 psychiatric-related hospitalizations in the past two years.

3 – Moderate (one of the following)

- ◆ 2 psychiatric-related hospitalizations in the past 180 days.
- ◆ 4 psychiatric-related hospitalizations in the past two years.

4 – Significant (one of the following)

- ◆ 3 psychiatric-related hospitalizations in the past 180 days.
- ◆ 5 psychiatric-related hospitalizations in the past two years.

5 – High (one of the following)

- ◆ 4 or more psychiatric-related hospitalizations in the past 180 days.
- ◆ 6 or more psychiatric-related hospitalizations in the past two years.

4. Functional Impairment

This dimension considers a person's level of functional impairment using several indicators. The criteria include ability to interact with others, to maintain hygiene and functions of daily living, to fulfill role responsibilities, and to maintain activities, such as sleep, eating, and/or sexual interest. These factors are considered relative to the person's normal level of functioning.

1 – None

- ◆ No functional impairment or minor functional impairment that does not disrupt ability to interact with others, to maintain hygiene and functions of daily living, to fulfill role responsibilities, and to maintain activities, such as sleep, eating, and/or sexual interest, during the past 90 days.

2 – Low (one or more of the following)

- ◆ Evidence of deterioration in some interactions with others, with increased incidence of arguments, hostility or conflict, yet still able to maintain some meaningful and satisfying relationships during the past 90 days.
- ◆ Evidence of some minor disruptions in self-care and/or other activities during the past 90 days.
- ◆ Evidence of minor but consistent difficulties in social role functioning such as difficulty fulfilling parental responsibilities or performing at expected level in work or school, yet still able to maintain those roles during the past 90 days.

3 – Moderate (one or more of the following)

- ◆ Becoming withdrawn, isolated, or otherwise troubled in most significant relationships, with no evidence of any impulsive or abusive behaviors during the past 90 days.
- ◆ Appearance and hygiene are below baseline some of the past 90 days.
- ◆ Moderate disturbance in activities such as sleep, eating, and/or sexual interest that do not pose a serious threat to health during the past 90 days.
- ◆ Moderate inability to fulfill responsibilities and obligations to job, school, self, or significant others during the past 90 days.
- ◆ Evidence of moderate difficulties in interactions with others and ability to maintain responsibilities during the past 90 days.
- ◆ Able to maintain responsibilities in school, work, parenting, or other obligations during the past 90 days but only in a structured and/or protected setting.

4 – Significant (one or more of the following)

- ◆ Evidence of significant difficulties in interactions with others, which may include impulsive or abusive behaviors during the past 90 days.
- ◆ Evidence of significant withdrawal and avoidance of almost all social interactions during the past 90 days.
- ◆ Appearance and hygiene are below baseline consistently for most of the past 90 days.
- ◆ Significant disturbance in activities such as sleep, eating, and/or sexual interest as evidenced by such things as weight change or fatigue that threaten physical/mental well being during the past 90 days.
- ◆ Significant inability to fulfill responsibilities in school, work, parenting, or other obligations to the point of complete neglect on a frequent basis or for an extended period of time during the past 90 days.

5 – High (one or more of the following)

- ◆ Evidence of extreme deterioration in interactions with others which may include inappropriate or unintelligible communication, threatening behaviors with little or no provocation and/or loss of control over impulses or abusive behavior during the past 90 days.
- ◆ Evidence of total withdrawal from all social interactions during the past 90 days.
- ◆ Evidence of inability to attend to the most basic daily needs such as personal hygiene, appearance, nutrition and safe shelter during the past 90 days.
- ◆ Extreme weight change and extreme disruptions in sleep, or fatigue causing serious harm to physical/mental health during the past 90 days.
- ◆ Evidence of complete inability to maintain any aspect of personal responsibility in community, social and/or family roles during the past 90 days.

5. Employment Problems

This dimension takes into account the degree of employment problems experienced by the individual within the past year, including the person's number of jobs, number of days of employment, and whether or not the person has a need or desire to work.

1 – None (one of the following)

- ◆ Stable employment as indicated by 181 or more days of regular community employment in the past year.
- ◆ No need or desire to work.

2 – Low

- ◆ Substantial employment as indicated by 90 to 180 days of regular community employment in 1 or 2 jobs in the past year.

3 – Moderate

- ◆ Unstable employment as indicated by 90 to 180 days of regular community employment in 3 or more jobs in the past year.

4 – Significant

- ◆ Substantial barriers to employment as indicated by 1 to 90 days of regular community employment in the past year regardless of the number of jobs.

5 – High

- ◆ No employment is likely without support as indicated by 0 days of regular community employment in the past year.

6. Housing Instability

This dimension examines the person's housing situation according to whether they experience no or minimal housing instability, or whether they are marginally or literally homeless.

1 – None (one or more of the following)

- ◆ Person has no housing instability as indicated by stable housing for over two years.
- ◆ Person pays no more than 30% of their monthly income for housing.
- ◆ Person experiences no financial difficulties in meeting other basic needs, such as paying for food, medicine or health care.

2 – Low (one of the following)

- ◆ Person has minimal housing instability as indicated by safe and decent housing that is in an integrated setting, but is paying more than 30% of their monthly income towards rent.
- ◆ Person experiences occasional financial difficulties in meeting other basic needs such as paying for food, medicine or health care.

3 – Moderate

- ◆ Person experiences episodic financial difficulties in meeting other basic needs such as paying for food, medicine or health care, and has moderate housing instability as indicated by...
 - ◆ living with other persons due to an inability to afford housing, **or**
 - ◆ a dissatisfaction with their living arrangements and may be considered to be “doubled-up,” **or**
 - ◆ may be facing minimal pressure to find safe, decent and affordable housing.

4 – Significant (one of the following)

- ◆ Person experiences consistent financial difficulties in meeting other basic needs such as paying for food, medicine or health care, and is marginally homeless in that they are at imminent risk of becoming homeless as indicated by being in a temporary or transitional living situation that is either basically unstable or about to be terminated, causing the person to be literally homeless.
- ◆ Person may have received an eviction notice, is behind in rent, has been asked to leave where they are staying, or may be facing persistent pressure to find safe, decent and affordable housing.

5 – High

- ◆ Person is literally homeless in that they are actually without shelter, except for emergency shelter provided by such organizations such as the Salvation Army, is most frequently found in shelters or streets, and is unable to find safe, decent and affordable housing.

7. Co-Occurring Substance Use

This dimension focuses on the individual’s co-occurring substance use (i.e., alcohol, illegal drugs, prescription medication, or over-the-counter medication), including the frequency and duration as well as the cognitive, behavioral, and/or physiological consequences of it during the past 90 days.

1 – None

- ◆ No substance use, or substance use with NO adverse cognitive, behavioral, or physiological consequences related to the use of substances during the past 90 days.

2 – Low

- ◆ Low substance use with MINIMAL adverse cognitive, behavioral, or physiological consequences related to the use of substances during the past 90 days.

3 – Moderate

- ◆ Moderate substance use that...
 - ◆ EXCLUDES tolerance, withdrawal, and other signs of physiological dependence, **but**
 - ◆ INCLUDES moderate adverse cognitive, behavioral, or physiological consequences related to the use of substances during the past 90 days (i.e., failure to fulfill a major role obligation; substance use when it is physically hazardous; legal problems, or social and interpersonal problems).

4 – Significant

- ◆ Significant substance use that...
 - ◆ INCLUDES tolerance, withdrawal, or a pattern of compulsive use, **and**
 - ◆ INCLUDES significant adverse cognitive, behavioral, or physiological consequences related to the use of substances during the past 90 days (i.e., failure to fulfill a major role obligation; substance use when it is physically hazardous; legal problems, or social and interpersonal problems), **and**
 - ◆ INCLUDES current clinically significant distress or impairment in important areas of functioning related to the recent use of substances.

5 – High

- ◆ High substance use that...
 - ◆ INCLUDES tolerance, withdrawal, or a pattern of compulsive use, **and**
 - ◆ INCLUDES extreme adverse cognitive, behavioral, or physiological consequences related to the use of substances during the past 90 days (i.e., failure to fulfill a major role obligation; substance use when it is physically hazardous; legal problems, or social and interpersonal problems), **and**
 - ◆ INCLUDES current clinically extreme distress or impairment in important areas of functioning related to the recent use of substances.

8. Criminal Justice Involvement

This dimension examines the person's criminal justice contact, including their current involvement with parole or probation, history of arrests, and type of offense.

1 - None

- ◆ No involvement with the criminal justice system in the past 90 days.

2 – Low (one of the following)

- ◆ 1 misdemeanor arrest in the past 90 days.
- ◆ Detained by law enforcement but charges dropped in the past 90 days.

3 – Moderate (one or more of the following)

- ◆ 2 misdemeanor arrests in the past 90 days.
- ◆ 2 nights spent in jail in the past 90 days.
- ◆ On deferred adjudication – misdemeanor.

4 – Significant (one or more of the following)

- ◆ 3 or more misdemeanor arrests in the past 90 days.
- ◆ 3 or more nights spent in jail in the past 90 days.
- ◆ Misdemeanor charges are pending.
- ◆ Currently on parole or probation.
- ◆ On deferred adjudication – felony.

5 – High (one or more of the following)

- ◆ Currently detained in jail.
- ◆ Felony charges are pending.

9. Response to Medication Treatment (MDD Only)

This dimension is **required** for individuals with Major Depressive Disorder (MDD) without psychotic features as their most recent diagnosis. The parameter focuses on the person's response to medication treatment as the primary indicator of the need for psychotherapy. Response to treatment is measured by the Quick Inventory of Depressive Symptoms-Self Report or Quick Inventory of Depressive Symptoms-Clinician version (QIDS-SR or QIDS-C; Trivedi et al., 2004). Methods and criteria for determining response to a trial of an anti-depressant medication is defined in the TIMA Procedural Manual for Major Depression Medication Algorithms (Trivedi, Shon, Crismon, and Key, 2002). Movement from one stage of an algorithm to the next indicates insufficient response (i.e., a clinically significant level of residual symptoms) to a medication strategy after an adequate trial of the medication(s) has been conducted (i.e., dose in specified range for a specified time period). Movement to the next algorithm stage may also occur due to drug intolerance (i.e., significant side-effects). Importantly, a rating of 2 or 3 on dimension 9: Response to Medication Treatment (MDD Only) is predicated upon adequate documentation of the person's treatment history that allows assessment of the person's prior medication trials by TIMA criteria.

1 – Full Response to Medication Treatment/Response Not Yet Determined (one or more of the following)

- ◆ Person has responded fully to medication treatment for MDD as indicated by a current QIDS score of 5 or lower.
- ◆ Person has not yet received medication therapy for MDD.
- ◆ Person is at Stage 1 or 2 of the TIMA MDD algorithm (i.e., insufficient number of trials to determine response).
- ◆ Person is receiving medication therapy, but response is not being tracked using TIMA tools.
- ◆ Person is experiencing psychotic symptoms that have not been adequately reduced by medication (and is thus, currently, an inappropriate candidate for psychotherapy).

2 – Mild Residual Symptoms (one of the following)

- ◆ Person is at Stage 3 or higher of the TIMA MDD algorithm and has mild residual symptoms (current QIDS score of 6-9).
- ◆ Person is unable to take medications due to physical health problems or medical complications, and has a current QIDS score of 6-9.

3 – Moderate to Severe Residual Symptoms (one of the following)

- ◆ Person is at Stage 3 or higher of the TIMA MDD algorithm and has moderate to severe residual symptoms (current QIDS score of 10 or higher).
- ◆ Person is unable to take medications due to physical health conditions or medical complications, and has a current QIDS score of 10 or higher.

SECTION 3

LEVELS OF CARE AND RECOMMENDED ASSESSMENT GUIDELINES

Instructions

Like the User's Manual for the Adult-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 Adult-TRAG comprises part of the DSHS' MH Adult Uniform Assessment for RDM. DSHS' Utilization Management Guidelines for use with each level of care call upon (but are not limited to) the Adult-TRAG.

There are five levels of care recommended by the Adult-TRAG:

- ◆ Crisis Services;
- ◆ Service Package 1: Pharmacological Management, Medication Training and Supports, and Routine Case Management;
- ◆ Service Package 2: Pharmacological Management, Medication Training and Supports, Routine Case Management, and Counseling;
- ◆ Service Package 3: Pharmacological Management, Medication Training and Supports, Psychosocial Rehabilitation, Supported Employment, and Medical Services; and
- ◆ Service Package 4: Assertive Community Treatment (ACT)/ACT Alternative.

Each level of care describes a particular package of services, and some elements of these service packages may span more than one level of care. For example, pharmacological management is used in Service Packages 1, 2, 3, and 4, and routine case management is used in Service Packages 1 and 2. Although there is some overlap between adjacent levels of care with respect to the packages of services offered and significant variability in the packages needed by an individual at a particular level of care, on average, service utilization becomes progressively more intensive (and expensive) as one moves from the lower to the higher service packages. A description of each level of care appears below, followed by the recommended assessment guidelines based on the most recent diagnosis and nine dimension ratings.

Crisis Services

Description

Crisis Services are available to **new** adult mental health clients at **intake** who are experiencing psychiatric crises. There are a variety of crisis services that are selected to be part of the local array of services. Options include crisis counseling; psychiatric consultation, crisis respite in a variety of settings; and 23-hour observation in a hospital setting. Crisis options are designed to assure the safety of individuals and the community while avoiding costly hospital stays. Importantly, for those already receiving Service Package 1, 2, 3, or 4, community-based crisis services are provided within their existing Service Package. So, if a person is already in service and a crisis situation emerges, do not attempt to administer the Adult-TRAG; Resolve the crisis first and attempt to administer the Adult-TRAG when the individual is stable.

Recommended Assessment Guidelines

Most Recent Diagnosis: Any.

1. **Risk of Harm.** A rating of **4-5** is sufficient for this level of care, independent of other dimension ratings.
2. **Support Needs.** A rating of **1-5** is appropriate for this level of care.
3. **Psychiatric-Related Hospitalizations.** A rating of **1-2** is appropriate for this level of care.
4. **Functional Impairment.** A rating of **5** is sufficient for this level of care, independent of other dimension ratings.
5. **Employment Problems.** A rating of **1-5** is appropriate for this level of care.
6. **Housing Instability.** A rating of **1-5** is appropriate for this level of care.
7. **Co-Occurring Substance Use.** A rating of **5** is sufficient for this level of care, independent of other dimension ratings.
8. **Criminal Justice Involvement.** A rating of **1-5** is appropriate for this level of care.
9. **Response to Medication Treatment (MDD Only).** Not applicable for this level of care.

***Notes:** As mentioned above, an Adult-TRAG Level of Care Recommended (LOC-R) = Crisis Services is only for **new** adult mental health clients at **intake** when either dimension 1: Risk of Harm equals 4 or 5, or dimension 4: Functional Impairment equals 5, or dimension 7: Co-Occurring Substance Use equals 5. In any such case, there is no need to continue with the remaining Adult-TRAG assessment dimensions. A crisis should be resolved within seven days of continuous treatment, if not, psychiatric-related hospitalization should be considered. Also, if an individual is already in Service Package 1, 2, 3, or 4 and a crisis situation emerges, it is imperative to address the crisis first. There is **no** need to consider a change to the person's service package until **after** the crisis is resolved [even if it means that the individual needs Crisis Stabilization Unit (CSU) services or psychiatric-related hospital services]. To attempt to administer the Adult-TRAG prior to the intervention would be inappropriate and clinically contra-indicated. (The same holds true for a new adult mental health client at intake.) The rule for crisis should **always** be to "treat first, then administer the Adult-TRAG." Once the crisis is resolved, then re-administer the Adult-TRAG to obtain a new Adult-TRAG Level of Care Recommended (LOC-R), if any.

Service Package 1: Pharmacological Management, Medication Training and Supports, and Routine Case Management

Description

Service Package 1 offers the most basic package of community mental health services, including pharmacological management, medication training and supports (a.k.a., patient and family education), routine case management. In terms of pharmacological management, medications are provided according to the Texas Implementation of Medication Algorithms (TIMA), along with medication training and supports (a.k.a., patient and family education). Also, individuals who receive this level of care may receive routine case management in the form of assistance in accessing essential community resources. Finally, individual and small group skills training and development and supported employment are available as add-on services. ***Importantly, should a person 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 in order.***

Recommended Assessment Guidelines

Most Recent Diagnosis: Schizophrenia and Related Disorders
or
Bipolar Disorder
or
Major Depressive Disorder
with or without psychotic features

1. **Risk of Harm.** A rating of **1-3** is necessary for this level of care.
2. **Support Needs.** A rating of **1-5** is appropriate for this level of care.
3. **Psychiatric-Related Hospitalizations.** A rating of **1-2** is necessary for this level of care.
4. **Functional Impairment.** A rating of **1-4** is necessary for this level of care.
5. **Employment Problems.** A rating of **1-5** is appropriate for this level of care.
6. **Housing Instability.** A rating of **1-2** is necessary for this level of care.
7. **Co-Occurring Substance Use.** A rating of **1-2** is necessary for this level of care.
8. **Criminal Justice Involvement.** A rating of **1-2** is necessary for this level of care.
9. **Response to Medication Treatment (MDD Only).** Not applicable for this level of care.

Notes:** For individuals with this most recent diagnosis who do not qualify for other Service Packages, this should be the Adult-TRAG Level of Care Recommended (LOC-R), independent of their dimension ratings. Also, ***newly-admitted adult mental health clients who have a diagnosis of Major Depressive Disorder (MDD) must also have an ***intake GAF rating less than or equal to 50*** to receive an Adult-TRAG Level of Care Recommended (LOC-R) = 1. However, for individuals with a most recent diagnosis of Major Depressive Disorder (MDD) who ***already had an intake MH Adult UA for RDM*** (i.e., continued care) and are being ***re-assessed*** via the Adult-TRAG, their ***GAF score will not be considered in determining eligibility.***

Service Package 2: Pharmacological Management, Medication Training and Supports, Routine Case Management, and Counseling

Description

Service Package 2 offers pharmacological management, medication training and supports (a.k.a., patient and family education), routine case management (a.k.a., case coordination), and counseling. It is **not** recommended for newly-admitted adult mental health consumers at intake; rather, it is only recommended for those with a most recent diagnosis of Major Depressive Disorder without psychotic features who have already been in Service Package 1. And like Service Package 1, persons in Service Package 2 are provided pharmacological management in the form of medications according to TIMA, medication training and supports (a.k.a., patient and family education), and routine case management (a.k.a., case coordination). In addition, individuals receive counseling in the form of a course of Cognitive Behavior Therapy (CBT). Finally, individual and small group skills training and development and supported employment are available as add-on services.

Recommended Assessment Guidelines

Most Recent Diagnosis: Major Depressive Disorder
without psychotic features

1. **Risk of Harm.** A rating of **1-3** is appropriate for this level of care.
2. **Support Needs.** A rating of **1-5** is appropriate for this level of care.
3. **Psychiatric-Related Hospitalizations.** A rating of **1-5** is appropriate for this level of care.
4. **Functional Impairment.** A rating of **3-4** is necessary for this level of care in conjunction with a rating of **2-3** on dimension 9, independent of other dimension ratings.
5. **Employment Problems.** A rating of **1-5** is appropriate for this level of care.
6. **Housing Instability.** A rating of **1-5** is appropriate for this level of care.
7. **Co-Occurring Substance Use.** A rating of **1-4** is appropriate for this level of care.
8. **Criminal Justice Involvement.** A rating of **1-5** is appropriate for this level of care.
9. **Response to Medication Treatment (MDD Only).** A rating of **2-3** is necessary for this level of care in conjunction with a rating of **3-4** on dimension 4, independent of other dimension ratings.

***Notes:** Although a rating of 3 on dimension 9: Response to Medication Treatment (MDD Only) indicates a greater level of need for Service Package 2, evidence suggests that even mild levels of residual symptoms increase probability of relapse. There is also evidence of greater effectiveness for those with mild to moderate symptoms than those with severe symptoms. Thus, in determining priorities for psychotherapy, need and probability of effectiveness should be weighed along with other clinical factors (e.g., motivation, chronicity). As stated above, Service Package 2 is **not** recommended for newly-admitted adult mental health consumers at intake. It is only recommended for those with a most recent diagnosis of Major Depressive Disorder (MDD) without psychotic features who have **already been in Service Package 1**, which means that they should **already have had an intake MH Adult UA for R&DM** (i.e., continued care). Under these circumstances, their **GAF score will not be considered in determining eligibility** for an Adult-TRAG Level of Care Recommended (LOC-R) = Service Package 2.

Service Package 3: Pharmacological Management, Medication Training and Supports, Psychosocial Rehabilitation, Supported Employment, and Medical Services

Description

Service Package 3 offers a team approach to community mental health services. Individuals are provided pharmacological management in the form of medications according to TIMA, and medication training and supports (a.k.a., patient and family education). Also, individuals are assigned a rehabilitative case manager whose low caseload allows them to provide psychosocial rehabilitation in the form of extensive linking, advocating, and a focused course of individual and small group skills training and development, as well as supported employment. (Housing services and co-occurring substance use services are provided as part of psychosocial rehabilitation by a rehabilitative case manager.) Finally, medical services are available from licensed medical personnel.

Recommended Assessment Guidelines

Most Recent Diagnosis: Schizophrenia and Related Disorders
or
Bipolar Disorder
or
Major Depressive Disorder
with psychotic features

1. **Risk of Harm.** A rating of **1-3** is appropriate for this level of care.
2. **Support Needs.** Independent of other dimension ratings, a rating of **3-5** is necessary for this level of care in conjunction with a rating of **3-4** on dimension 4, and at least one of the following: a rating of **3-5** on dimension 5; a rating of **3-5** on dimension 6; a rating of **3-4** on dimension 7; a rating of **3-5** on dimension 8.
3. **Psychiatric-Related Hospitalizations.** A rating of **1-2** is appropriate for this level of care.
4. **Functional Impairment.** Independent of other dimension ratings, a rating of **3-4** is necessary for this level of care in conjunction with a rating of **3-5** on dimension 2, and at least one of the following: a rating of **3-5** on dimension 5; a rating of **3-5** on dimension 6; a rating of **3-4** on dimension 7; a rating of **3-5** on dimension 8.
5. **Employment Problems.** A rating of **3-5** is necessary for this level of care in conjunction with a rating of **3-5** on dimension 2 and a rating of **3-4** on dimension 4, independent of other dimension ratings.
6. **Housing Instability.** A rating of **3-5** is necessary for this level of care in conjunction with a rating of **3-5** on dimension 2 and a rating of **3-4** on dimension 4, independent of other dimension ratings.
7. **Co-Occurring Substance Use.** A rating of **3-4** is necessary for this level of care in conjunction with a rating of **3-5** on dimension 2 and a rating of **3-4** on dimension 4, independent of other dimension ratings.
8. **Criminal Justice Involvement.** A rating of **3-5** is necessary for this level of care in conjunction with a rating of **3-5** on dimension 2 and a rating of **3-4** on dimension 4, independent of other dimension ratings.
9. **Response to Medication Treatment (MDD Only).** Not applicable for this level of care.

***Notes:** *Newly-admitted* adult mental health clients who have a diagnosis of Major Depressive Disorder (MDD) must also have an *intake GAF rating less than or equal to 50* to receive an Adult-TRAG Level of Care Recommended (LOC-R) = 3. However, for individuals with a most recent diagnosis of Major Depressive Disorder (MDD) who *already had an intake MH Adult UA for RDM* (i.e., continued care) and are being *re-assessed* via the Adult-TRAG, their *GAF score will not be considered in determining eligibility*.

Service Package 4: ACT/ACT Alternative

Description

Service Package 4 offers the most extensive package of benefits or level of care delivered through ACT. Individuals in ACT are provided pharmacological management in the form of medications according to TIMA, medication training and supports (a.k.a., patient and family education), psychosocial rehabilitation (i.e., rehabilitative case management including housing services and co-occurring substance use services, and skills training and development), supported employment, and medical services by an R.N. Services provided by an ACT team are focused on outreach, engagement, and stabilization, are all-inclusive, and made available 24 hours a day, 7 days per week. Importantly, an “ACT Alternative” should be provided by an LMHA or their providers when the LMHA has an “ACT Waiver.”

Recommended Assessment Guidelines

Most Recent Diagnosis: Schizophrenia and Related Disorders
or
Bipolar Disorder

1. **Risk of Harm.** A rating of **1-3** is appropriate for this level of care.
2. **Support Needs.** A rating of **1-5** is appropriate for this level of care.
3. **Psychiatric-Related Hospitalizations.** A rating of **3-5** is sufficient for this level of care, independent of other dimension ratings.
4. **Functional Impairment.** A rating of **1-4** is appropriate for this level of care.
5. **Employment Problems.** A rating of **1-5** is appropriate for this level of care.
6. **Housing Instability.** A rating of **1-5** is appropriate for this level of care.
7. **Co-Occurring Substance Use.** A rating of **1-4** is appropriate for this level of care.
8. **Criminal Justice Involvement.** A rating of **1-5** is appropriate for this level of care.
9. **Response to Medication Treatment (MDD Only).** Not applicable for this level of care.

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

Level of Care Dimension	Crisis Services	Service Package 1	Service Package 2	Service Package 3	Service Package 4	
Most Recent Diagnosis	Any	Schizophrenia and Related Disorders√ or Bipolar Disorder√ or Major Depressive Disorder with or without psychotic features√	Major Depressive Disorder without psychotic features	Schizophrenia and Related Disorders or Bipolar Disorder or Major Depressive Disorder with psychotic features	Schizophrenia and Related Disorders or Bipolar Disorder	
1. Risk of Harm	4-5*	1-3†	1-3	1-3	1-3	
2. Support Needs	1-5	1-5	1-5	3-5†	1-5	
3. Psychiatric-Related Hospitalizations	1-2	1-2†	1-5	1-2	3-5*	
4. Functional Impairment	5*	1-4†	3-4†	3-4†	1-4	
5. Employment Problems	1-5	1-5	1-5	3-5‡	1-5	
6. Housing Instability	1-5	1-2†	1-5	3-5‡	1-5	
7. Co-Occurring Substance Use	5*	1-2†	1-4	3-4‡	1-4	
8. Criminal Justice Involvement	1-5	1-2†	1-5	3-5‡	1-5	
9. Response to Medication Treatment (MDD Only)	Not Applicable	Not Applicable	2-3†	Not Applicable	Not Applicable	
Note	*Indicates dimension rating is sufficient for this level of care independent of other dimension ratings, provided necessary diagnosis criterion is met.	†Indicates combination of necessary dimension ratings for this level of care independent of other dimension ratings, provided necessary diagnosis criterion is met.	√For consumers with this diagnosis who do not qualify for other Service Packages, this should be the Adult-TRAG Level of Care Recommended, independent of their dimension ratings.	‡Indicates combination of necessary dimension ratings for this level of care independent of other dimension ratings, provided necessary diagnosis criterion is met.	‡Indicates combination of necessary dimension ratings for this level of care, provided at least one † and necessary diagnosis criterion is met.	*Indicates dimension rating is sufficient for this level of care independent of other dimension ratings, provided necessary diagnosis criterion is met.
General	<i>Newly-admitted</i> adult mental health consumers who have a diagnosis of Major Depressive Disorder (MDD) must also have an <i>intake GAF rating ≤ 50</i> . However, for those with a most recent diagnosis of MDD who <i>already had an intake MH Adult UA for R&DM</i> and are being <i>re-assessed</i> via the Adult-TRAG, their <i>GAF score will not be considered in determining eligibility</i> . Also, Service Package 2 is <i>not</i> recommended for newly-admitted adult mental health consumers at intake. It is only recommended for those with a most recent diagnosis of MDD without psychotic features who have <i>already been in Service Package 1</i> , which means that they should <i>already have had an intake MH Adult UA for R&DM</i> . Under these circumstances, their <i>GAF score will not be considered in determining eligibility</i> for an Adult-TRAG LOC-R = Service Package 2.					

SECTION 4

SAMPLE CASE VIGNETTES

You will now have a chance to use the material that has been presented to you so far. Section 4 contains three case vignettes written by the developers of the Adult-TRAG. This will give you the opportunity to practice using the Adult-TRAG.

Read each case vignette. Then, place your ratings for each of the nine dimensions along with the most recent diagnosis on the Adult-TRAG Scoring Sheet (see also Section 1 of the DSHS MH Adult Uniform Assessment for RDM), while looking back at the Dimensions for Assessment and Rating System (Section 2: pages 7-15) as often as needed. Referring back to the Levels of Care and Recommended Assessment Guidelines (Section 3: pages 16-21) and the Level of Care Decision Grid (Section 3: page 22) and/or the Adult-TRAG Calculator (**use only Version 3.0**; DSHS, 2005; see DSHS' webpage on RDM to download – <http://www.dshs.state.tx.us/mhprograms/RDMTRAG.shtm>), you can now use the most recent diagnosis and Adult-TRAG dimension ratings to recommend a level of care. Lastly, compare your Adult-TRAG Level of Care Recommended (LOC-R) to the one recommended in the Sample Case Vignette Results for each vignette.

CASE 1: JOE

HISTORY OF PRESENT ILLNESS: Joe is a 45 year-old man with a diagnosis of Bipolar Disorder, who goes to his LMHA because his wife convinced him to do so. He reports feeling “closed in” and progressively upset for the last week, sleeping only two to three hours a night and not eating. He says he is extremely irritable, shouting a visitor out of his apartment because he stayed too long. Joe mentions guns several times, saying, “When I aim I don’t miss, “ and “It’s all I can do to keep my guns put up.” He states, “I’m very angry. I’m ready to take-on anyone. I feel like I can do anything.” He eventually is able to give assurances that he will not do anything violent and avoid confrontations. His wife also assures that there are no guns in their home and that he has never followed through on any threats of violence or self-harm in the past.

PSYCHIATRIC HISTORY: Joe has never been hospitalized, although he has a 10-year history of Bipolar Disorder. He says that when he stopped going to this LMHA two years ago, he stopped taking his medication.

SUBSTANCE USE HISTORY: Joe has a 24 year history (15-39 years of age) of alcohol and marijuana dependence, but reports being abstinent for six years. He was arrested twice for driving while intoxicated seven years ago but has not had any involvement with the criminal justice system since then. Joe has no history of alcohol or drug treatment or rehabilitation.

SOCIAL HISTORY: Joe is a musician and wants to work, but has been without steady work for nine years. He was kicked out of a military high school for destruction of property but did graduate from another high school. He attended college for one year, then worked off and on as a musician, in music stores, and selling electronic equipment. Yet he has not been employed for more than a couple of months in any job for the past four years. He reports having several friends. Joe lives with his wife of three years in a very supportive relationship, although she has just lost her job. But Joe’s wife is quite confident that she will soon find another job, and that they have enough money to keep living in their apartment in the mean time.

MENTAL HEALTH STATUS: Joe’s manner is irritable, demanding, and threatening. His speech is loud and rapid. He describes his mood as angry, frustrated, and changing to rage without provocation. Joe’s thought processes appear coherent and logical, although he says he fears not being able to control his rage, suspiciousness, and feeling closed in. However, he does not display suicidal or homicidal ideation. He is oriented, alert, aware, and appears to be highly intelligent, while also showing a good appearance and hygiene.

SAMPLE CASE VIGNETTE RESULTS

NAME: CASE 1, JOE

MOST RECENT DIAGNOSIS: Bipolar Disorder.

DIMENSION 1: RISK OF HARM **RATING = 3**

- ◆ Significant current suicidal or homicidal ideation without intent or conscious plan and without past history.

DIMENSION 2: SUPPORT NEEDS **RATING = 2**

- ◆ Natural and community supports are available and are capable of and willing to provide significant aid in times of need.

DIMENSION 3: PSYCHIATRIC-RELATED HOSPITALIZATIONS **RATING = 1**

- ◆ No psychiatric-related hospitalizations in the past 180 days.

DIMENSION 4: FUNCTIONAL IMPAIRMENT **RATING = 3**

- ◆ Moderate disturbance in activities such as sleep, eating, and/or sexual interest that do not pose a serious threat to health during the past 90 days.

DIMENSION 5: EMPLOYMENT PROBLEMS **RATING = 4**

- ◆ Substantial barriers to employment as indicated by 1 to 90 days of regular community employment in the past year regardless of the number of jobs.

DIMENSION 6: HOUSING INSTABILITY **RATING = 1**

- ◆ Person has no housing instability as indicated by stable housing for over two years.

DIMENSION 7: CO-OCCURRING SUBSTANCE USE **RATING = 1**

- ◆ No substance use, or substance use with NO adverse cognitive, behavioral, or physiological consequences related to the use of substances during the past 90 days.

DIMENSION 8: CRIMINAL JUSTICE INVOLVEMENT **RATING = 1**

- ◆ No involvement with the criminal justice system in the past 90 days.

DIMENSION 9: RESPONSE TO MEDICATION TREATMENT (MDD ONLY) **RATING = Not Applicable**

ADULT-TRAG LEVEL OF CARE RECOMMENDED (LOC-R) = Service Package 1: Pharmacological Management, Medication Training and Supports, and Routine Case Management.

CASE 2: TERESA

HISTORY OF PRESENT ILLNESS: Teresa is a 20 year-old woman who presented to her LMHA for the first time due to a diagnosis of Major Depressive Disorder with an intake GAF rating of 45, but without psychotic features. Teresa reports that for the past couple of weeks, she has had increasing problems with depression with occasional episodes of irritability. She also says that her mood has been depressed with troubled sleep and frequent awakenings. Prior to presenting, she developed suicidal ideation with a plan to kill herself by jumping off a bridge. When she became fearful that she would follow through on these plans, she presented to her LMHA, where she now says she is uncertain about going through with her plan.

PSYCHIATRIC HISTORY: Teresa has never been hospitalized for Major Depressive Disorder and has no history at the current LMHA. She denies past suicide attempts except for one attempt during her teen years, which involved relatively superficial cuts to her wrists.

SUBSTANCE USE HISTORY: Teresa denies current use of alcohol or drugs.

SOCIAL HISTORY: Teresa is currently unemployed, and says that she is living with a somewhat abusive boyfriend who is a problem alcohol user. She states that he does well when he is not drinking, but has been physically abusive to her when he is intoxicated. Teresa is uncertain about her ability to dissociate from the relationship with her partner. She has left him several times but always returns after he promises to change. She has no relationship with her parents, who are in Mexico and has no other current friends. Teresa reports that she recently lost her job at a local grocery store that she had for two months, because the manager said she stole a large sum of cash from the register. This was the only job she had in the past year. As a result, felony theft charges are pending against her. On the advice of her public defender, she is seeking treatment, in part, because it will “look good to the judge.”

MENTAL HEALTH STATUS: Teresa was able to cooperate, but was somewhat lethargic at the time of the interview. She was dressed in wrinkled and dirty street clothes, with poor hygiene. She showed no abnormality of speech or movement. She did seem ambivalent.

SAMPLE CASE VIGNETTE RESULTS

NAME: CASE 2, TERESA

MOST RECENT DIAGNOSIS: Major Depressive Disorder without psychotic features with a new admit, intake GAF rating ≤ 50.

DIMENSION 1: RISK OF HARM **RATING = 4**

- ◆ Current and/or past suicidal or homicidal ideation with expressed intentions but with at least ...a stated ambivalence to carry out the threat.

DIMENSION 2: SUPPORT NEEDS **RATING = 5**

- ◆ No natural and community supports are available in current environment.

DIMENSION 3: PSYCHIATRIC-RELATED HOSPITALIZATIONS **RATING = 1**

- ◆ No psychiatric-related hospitalizations in the past 180 days.

DIMENSION 4: FUNCTIONAL IMPAIRMENT **RATING = 3**

- ◆ Becoming withdrawn, isolated, or otherwise troubled in most significant relationships, with no evidence of any impulsive or abusive behaviors during the past 90 days.
- ◆ Appearance and hygiene are below baseline some of the past 90 days.

DIMENSION 5: EMPLOYMENT PROBLEMS **RATING = 4**

- ◆ Substantial barriers to employment as indicated by 1 to 90 days of regular community employment in the past year regardless of the number of jobs.

DIMENSION 6: HOUSING INSTABILITY **RATING = 3**

- ◆ Person has moderate housing instability as indicated by living with other persons due to an inability to afford housing, a dissatisfaction with their living arrangements and may be considered to be “doubled-up,” and may be facing minimal pressure to find safe, decent and affordable housing.

DIMENSION 7: CO-OCCURRING SUBSTANCE USE **RATING = 1**

- ◆ No substance use, or substance use with NO adverse cognitive, behavioral, or physiological consequences related to the use of substances during the past 90 days.

DIMENSION 8: CRIMINAL JUSTICE INVOLVEMENT **RATING = 5**

- ◆ Felony charges are pending.

DIMENSION 9: RESPONSE TO MEDICATION TREATMENT (MDD ONLY) **RATING = Not Applicable**

ADULT-TRAG LEVEL OF CARE RECOMMENDED (LOC-R) = Crisis Services.

CASE 3: MIGUEL

HISTORY OF PRESENT ILLNESS: Miguel is 19 years of age and has been diagnosed with Schizophrenia. He was brought to his LMHA by the director of the homeless shelter where he lives. He denies suicidal ideation recently or in the past.

PSYCHIATRIC HISTORY: Miguel has had no recent hospitalizations. He is homeless and living in shelters. He is pleasant but quite psychotic and experiences persistent feelings of “double exposure” (i.e., believing he is being controlled and exposed by another “self”).

SUBSTANCE USE HISTORY: Miguel seems to have a history of substance dependence, most notably marijuana, although he was never able to get involved with a recovery program. Over the past 90 days, however, he has become increasingly involved instead with abuse of cold pills, mostly for the speedy effect, but also for reported relief of “double exposure.”

SOCIAL HISTORY: Miguel has a sister and father who live about 5 hours away. He sees them infrequently, and they are worried about him. Yet, they are unable to provide assistance or monitoring. He has been quite isolative and has no real friends. He is currently unemployed, and he has never held a job for more than a couple weeks at a time during the past year. He has been arrested twice within the past three months, with one misdemeanor conviction for drug possession and another misdemeanor conviction for theft.

MENTAL STATUS: Miguel appears oriented, but is disorganized, rambling, and loose. He reports auditory hallucinations and paranoid ideation. Miguel adamantly denies any intent to self-harm, only to get high. He denies that his behavior is risky and doesn't really want to stop using, but agrees to get help if it will make his sister and father happy.

SAMPLE CASE VIGNETTE RESULTS

NAME: CASE 3, MIGUEL

MOST RECENT DIAGNOSIS: Schizophrenia.

DIMENSION 1: RISK OF HARM **RATING = 3**

- ◆ Binge or excessive use of substances resulting in potentially harmful behaviors without current involvement in such behavior.

DIMENSION 2: SUPPORT NEEDS **RATING = 4**

- ◆ Very few actual or potential natural and community supports are available. Barriers may include...
 - ◆ unwillingness on part of recipient, **or**
 - ◆ limited resources in community, **or**
 - ◆ unwillingness on part of family or friends to participate.

DIMENSION 3: PSYCHIATRIC-RELATED HOSPITALIZATIONS **RATING = 1**

- ◆ No psychiatric-related hospitalizations in the past 180 days.

DIMENSION 4: FUNCTIONAL IMPAIRMENT **RATING = 4**

- ◆ Significant inability to fulfill responsibilities in school, work, parenting, or other obligations to the point of complete neglect on a frequent basis or for an extended period of time during the past 90 days.

DIMENSION 5: EMPLOYMENT PROBLEMS **RATING = 4**

- ◆ Substantial barriers to employment as indicated by 1 to 90 days of regular community employment in the past year regardless of the number of jobs.

DIMENSION 6: HOUSING INSTABILITY **RATING = 5**

- ◆ Person is literally homeless in that they are actually without shelter, except for emergency shelter provided by such organizations such as the Salvation Army, and is most frequently found in shelters or streets.

DIMENSION 7: CO-OCCURRING SUBSTANCE USE **RATING = 4**

- ◆ Significant substance use that...
 - ◆ INCLUDES tolerance, withdrawal, or a pattern of compulsive use, **and**
 - ◆ INCLUDES significant adverse cognitive, behavioral, or physiological consequences related to the use of substances during the past 90 days (i.e., failure to fulfill a major role obligation; substance use when it is physically hazardous; legal problems, or social and interpersonal problems), **and**
 - ◆ INCLUDES current clinically significant distress or impairment in important areas of functioning related to the recent use of substances.

DIMENSION 8: CRIMINAL JUSTICE INVOLVEMENT **RATING = 3**

- ◆ 2 misdemeanor arrests in the past 90 days.

DIMENSION 9: RESPONSE TO MEDICATION TREATMENT (MDD ONLY) **RATING = Not Applicable**

ADULT-TRAG LEVEL OF CARE RECOMMENDED (LOC-R) = Service Package 3: Pharmacological Management, Medication Training and Supports, Psychosocial Rehabilitation, Supported Employment, and Medical Services.

SECTION 5

ADULT-TRAG QUESTIONS (Q) AND ANSWERS (A)

INTRODUCTION

Q: What do the letters “TRAG” stand for according to Version 3.0 of the User’s Manual for the Adult-TRAG?

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

Q: Is the Adult-TRAG meant to be the **sole** tool for how to recommend levels of care for adults 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 Adult Texas Assessment Guidelines (Adult-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 adults in the public mental health system. Therefore, the Adult-TRAG comprises part of the DSHS *MH Adult Uniform Assessment for Resiliency & Disease Management*. DSHS’ *Utilization Management Guidelines* for use with each level of care call upon (but are not limited to) the Adult-TRAG.

Q: Is the current Version 3.0 the only version of the User’s Manual for the Adult-TRAG that will ever be produced?

A: No. We hope that Version 3.0 of the User’s Manual for the Adult-TRAG will be useful, knowing that two studies on an earlier, but very similar, version found the Adult-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 Adult-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 individuals 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 Adult-TRAG intended?

A: DSHS developed the Adult-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 adults 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 may be somewhat specific to a defined set of services, preventing them from being applied to other systems, regions, and situations.
- ◆ Few systems address the needs of individuals with severe 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 Adult-TRAG?

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

- ◆ The instrument should be easy to understand and use by clinicians.
- ◆ The dimensions assessed should be quantifiable and should foster consistent clinical judgment.
- ◆ 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 clients.

SECTION 2: DIMENSIONS FOR ASSESSMENT AND RATING SYSTEM

Instructions

Q: Name the nine dimensions for assessment in the Adult-TRAG.

- A:**
1. Risk of Harm
 2. Support Needs
 3. Psychiatric-Related Hospitalizations
 4. Functional Impairment
 5. Employment Problems
 6. Housing Instability
 7. Co-Occurring Substance Use
 8. Criminal Justice Involvement
 9. Response to Medication Treatment (MDD Only)

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

A: Most dimensions are rated 1 to 5.

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

A: For most ratings with multiple criteria, only one criterion needs to be met for that rating to be selected. Therefore, the clinician should choose the highest rating for which at least *one* of the criteria is satisfied.

Q: What happens when there is uncertainty about whether a person has met criteria for a rating within one of the dimensions?

A: 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.

Dimension 1: Risk of Harm

Q: What are the components of dimension 1: Risk of Harm in the Adult-TRAG?

A: This dimension considers the extent to which a person is at risk for harming themselves or others, including factors such as suicidal or homicidal thoughts, intentions, ambivalence, history of attempts, impulsiveness, and availability of means. In addition, criteria are included that indicate the degree to which the person's ability to remain safe may be impaired.

Q: How would you rate an individual on dimension 1: Risk of Harm with a recent pattern of excessive substance use resulting in clearly harmful behaviors with no demonstrated ability to abstain from use?

A: Rating of 4: Significant Risk of Harm.

Q: True or False: The rating for Risk of Harm will be relatively high for a person from Mexico who has just moved to Texas, is unable to speak English, and is unemployed.

A: True.

Q: How would you rate a man on dimension 1: Risk of Harm who shows serious hallucinations in which he threatens to kill his neighbor?

A: Rating of 5: High Risk of Harm.

Dimension 2: Support Needs

Q: What are the components of dimension 2: Support Needs of the Adult-TRAG?

A: This dimension measures the extent to which support is unavailable from family, friends, and community sources, and the likelihood that these supports will be unable and unwilling to provide sufficient help when needed.

Q: How would you rate an individual on dimension 2: Support Needs who is unwilling to seek support from their family and friends?

A: Rating of 4: Low Support Needs.

Q: True or False: The rating for Support Needs will be relatively high for a person whose partner has just left them, and has few other connections with relatives or friends.

A: True.

Dimension 3: Psychiatric-Related Hospitalizations

Q: What are the components of dimension 3: Psychiatric-Related Hospitalizations of the Adult-TRAG?

A: This dimension considers the number of times the individual has been hospitalized for psychiatric-related reasons in the past 180 days and/or two years. Importantly, this excludes hospital transfers, and each hospitalization must exceed 24 hours to be classified as such according to this scale.

Q: How would you rate a woman on dimension 3: Psychiatric-Related Hospitalizations who has been hospitalized three times in the last six months?

A: Rating of 4: Significant Psychiatric-Related Hospitalizations.

Dimension 4: Functional Impairment

Q: What are the components of dimension 4: Functional Impairment of the Adult-TRAG?

A: This dimension considers an individual's level of functional impairment using several indicators, including ability to interact with others, to maintain hygiene and functions of daily living, to fulfill role responsibilities, and to maintain activities, such as sleep, eating, and/or sexual interest.

Q: How would you rate a person on dimension 4: Functional Impairment who shows minor disruptions in self-care during the past three months?

A: Rating of 2: Low Functional Impairment.

Dimension 5: Employment Problems

Q: What are the components of dimension 5: Employment Problems of the Adult-TRAG?

A: This dimension takes into account the degree of employment problems experienced by the individual within the past year, including the person's number of jobs, number of days of employment, and whether or not the person has a need or desire to work.

Q: True or False: The rating for Employment Problems will be relatively low for a person who has worked less than three months in the past year in three different jobs.

A: False.

Q: How would you rate an individual on dimension 5: Employment Problems of the Adult who has worked at same grocery store for more than three months in the past year?

A: Rating of 2: Low Employment Problems.

Dimension 6: Housing Instability

Q: What are the components of dimension 6: Housing Instability of the Adult-TRAG?

A: This dimension examines the person's housing situation according to whether they experience no or minimal housing instability, or whether they are marginally or literally homeless.

Q: True or False: The rating for Housing Instability will be relatively low for a man who has chosen to live in an apartment in a safe neighborhood, but who is paying more than 30% of his monthly income towards rent.

A: True.

Q: How would you rate a woman on dimension 6: Housing Instability who received an eviction notice from her landlord because he says the woman took a baseball bat to his car?

A: Rating of 4: Significant Housing Instability.

Dimension 7: Co-Occurring Substance Use

Q: What are the components of dimension 7: Co-Occurring Substance Use of the Adult-TRAG?

A: This dimension focuses on the individual's co-occurring substance use (i.e., alcohol, illegal drugs, prescription medication, or over-the-counter medication), including the frequency and duration as well as the cognitive, behavioral, and/or physiological consequences of it during the past 90 days.

Q: True or False: The rating for Co-Occurring Substance Use would be relatively high for a woman who with two arrests for driving while intoxicated during the past 90 days.

A: True.

Dimension 8: Criminal Justice Involvement

Q: What are the components of dimension 8: Criminal Justice Involvement of the Adult-TRAG?

A: This dimension examines the person's criminal justice contact, including their current involvement with parole or probation, history of arrests, and type of offense.

Q: True or False: The rating for Criminal Justice Involvement would be relatively high for Ed who has misdemeanor charges pending for drug possession.

A: True.

Q: How would you rate a person on dimension 8: Criminal Justice Involvement who is currently detained in jail?

A: Rating of 5: High Criminal Justice Involvement.

Dimension 9: Response to Medication Treatment (MDD Only)

Q: What are the components of dimension 9: Response to Medication Treatment (MDD Only)?

A: This dimension is **required** for individuals with Major Depressive Disorder (MDD) without psychotic features as their most recent diagnosis. The parameter focuses on the person's response to medication treatment as the primary indicator of the need for psychotherapy. Response to treatment is measured by the Quick Inventory of Depressive Symptoms-Self Report or Quick Inventory of Depressive Symptoms-Clinician version (QIDS-SR or QIDS-C; Trivedi et al., 2004). Methods and criteria for determining response to a trial of an anti-depressant medication is defined in the TIMA Procedural Manual for Major Depression Medication Algorithms (Trivedi, Shon, Crismon, and Key, 2002). Movement from one stage of an algorithm to the next indicates insufficient response (i.e., a clinically significant level of residual symptoms) to a medication strategy after an adequate trial of the medication(s) has been conducted (i.e., dose in specified range for a specified time period). Movement to the next algorithm stage may also occur due to drug intolerance (i.e., significant side-effects). Importantly, a rating of 2 or 3 on dimension 9: Response to Medication Treatment (MDD Only) is predicated upon adequate documentation of the person's treatment history that allows assessment of the person's prior medication trials by TIMA criteria.

Q: How would rate a person on dimension 9: Response to Medication Treatment (MDD Only) who is at Stage 3 or higher of the TIMA MDD algorithm and has moderate to severe residual symptoms (current QIDS score of 10 or higher)?

A: Rating of 3: Moderate to Severe Residual Symptoms.

SECTION 3: LEVELS OF CARE AND RECOMMENDED ASSESSMENT GUIDELINES

Q: What are the five levels of care recommended by the Adult-TRAG?

A: Crisis Services

Service Package 1: Pharmacological Management, Medication Training and Supports, and Routine Case Management

Service Package 2: Pharmacological Management, Medication Training and Supports, Routine Case Management, and Counseling

Service Package 3: Pharmacological Management, Medication Training and Supports, Psychosocial Rehabilitation, Supported Employment, and Medical Services

Service Package 4: Assertive Community Treatment (ACT)/ACT Alternative.

Q: True or False: No elements of the various service packages span more than more level of care.

A: False.

Q: True or False: The most intense service package for adult clients is Service Package 4: ACT/ACT Alternative.

A: True.

Q: Describe Service Package 3: Pharmacological Management, Medication Training and Supports, Psychosocial Rehabilitation, Supported Employment, and Medical Services.

A: Service Package 3 offers a team approach to community mental health services. Individuals are provided pharmacological management in the form of medications according to TIMA, and medication training and supports (a.k.a., patient and family education). Also, individuals are assigned a rehabilitative case manager whose low caseload allows them to provide psychosocial rehabilitation in the form of extensive linking, advocating, and a focused course of individual and small group skills training and development, as well as supported employment. (Housing services and co-occurring substance use services are provided as part of psychosocial rehabilitation by a rehabilitative case manager.) Finally, medical services are available from licensed medical personnel.

SECTION 6

SAMPLE QUESTIONS FOR THE ADULT-TRAG DIMENSIONS

These sample questions will help you become more familiar with the Adult-TRAG, and are presented here so that you may gain a complete understanding of each dimension of the Adult-TRAG. They should be included in a clinically-appropriate, face-to-face interview by a trained, QMHP-CS clinician who has experience interviewing adults with severe mental illness.

Dimension 1: Risk of Harm

1. Do you find life worth living?
2. Have you tried to hurt yourself or others (i.e., for new adult mental health clients at intake: “in your lifetime?”; or for adult mental clients in continued care: “since your last assessment?”). If so, how? And do you feel remorse?
3. Have you thought about hurting yourself or others (i.e., for new adult mental health clients at intake: “in your lifetime?”; or for adult mental clients in continued care: “since your last assessment?”). If so, what were your thoughts? And do you feel remorse?
4. Have you been thinking about ways to hurt yourself or others (i.e., for new adult mental health clients at intake: “in your lifetime?”; or for adult mental clients in continued care: “since your last assessment?”). If so, what have you been thinking? And do you feel remorse?
5. Do you have a plan to harm or kill yourself or others (i.e., for new adult mental health clients at intake: “in your lifetime?”; or for adult mental clients in continued care: “since your last assessment?”). If so, what is your plan? Do you feel remorse? And do you think you would act on such a plan?
6. Have you been using drugs/alcohol (i.e., for new adult mental health clients at intake: “in your lifetime?”; or for adult mental clients in continued care: “since your last assessment?”). If so, what drugs/alcohol have you been using and how much have you been taking/drinking? Have you done harmful things to yourself or others while using drugs? And do you feel remorse?

Dimension 2: Support Needs

1. Do you live alone or with others?
2. Do you have family in the area who are interested in you and keep up with you?
3. Do you have friends who are helpful to you?
4. Do you turn to friends or family for help when you have a problem?
5. Do friends or family help you when you have a problem?
6. Do you know of places in your community to get help when you have a problem?
7. Is it hard for you to ask for help when you need it?
8. Do you go for help in the community when you have a problem?

Dimension 3: Psychiatric-Related Hospitalizations

1. Have you been in the hospital for any reason in the past six months/past two years?
2. What was the problem for which you were admitted?
3. Have you been in a psychiatric hospital in the past six months/past two years?
4. Have you seen a psychiatrist in a hospital in the past six months/past two years?
5. How many times have you been in the hospital for psychiatric reasons in the past six months/past two years?
6. What were the problems for which you were admitted each time?

Dimension 4: Functional Impairment

1. What upsetting things have happened to you in the past three months?
2. Did those things make it hard to do what you usually do?
3. Do you have friends or family that you see regularly? How often? What kinds of things do you do? How have you been getting along with your friends and family lately?
4. Do you find that you are able to take care of personal daily activities such as bathing, grooming, eating food good for you, managing money and your belongings, and getting around to places you need to go? Describe the problems you are having with these. (This is also assessed by looking at the person. Obviously this is impossible during a phone interview.)
5. What have been your usual daily activities over the past year? Have you quit any of these in the past three months? Do you work outside or hold a volunteer job? Are you a homemaker? Do you go to school?
6. Have you been able to keep up with your responsibilities?
7. Has your weight changed significantly in the past three months? Has your sleep changed significantly in the past three months? What do you usually weight? What do you weigh now? How is your sleep usually? How is your sleep at the current time? Does your sleep pattern interfere with any part of your life?

Dimension 5: Employment Problems

1. Are you currently employed?

A. If yes:

- ◆ How long have you been employed?
- ◆ How do you get along with your supervisor?
- ◆ How do you get along with your co-workers?

B. If no (or if the answer to Number 1A above is less than six months):

- ◆ When were you last employed?
- ◆ How long were you employed?
- ◆ Why did you leave?
- ◆ How did you get along with your supervisor?
- ◆ How did you get along with your co-workers?

Note: Probe until you have a reasonably clear picture of employment activity over the last two years. Look for multiple short-term jobs (i.e., unstable employment). Client may not recall all the specifics. That fact is informative in itself.

Dimension 6: Housing Instability

1. Where do you live? Do you live alone or with others? If you live with others, do you share the cost of rent, utilities, etc.?
2. How long have you lived there? Where did you live before that? How long?
3. If you do not have a home, what efforts have been made to find housing? Have you applied for any housing assistance such as Section 8 housing? What is the status of any pending applications?
4. If you have a home (house, apartment, etc.), do you rent or own?
5. How much is your monthly income (including rent subsidies, etc.)? How much do you pay for rent every month?
6. If you live with others, are you welcome to stay as long as you like? Have you been asked to find somewhere else to live?
7. Have you received an eviction notice or have you been asked to leave your home by a certain date? Why?
8. Are you satisfied with your housing arrangements?
9. Do you feel safe in your home? Is your home in good repair?
10. Do you have trouble paying for food, utilities, medications, etc., after you pay rent? How often do you have this problem?

Note: It is important to always have an understanding of the person's culture, education and level of functioning. These questions are open-ended and the interviewer is urged to ask follow-up questions that may be helpful in scoring the person on dimension 6: Homelessness. Also, some questions may need rephrasing to be understood.

Dimension 7: Co-Occurring Substance Use

1. Have you ever been arrested for DUI/DWI/PI or for possession of illegal drugs?
2. How many days a week do you drink alcohol/take illicit drugs and how many times a week do drink 5 or more drinks at one setting?
3. Do you miss work or have lost a job because of alcohol or drug use?
4. When you don't drink or use drugs do you experience discomfort or anxiety?
5. When you drink or use drugs do you forget conversations you have had with people or not remember events that occurred while you were using?
6. Have you been taken to an emergency room as a result of drinking or drug use?

Dimension 8: Criminal Justice Involvement

1. Have you been arrested or detained in the past three months?
2. Have you spent the night in jail or prison?
3. What was the offence? Felony? Misdemeanor?
4. Have you been in the past or are you currently on probation or parole?
5. Have you ever been before a judge but the charges were dropped?
6. Are you scheduled to go to court in the future?

Dimension 9: Response to Medication Treatment (MDD Only)

Specific protocol and instruments for assessing this dimension can be found in the TIMA Procedural Manual for Major Depression Medication Algorithms (Trivedi et al., 2002).

REFERENCES

- Allen, K., & Dixon, M. (1994). Psychometric assessment of the Allen barriers to Treatment Instrument. *International Journal of Addictions, 29*, 545-563.
- American Association of Community Psychiatrists. (1996). *Level of care utilization system for psychiatric and addiction services (LOCUS)*. Pittsburgh, PA: American Association of Community Psychiatrists.
- American Association of Community Psychiatrists. (2000). *Level of care utilization system for psychiatric and addiction services (LOCUS). Version 2000*. Pittsburgh, PA: American Association of Community Psychiatrists.
- American Psychiatric Association. (1994). *DSM-IV: Diagnostic and statistical manual of mental disorders*. 4th ed. Washington, DC: American Psychiatric Association.
- American Society of Addiction Medicine. (1996). *ADAM patient placement criteria for the treatment of substance related disorders*. 2 ed. Chevy Chase, MD: American Society of Addiction Medicine.
- Barker, S., Barron, N., McFarland, B. H., & Bigelow, D. A. (1994). A community ability scale for chronically mentally ill clients, part I: Reliability and validity. *Community Mental Health Journal, 30*, 363-383.
- Bowman Internet Systems, LLC. (2001). *ServicePoint: Human services information management system*. Shreveport, LA: Bowman Internet Systems, LLC.
- Eisen, J. L., Phillips, K. A., Baer, L., Beer, D. A., Atala, K. D., & Rasmussen, S. A. (1998). The Brown assessment of beliefs scale: Reliability and validity. *American Journal of Psychiatry, 45*, 898-905.
- Glazer, W. M., & Gray, G. V. (1996). Psychometric properties of a decision-support tool for the era of managed care. *Journal of Mental Health Administration, 23*, 226-233.
- Goldman, R. L., Weir, C. R., Turner, C. W., & Smith, C. B. (1997). Validity of utilization management criteria for psychiatry. *American Journal of Psychiatry, 154*, 349-354.
- Gordon, R. E., & Gordon, K. K. (1991). Assessing the elements of biopsychosocial functioning. *Hospital and Community Psychiatry, 42*, 508-512.
- Kazarian, S. S., & Joseph, L. W. (1994). A brief scale to help identify outpatients' level of need for community support services. *Hospital Community Psychiatry, 45*, 935-937.

- Lingiardi, V., Maddeddu, F., Fossati, A., & Maffei, C. (1994). Reliability and validity of the personality functioning scale (PFS). *Journal of Personality Disorders, 8*, 111-120.
- Lyons, J. S., Kisiel, C. L., Dulcan, M., Cohen, R., & Chesler, P. (1997). Crisis assessment and psychiatric hospitalization of children and adolescents in state custody. *Journal of Child and Family Studies, 6*, 311-320.
- McKesson Corporation. (2000). *InterQual level-of-care guidelines*. San Francisco, CA: McKesson Corporation.
- Multi-Health Systems, Inc. (2002). *Intake evaluation report (IER)*. Tonawanda, NY: Multi-Health Systems, Inc.
- OQ Systems, Inc. (2001). *OQ 45.2 outcome management system*. Jupiter, FL: OQ Systems, Inc.
- Quinlivan, R., & McWhirter, D. P. (1996). Designing a comprehensive care program for high-cost clients in a managed care environment. *Psychiatric Services, 47*, 813-815.
- Roy-Byrne, P., Russon, J., Rabin, L., Fuller, K., Jaffe, C., Ries, R., Dagadakis, C., & Avery, D. (1998). A brief medical necessity scale for mental disorders: Reliability, validity, and clinical utility. *Journal of Behavioral Health Services and Research, 25*, 412-424.
- Santos, A. B., Henggeler, S. W., Burns, B. J., Arana, G. W., & Meisler, N. (1995). Research on field-based services: Models for reform in the delivery of mental health care to populations with complex clinical problems. *American Journal of Psychiatry, 152*, 1111-1123.
- Sharfstein, S. S. (1996). The political and social context of modern community psychiatry. In W. R. Breakey (Ed.), *Integrated mental health services* (pp. 43-52). New York, NY: Oxford University Press.
- Sowers, W. (1998). Level-of-care determinations in psychiatry. *Harvard Review of Psychiatry, 5*, 286-290.
- Sowers, W., George, C., Thompson, K. (1999). Level of care utilization system for psychiatric and addiction services (LOCUS): A preliminary assessment of reliability and validity. *Community Mental Health Journal, 35*, 545-563.
- TeleSage. (2000). *Client outcomes management system*. Seattle, WA: TeleSage.
- Texas Department of State Health Services. (2005). Adult Texas Recommended Assessment Guidelines Calculator (Adult-TRAG Calculator, Version 3.0). Austin, TX: Same.

- Trivedi M. H., Rush A.J., Ibrahim H. M., Carmody T. J., Biggs M. M., Suppes T., Crismon M. L., Shores-Wilson K., Toprac M. G., Dennehy E. B., Witte B., Kashner T. M. (2004). The Inventory of Depressive Symptomatology, Clinician Rating (IDS-C) and Self-Report (IDS-SR), and the Quick Inventory of Depressive Symptomatology, Clinician Rating (QIDS-C) and Self-Report (QIDS-SR) in public sector patients with mood disorders: a psychometric evaluation. *Psychological Medicine*, 34, 73-82.
- Trivedi, M. H., Shon, S., Crismon, M. L., & Key, T. (2002). *Texas implementation of medication algorithms (TIMA): Guidelines for treating major depressive disorder*. Austin, TX: Texas Department of Mental Health and Mental Retardation.
- Uehara, E. S., Smukler, M., & Newman, F. L. (1996). Linking resource use to client level of need: Field test of the level of need-care assessment (LONCA) method. *Journal of Consulting and Clinical Psychology*, 62, 695-709.

NOTES

NOTES