

Louisiana Behavioral Health and Social Services Assessment

Dimension Basic Needs: nutrition, clothing, toiletries, daily activities						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<ul style="list-style-type: none"> • How do you access your most basic needs (clothing, food, shoes, etc.)? • Tell me about your means to purchase food, toiletries, and clothing? • How do you feel about your ability to live independently? <p>Points:</p>	<ul style="list-style-type: none"> • Has access to food clothing and other sustenance items as needed • Knows how and where to access assistance programs that maintain basic needs when/if needed • Confidence in ability to perform activities of daily living (ADL) independently 	<ul style="list-style-type: none"> • Has some arrangement in place for help with meeting basic needs • Needs some direction and understanding on how and where to access assistance such as food, clothing and other basic needs • Can provide some ADL but needs help arranging the rest 	<ul style="list-style-type: none"> • Routinely needs help accessing assistance programs for basic needs • Has no dependable access to food, clothing or other basic needs • Limited capacity to perform ADL 	<ul style="list-style-type: none"> • Has no current access to food, clothing and is without most basic needs at this time • Unable to arrange for assistance and other ADL 	<input type="checkbox"/> Getting groceries <input type="checkbox"/> Locations of food pantries or soup kitchens <input type="checkbox"/> Signing up for SNAP benefits <input type="checkbox"/> Getting clothing <input type="checkbox"/> Getting hygiene items Other:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client did not express interest or need for the service.
Dimension Housing: living situation, environment						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<ul style="list-style-type: none"> • Tell me about your living/housing arrangements? • Who are you living with? • How long do you plan on staying at your current housing location? • How do you feel about your living environment? • What are your housing needs? <p>Points:</p>	<ul style="list-style-type: none"> • Has a stable living arrangement • Is content with current living situation • Self-managed options to change housing if needed 	<ul style="list-style-type: none"> • Has adequate living arrangement at present and foreseeable future • Mostly satisfied with current living situation • Limited self-managed options; known stressors may necessitate relocation in the future 	<ul style="list-style-type: none"> • Has unstable housing • Worried or stressed about current living situation • No personal control or self-managed options 	<ul style="list-style-type: none"> • No place to live, currently homeless or likely homeless in the near future • No self-managed options, can only stay at temporary shelters or with family/friends for a few days at a time • Very unhappy with current living situation 	<input type="checkbox"/> Voucher program <input type="checkbox"/> PSH <input type="checkbox"/> HOPWA <input type="checkbox"/> Local Housing <input type="checkbox"/> Utility assistance Other:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client did not express interest or need for the service.

Dimension Transportation: availability, dependability, affordability						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<ul style="list-style-type: none"> • What is your current transportation availability? • Can you afford gas? • Are you familiar with public transportation options? • Does public transport meet your needs? • How do you usually get to your appointments? <p>Points:</p>	<ul style="list-style-type: none"> • Has a means of transportation available • Can afford private or public transportation • Transportation available meets client's needs 	<ul style="list-style-type: none"> • Knows how to access public/private transportation but must occasionally rely on others to meet needs • Has semi-reliable arrangements for transportation (may have some difficulty accessing transportation or affording gas/maintenance for personal car) 	<ul style="list-style-type: none"> • Has irregular/undependable access to public/private transportation • In area un-or under served by public transportation • Excessive travel time on public transportation (>45 minutes) to needed services • Can rarely afford gas or needed vehicle repairs • Unaware of or needs help accessing transportation assistance 	<ul style="list-style-type: none"> • Public/private transportation unavailable, in area with limited access • Travel time greater than 1 hour to needed services via public transportation • Cannot access transportation due to physical/mental disabilities • Undependable or unable to afford personal transportation 	<input type="checkbox"/> Bus routes and/or taxi companies <input type="checkbox"/> Transportation assistance directly provided by Navigator to get to assessed needed services <input type="checkbox"/> Medicaid transportation program/ gift card Other:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client did not express interest or need for the service.
Dimension Financial Resources: employment, income/savings (complete separate financial worksheet before completing this section)						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<ul style="list-style-type: none"> • Tell me about your financial situation? • Tell me about your job skills/work history. • How do you plan to earn income in the future (if current situation not adequate)? • How do you feel about your future employment opportunities? <p>Points:</p>	<ul style="list-style-type: none"> • Has confirmed employment and adequate or surplus income/savings • Knows how to complete a job application and/or write a resume for employment • Client has transferrable job skills 	<ul style="list-style-type: none"> • Has potential income opportunities but currently lives pay check to pay check • Medical/health status may jeopardize employment/income opportunities and/or job search efforts in the future • Wants to improve employment/income situation and needs some help with referrals and resume/applications 	<ul style="list-style-type: none"> • Inadequate employment/income resources, juggling resources, behind on bills • Medical/health status jeopardizes income • Interested in improving employment/financial situation but needs assistance or additional training/skills to do so 	<ul style="list-style-type: none"> • No current employment/income or unreliable/irregular income • Medically unable to work (disabled) • Client is not confident in their ability to work or increase income 	<input type="checkbox"/> Job search assistance <input type="checkbox"/> Employment training <input type="checkbox"/> Vocational /employment services <input type="checkbox"/> Resume building/application assistance <input type="checkbox"/> SSI/ Disability Income Other:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client did not express interest or need for the service.

Dimension Medical Care: medical status, need for medical CM intervention, non-medical case management						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<ul style="list-style-type: none"> Tell me about your overall health and conditions you are worried about or currently receive treatment for? (Hep C, High Blood Pressure, Diabetes, etc.)? How do you feel about the medical care available to you or that you currently receive? Are your medical needs met? Do you feel treated with dignity and respect when you seek or receive medical care? <p>Points:</p>	<ul style="list-style-type: none"> Seems medically stable, any chronic condition(s) under control with medication and/or treatment Satisfied with current access or receipt of medical care Feels respected by current medical care providers Majority or all medical needs are met 	<ul style="list-style-type: none"> In care, generally medically stable, may have some minor conditions needing further evaluation or treatment Occasional difficulties getting medical appointments or paying for medical care or medications Occasionally feels judged/uncomfortable with medical provider 	<ul style="list-style-type: none"> Has a history of chronic illnesses; requires multiple specialty doctors New/existing, or unstable medical conditions reported Has no regular medical provider – hasn't been to the doctor in over 2 years Usually feels disrespected or judged by medical provider (present or past) 	<ul style="list-style-type: none"> Medically unstable, new health issues emerging; will require multiple specialty doctors Newly diagnosed Surgery needed upon release for condition(s) Pregnant female Not in care Routine medication assistance required 	<input type="checkbox"/> Medical Case Management through insurance plan or through Ryan White <input type="checkbox"/> Referrals to specialty clinic Other:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client did not express interest or need for the service.
Dimension Hearing Care: hearing health status; need for hearing assistance						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No
<ul style="list-style-type: none"> Do you have any problems with your hearing? When is the last time you had your hearing checked? Are you in need of or use a hearing aid? <p>Points:</p>	<ul style="list-style-type: none"> All hearing needs are met Hearing in stable condition, no hearing issues reported Routine hearing exams/screening to continue 	<ul style="list-style-type: none"> Some hearing needs are met Minimal hearing issues reported, has access to hearing aid Routine hearing exams/screening to continue 	<ul style="list-style-type: none"> Hearing aid need indicated but needs not met Hearing issues reported A new hearing aid required Routine hearing exams/screening needed 	<ul style="list-style-type: none"> Partially deaf or deaf Hearing impaired services required Not currently receiving any hearing aids or services 	<input type="checkbox"/> Hearing aid referral <input type="checkbox"/> Interpreter/American Sign Language (ASL) Other:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client did not express interest or need for the service.

Dimension Vision Care: vision health status; need for vision care						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<ul style="list-style-type: none"> Do you have any problems with your vision? When is the last time you had an eye exam? Are you in need of glasses or contacts? <p>Points:</p>	<ul style="list-style-type: none"> Vision needs are met Vision is stable, client has 20/20 vision or has corrective lenses Routine vision exams/screening to continue 	<ul style="list-style-type: none"> Some vision needs are met Minimal vision issues reported, has access to glasses or contacts Routine vision exams/screening likely 	<ul style="list-style-type: none"> Vision exam need indicated Vision issues reported A new pair of glasses or contacts required Vision exams/screening needed 	<ul style="list-style-type: none"> Partially blind or blind Vision impaired services required 	<input type="checkbox"/> Vision referral Other:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client did not express interest or need for the service.
Dimension Dental/Oral Health Care: oral health status; need for dental care						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<ul style="list-style-type: none"> When is the last time you saw the dentist? Are you in need of dental/oral health care? (Any mouth pain or discomfort?) How will you access dental/oral health care? <p>Points:</p>	<ul style="list-style-type: none"> All dental needs are met Oral health in stable condition, routine oral health screening/cleaning to continue 	<ul style="list-style-type: none"> Most dental needs are met Minimal oral health issues reported Routine oral health screening/cleaning needed 	<ul style="list-style-type: none"> Client has not engaged in oral health care in over a year Oral health issues reported Moderate dental work required Oral health screening/cleaning needed 	<ul style="list-style-type: none"> Oral health is unstable Urgent dental services required Not in dental care/experiencing oral pain Oral health screening/cleaning needed 	<input type="checkbox"/> Dental referral Other:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client did not express interest or need for the service.
Dimension Mental Health: history, risk, and/or treatment						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<ul style="list-style-type: none"> Tell me about your mental health. How do you deal with anger, sadness, stress, etc.? When was the last time you felt depressed, anxious or sad? How often do you feel angry, sad, stressed or depressed? <p>Points:</p>	<ul style="list-style-type: none"> No history of mental illness No family history of mental illness 	<ul style="list-style-type: none"> History of mental illness but connected and compliant with treatment May need some ongoing support or counseling 	<ul style="list-style-type: none"> History of mental illness; needs high level of emotional support Connected with treatment but may have compliance issues Experiencing ongoing stress, depression, etc and needs more frequent access to mental health 	<ul style="list-style-type: none"> History of mental illness; active problems and crisis Requires significant emotional support and therapy but not accessing it High stress, depression, etc. not functional, immediate mental health care needed 	<input type="checkbox"/> Mental health treatment services Other:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client did not express interest or need for the service.

Dimension Addictions/Substance Abuse: history, risk and/or treatment						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<ul style="list-style-type: none"> • Have you ever used drugs, illegal substances or alcohol? • How often do you use these types of substances? • When was the last time you used? • Does your use of substances ever get in the way of your normal functioning – like hangovers, withdrawals, and/or sickness? • Tell me about any addictions you've had to deal with? <p>Points:</p>	<ul style="list-style-type: none"> • No difficulties with addictions including: alcohol, drugs, sex, gambling, thrill seeking behaviors, etc. 	<ul style="list-style-type: none"> • Some history of addiction/substance abuse and other thrill seeking behaviors • Connected to treatment when needed of substance use not interfering with normal activities 	<ul style="list-style-type: none"> • History of addictions/substance abuse • Not currently connected to treatment • Addiction impairs quality of life 	<ul style="list-style-type: none"> • Major history of addictions/substance abuse (e.g. has resulted in incarceration or job loss) • Less than one year sober or currently using • Needs substance abuse counseling/support if willing 	<input type="checkbox"/> Substance use outpatient treatment and/or counseling <input type="checkbox"/> Referral to detox center <input type="checkbox"/> Addiction counseling Other:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client did not express interest or need for the service.
Dimension Support System						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<ul style="list-style-type: none"> • Tell me about your family and friends as a support system? • Do you have positive influences in your life? • Do you feel respected and supported in terms of your race/ethnicity, gender • How would you feel about involvement in support groups? <p>Points:</p>	<ul style="list-style-type: none"> • Has reliable friends/family to provide ongoing support • Has received ongoing support while incarcerated • Plans to have dependable emotional and physical availability of friends/family for support upon release 	<ul style="list-style-type: none"> • Often has help but not always reliable • In jeopardy if/when HIV status is divulged • Occasional support while incarcerated, gaps exist in support system after release 	<ul style="list-style-type: none"> • Some support in a crisis only • Resists group involvement 	<ul style="list-style-type: none"> • No reliable support when needed • Refuses support groups 	<input type="checkbox"/> Group meeting referral <input type="checkbox"/> Community support groups <input type="checkbox"/> Peer advocate/support Other:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client did not express interest or need for the service.

Dimension Knowledge of HIV/STIs, Actively engaged in Prevention and/or Treatment

Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<ul style="list-style-type: none"> • How do you feel about accessing HIV/STI resources in the community? • How does it make you feel when talking to others about HIV or STIs? • Tell me what you know about HIV and STIs? • Have you ever been diagnosed with HIV or another STI? • How often do you talk to your sex partners(s) about HIV or STIs? <p><u>For HIV Positive:</u></p> <ul style="list-style-type: none"> • Can you explain to me what a viral load and CD4 count are? • Do you know what your current viral load, CD4 is? <p>Points:</p>	<ul style="list-style-type: none"> • Effectively demonstrates knowledge of HIV and STIs and appropriate prevention and treatment • Regularly discusses HIV/STIs with sex partner(s) • Receiving or received treatment for HIV or STIs if applicable. • Never diagnosed with STI • Regularly uses condoms and taking PrEP • Gets screened for HIV and STIs at least every six months (if appropriate) <p><u>For HIV Positive:</u></p> <ul style="list-style-type: none"> • Recent labs and values stable: CD4 over 500; viral load less than 100 	<ul style="list-style-type: none"> • Can discuss knowledge and understanding of HIV and STIs • May have some misconceptions but is engaged in learning more • Inconsistently discusses HIV or STIs with sex partner(s) • Inconsistently uses condoms or PrEP • Gets HIV/STI screening at community site at least annually • Diagnosed with STI more than a year ago • Receiving or received treatment for HIV or STIs if applicable. <p><u>For HIV Positive:</u></p> <ul style="list-style-type: none"> • CD4 350-499; viral load 100-9,999; lab values stable 	<ul style="list-style-type: none"> • May have minimal or basic understanding of HIV • May have significant misconceptions about HIV or STIs and/or transmission risk • Rarely discusses HIV or STIs with sex partner(s) • Rarely uses condoms • Diagnosed with STI within the past year • Needed nPEP in the past year • Not taking PrEP • More than a year since last HIV or STI screening • Receiving or received treatment for HIV or STIs if applicable. <p><u>For HIV Positive:</u></p> <ul style="list-style-type: none"> • CD4 200-349; viral load 10,000-100,000; lab values stable/ improving 	<ul style="list-style-type: none"> • May have very little knowledge of HIV or STIs • Does not communicate concerning HIV or STIs with sex partner(s) • Rarely or never uses condoms • Not taking PrEP • Diagnosed with one or more STIs in the past 6 months • Used nPEP in the past 6 months • More than 2 years or never screened for HIV or STIs • May have symptoms of a current STI or a very recent exposure to HIV • May not trust or feel respected at available prevention or treatment sites in the community <p><u>For HIV Positive:</u></p> <ul style="list-style-type: none"> • No labs ever or none in the past year or • CD4 <200; viral load >100,000; lab values deteriorating physical side effects increasing 	<input type="checkbox"/> HIV education/ counseling <input type="checkbox"/> Client education material <input type="checkbox"/> nPEP Referral <input type="checkbox"/> PrEP Navigation Referral <input type="checkbox"/> HIV/STI screening <input type="checkbox"/> HIV/STI Behavioral Intervention: <hr/> <input type="checkbox"/> STI Treatment <input type="checkbox"/> HIV Medical Care/Treatment Other:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client did not express interest or need for the service.

Additional Comments/Notes: