Attachment 2 to Instructions Regarding
Methods and Standards for Establishing Payment Rates
Psychiatric Residential Treatment Facilities

Youth Psychiatric Residential Behavior Severity Index

Kansas Department for Aging and Disability Services
August 9, 2016

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Instructions:
The Kansas Youth Psychiatric Residential Behavior Severity Index is an instrument use to record the extent to which a youth's behavior which results from a serious emotional disturbance will increase the utilization of resources required to manage that behavior. The tool is not intended to reflect causes or the dynamics underlying the youth's serious emotional disturbance but rather is intended to provide the degree to which the youth's behavior at present or in the recent past is disruptive to functioning.

This assessment should be completed immediately prior to admission to a Psychiatric Residential Treatment Facility (PRTF) by a person who is knowledgeable about the severity of the youth's present and recent behavior. The assessment will be the utilized throughout the youth's stay in the PRTF to determine the facility's acuity index. Completed assessments will be submitted to Kansas Department for Aging and Disability Services or its designee for entry into the PRTF data base. The information in the assessment data base will be used to determine the quarterly acuity adjustment for each PRTF as specified in the state plan. In addition, the PRFT will provide assessment information upon each youth's discharge.

Assessment:
Unless otherwise instructed, for each question rate the behavior of the youth based on the degree of severity of the behavior and the frequency the behavior occurs. When scoring for the severity of a behavior use the following guidelines unless otherwise defined:

<u>Behavior is not a problem:</u> If the behavior is not considered a problem for the youth or those around him/her or if the behavior does not occur, mark zero in both seriousness and frequency.
<u>Behavior presents minimal slight problem:</u> Causes some minor challenges to the youth's life, but is manageable using typical mild interventions or redirection.
<u>Behavior presents moderate problem:</u> Causes significant problems in the youth's life and prevents him/her from living independently and effectively interacting with others, but is manageable using targeted, planned interventions.
<u>Behavior presents a serious problem:</u> Causes bodily harm to the youth or others or serious but repairable property damage. The behavior must be managed using intensive planned interventions and treatment.
<u>Behavior presents an extremely serious problem:</u> Behavior, if left to occur without intervention, could cause death or irreparable property damage and is only managed with intensive staff supervision using planned interventions and treatment.

General Guidelines:

1. There are four subscales which are comprised of 17 questions within the assessment: Severity of Psychiatric Symptoms, Risk Factors, Complicating Factors, and Co-Morbidity. All subscales and all questions within those subscales are to be completed. If a subscale or question is not applicable, place a 0 as the score.
2. Use a literal approach to judging behavior. Use only the definitions provided for the behavior and assess only on factual information that is available to determine if the behavior manifested. Do not infer that a behavior has occurred based on another behavior or on the youth's diagnosis. As much as possible base the ratings on what you have observed or what has been reported by other informants.

Scoring:
Scoring begins on page 13. When scoring, use the scores from the right hand box of the assessment. The four subscales have been numbered with Roman numeral's. The scoring page has been broken out by subscales. You will fill in the scores according to the directions to receive a raw score which is placed in the right hand box for each subscale. The Risk Factors Subscale has been weighted which will result in a higher score for these questions. You will add the weighted scores in this subscale in the same manner as above to receive a raw score.

When all raw scores have been tabulated the final box will be completed. The first step is to add the multiplying factors to the raw score from Subscale III: Risk Factors. You will take the risk factor raw score found in the right had box under subscale III and multiple it by the cognitive functioning score (question 17) found in the Subscale Box V: Co-Morbidity. This will give you an adjusted raw score for Subscale III. Add this total score to the raw scores found in the right hand box for subscales II, IV, and V. The result is the total score for the youth which is recorded in the right hand box at the bottom of page 14.

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2016

SECTION I. IDENTIFICATION INFORMATION:

Youth's Name:______________________ **Social Security #:**________________ **Sex:**___**DOB:** ___/_______/_____
Mo. Day Yr.

Address:____
(Street and Apartment #) (City) (State) (Zip)

Name of Guardian:_____________ **Address:**____

Guardian's Phone #: (___)__________**Relationship** (check one): **Parent**___ **Self** ___ **SRS** ___ **JJA** ___

Race or Ethnic Group: #1 to #6 _______

1 = Asian/Asian American/Pacific Islander
2 = Black/African American
3 = First Nations/Native American/American Indian or Alaskan Native
4 = Hispanic/Latino/Mexican American
5 = White/Caucasian/European American
6 = Multiple Race/Ethnicity or Bi-Racial

Diagnosis:
Axis I _____ ____
Axis II _____ ____
Axis III _____ ____
Axis IV _____ ____
Axis V _____ **GAF:** __________

Prognosis: ____

Other Medically Intense Needs that would complicate treatment:________________________

Name of Assessing Individual (include Qualifications):____

CMHC / Facility: _________________________________ **Phone #:** (___)________________

Initial Assessment Date (Mo/Day/Yr): __/__/__ **Discharge Assessment Date (Mo/Day/Yr):** __/__/__

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SECTION II. Severity of Psychiatric Symptoms:

1. Neuropsychiatric Disturbance. This dimension is used to rate symptoms of psychiatric disorders with a known neurological base. DSM-IV disorders included on this dimension are Schizophrenia, Psychotic disorders (unipolar, bipolar, NOS), Autism, and some encephalopathies. The common symptoms of these disorders include hallucinations, delusions, unusual thought processes, strange speech, and bizarre/idiosyncratic behavior. 0 This youth has no evidence of thought disturbances. Both thought processes and content are within normal range. 1 This youth has evidence of mild disruption in thought processes or content. The youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age inappropriate). This level also includes youth with a history of hallucinations but none currently. This category would be used for youth who are sub-threshold for one of the DSM diagnoses listed above. 2 This youth has evidence of notable disturbance in thought process or content. The youth may be somewhat delusional or have brief or intermittent hallucinations. The youth's speech may be, at times, quite tangential or illogical. This level would be used for youth who meet the diagnostic criteria for one of the disorders listed above. 3 This youth has a severe thought disorder. The youth frequently experiences symptoms of psychosis and frequently has no reality assessment. There is evidence of ongoing delusions or hallucinations or both. The youth may be experiencing command hallucinations. This level is used for extreme cases of the diagnoses listed above.	**Score 1:** ______
2. Emotional Disturbance. This dimension is used to rate symptoms of the follow psychiatric disorders as specified in DSM-IV: Depression (unipolar, dysthymia, NOS), Bipolar, Intermittent Explosive Disorder, Generalized Anxiety, Eating Disorders, and Phobias. Symptoms included in this dimension are depressed mood, social withdrawal, anxious mood, sleep disturbances, weight/eating disturbances, and loss of motivation. 0 This youth has no emotional problems. No evidence of depression or anxiety. 1 This youth has mild to moderate emotional problems. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to gross avoidance behavior. This level is used to rate either a mild phobia or anxiety problem or a sub-threshold level of symptoms for the other listed disorders. 2 This youth has a moderate to severe level of emotional disturbance. This could include major conversion symptoms, frequent anxiety attacks, obsessive rituals, flashbacks, hypervigilance, depression, or school avoidance. The youth has a diagnosis of anxiety or depression regardless of severity. This youth meets the criteria for an affective disorder listed above. 3 This youth has a very severe level of emotional disturbance. The youth stays at home or in bed all day due to anxiety or depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. More severe forms of anxiety or depressive diagnoses would be coded here (e.g., meeting criteria in excess of the diagnosis). This youth has an extreme case of one of the disorders listed above.	**Score 2:** ______