ANSA NEEDS AND STRENGTHS ASSESSMENT ANALYSIS FOR MOMENUTM DEVELOMENTAL SUPPORT

momentum
DEVELOPMENTAL SUPPORT

INTRODUCTION

THE ORGANIZATION

Momentum Developmental Support originated as a division of *CareGivers*. *CareGivers* is a Newfoundland-based private company that was founded in the 1990s in response to an increasing need for home care services throughout the life cycle. Since its inception, *CareGivers* has seen an increase in the need for services for individuals with developmental disabilities. Given the complex needs of these individuals; the organization sought more specialized resources to provide the best support possible to these individuals and their families. Over time, CareGivers developed a sub-division within the organization dedicated to this service population, which later became *Momentum Developmental Support Corporation* (*Momentum)*. The *Momentum* team is comprised of an Executive Director, Clinical Managers, and Administrative Support. The team works together with individuals, their families and the administrating and funding bodies which are the Regional Health Authorities for the areas they operate within.

The organization's *Mission, Vision and Core Values* are highlighted in Appendix A.

Momentum Developmental Support offers individualized programs that provide a stable supportive environment for their clients. These services are currently operating under the Provincial Home Support Program Operating standards and licensing. Momentum operates **Individualized Living Arrangements**; these are residences that provide 24-hour staffing and service coordination support to adults with intellectual and/or developmental disabilities (I/DD).

The APPROACH

TRANSFORMATIONAL COLLABORATIVE OUTCOMES MANAGEMENT

Key components of the service that *Momentum* provides are positive behavioural support strategies, assessment tools and outcomes monitoring. The latter two components are focused on data collection and use and are underpinned by the concept of *Transformational Collaborative Outcomes Management* (TCOM). TCOM was first posited by John Lyons in 2004 as an expansion of traditional outcomes management approaches to a full practice/system management strategy[1]. Initially the concept was referred to as Total Clinical Outcomes Management, evolving into the current iteration of TCOM in 2010. The TCOM conceptual framework (philosophy, strategy and tactics) is described below[2]:

PHILOSOPHY: The TCOM approach is grounded in the concept that the various perspectives in a complex service system creates conflicts. The tensions that result from these conflicts are best managed by keeping a focus on common objectives—a shared vision. In human service enterprises, the shared vision is the person (or people served). In health care, the shared vision is the patient; in the child serving system, it is the child and family, and so forth. By creating systems that all return to this shared vision, it is easier to create and manage effective and equitable systems.

STRATEGY: In order to accurately represent the shared vision, a structured assessment is created that directly informs service/intervention planning. This assessment tool is used to communicate the shared vision throughout the system. Since the individuals working directly with people are in the

best position to already make their decisions based on the shared vision (the people they are serving), it is critical that the structured assessment is useful to them so that it is completed with reliability and validity.

TACTICS: Figure 1 displays example TCOM tactics. This grid is organized by types of applications of information from the structured assessment in the rows to levels of the system in the columns. The idea is that one strategy can be used to perform a variety of activities at different levels of the system, from service planning at the individual level to resource management at the system.

FIGURE 1. TCOM GRID OF TACTICS

	Family & Youth	Program	System
Decision Support	Treatment Planning Effective practices EBP's	Eligibility Admission & Step-down	Resource Management Right-sizing
Outcome Monitoring	Care Transitions & Celebrations	Program Evaluation	Provider Profiles Performance/ Contracting
Quality Improvement	Case Management Integrated Care Supervision	CQI/QA Accreditation Program Redesign	Transformation Business Model Design

From: Knowledge Creation through Total Clinical Outcomes Management: A Practice-Based Evidence Solution to Address Some of the Challenges of Knowledge Translation. Lyons JS (2009).[3]

ENABLERS OF THE TCOM PARADIGM

Effective organizational change requires at least a two-part intervention. For TCOM to succeed, it is critical that the leadership of an organization supports this approach. Embracing data-driven decision making and management creates a climate that supports effective TCOM implementation. If measurement is viewed solely as a requirement that must be fulfilled in order to receive continued funding, then TCOM's full potential will not be realized. Measurement must be understood as having direct benefit to the organization and belief in its value will maximize the utility of the data and justify the considerable effort to collect it in the first place.

Leadership support, however, is insufficient for full implementation. There must also be a strategy at the direct service level to engage and evolve staff who will be collecting and using the information with individual recipients. The best way to do this is to ensure that the assessment approach supports the work of the direct service staff and that data collection activities can be embedded into workflow with minimal operational friction. Additionally, success of the TCOM approach is enhanced by involving staff representatives in decisions regarding the implementation of an assessment tool as this sends the message that their perspective has inherent value. Finally, it is important to provide feedback to direct service staff. First on compliance with assessment administration and then on the findings of the assessments. Knowing that the information is ultimately used is critical to its being valued at the point of collection.

COMMUNIMETRICS

A key challenge in the implementation of TCOM is the choice of assessment. In fact, the assessment strategy chosen is the foundation of the TCOM approach. Lyons proposes an alternative theory of

measurement designed specifically for implementation in service delivery environments. This measurement theory is referred to as *Communimetrics* because the primary reason for measurement in the TCOM approach is communication[4].

In addition to emphasizing communication, *Communimetrics* as a measurement theory is also underscored by the following principles:

- Levels of items translate directly into action levels;
- Measures are reliable at the item level and ongoing inter-reliability is critical to all applications;
- Measures should be malleable to organizational process in order to fit into service delivery operations with minimal friction;
- A "just enough information philosophy" drives measure design. An item is only included in an application if it might influence what happens in the service delivery setting;
- All partners involved in the communication process should be involved in the design of the measure;
- The measure must be meaningful to the service delivery process;
- The value of the measure is determined by its communication utility.

Adult Needs and Strengths Assessment

The Adults Needs and Strengths Assessment (ANSA) is a decision support and outcome management assessment tool that was developed within the theory of *Communimetrics*. Multiple versions of the ANSA have been developed for different applications. One of these is the ANSA for Adults with Developmental Challenges, or the ANSA-DD. The first version of the ANSA-DD[5] was brought into use by *Momentum* in 2015, followed by the second version, the ANSA-DD-2.0[6], in 2017. The ANSA gathers information on individuals and parents/caregivers' needs and strengths. Strengths are the individual's assets and areas in life where he or she is doing well or has an interest or ability. Needs are areas where an individual requires help or serious intervention. Care providers use an assessment process to get to know the individual and families with whom they work and to understand their needs and strengths. The ANSA helps care providers decide which of an individual's needs or strengths are the most important to address in treatment or service planning.

The ANSA is comprised of seven domains that focus on various areas in an individual's life, and each domain is made up of a group of specific items. There are domains that address how the individual functions in everyday life, on specific emotional or behavioural concerns, on risk behaviours, on strengths and on skills needs to grow and develop. The assessor gives a number rating to each of these items. These ratings help the assessor, individual and family understand where intensive or immediate action is most needed and where an individual has assets that could be a major part of the service treatment plan. It is important to note, however, that the ANSA ratings do not tell the whole story of an individual's strengths and needs. Each section in the ANSA is the output of a comprehensive assessment process and is documented alongside narratives where a care provider can provide more contextual information about the individual. Appendix B shows the form used by *Momentum* staff to capture ANSA-DD-2.0 data and Appendix C highlights the *Momentum* specific milestones related to completion of the ANSA-DD -2.0. The image below illustrates the basic structure of the ANSA-DD-2.0 including the domains and their corresponding items. In addition to the ANSA-DD-2.0 core items, there is a Trauma Module consisting of two parts. Part A is the Potentially Traumatic/Adverse Childhood Experiences (ACES) and

Part B is Traumatic Stress Symptoms. A fuller description of each of the domains and the Trauma Module is provided in the Results section of this report.

TABLE 1. CORE ITEMS ON THE ANSA-DD-2.0

CORE ITEMS

Strengths
- Family Strengths
- Interpersonal
- Relationship Permanence
- Natural Supports
- Education/Vocational Setting
- Well-Being
- Spiritual/Religious
- Cultural Identity
- Talents and Interests
- Inclusion (Community Life)
- Resiliency

Co-Existing Conditions
- Psychosis (Thought Disorder)
- Impulse Control
- Depression
- Anxiety
- Substance Use
- Anger Control
- Oppositional Behavior
- Adjustment to Trauma
- Situational Consistency of Problems
- Temporal Consistency of Problems
- Involvement in Care

Risk Behaviors
- Suicide Risk
- Non-Suicidal Self-Injurious Behavior
- Other Self-Harm (Recklessness)
- Danger to Others
- Sexually Problematic Behavior
- Intentional Misbehavior
- Criminal Behavior
- Victimization/Exploitation

Functioning
- Family Functioning
- Living Situation
- School/Vocational/Day Program
- Social Functioning
- Developmental
- Cognitive
- Communication
- Motor
- Sensory
- Physical/Medical
- Sleep
- Knowledge
- Judgment/Decision-Making
- Legal
- Independent Living Skills (IADLs)
- Residential Stability

Care Intensity & Organization
- Monitoring
- Treatment
- Transportation
- Service Permanence
- Self-Care (ADLs)
- Medication Compliance

Cultural Factors
- Cultural Stress
- Language
- Traditions and Rituals

Caregiver Capacity
- Medical/Physical
- Behavioral Health/Substance Use
- Involvement with Care
- Knowledge
- Social Resources
- Organization
- Home Adaptability
- Residential Stability

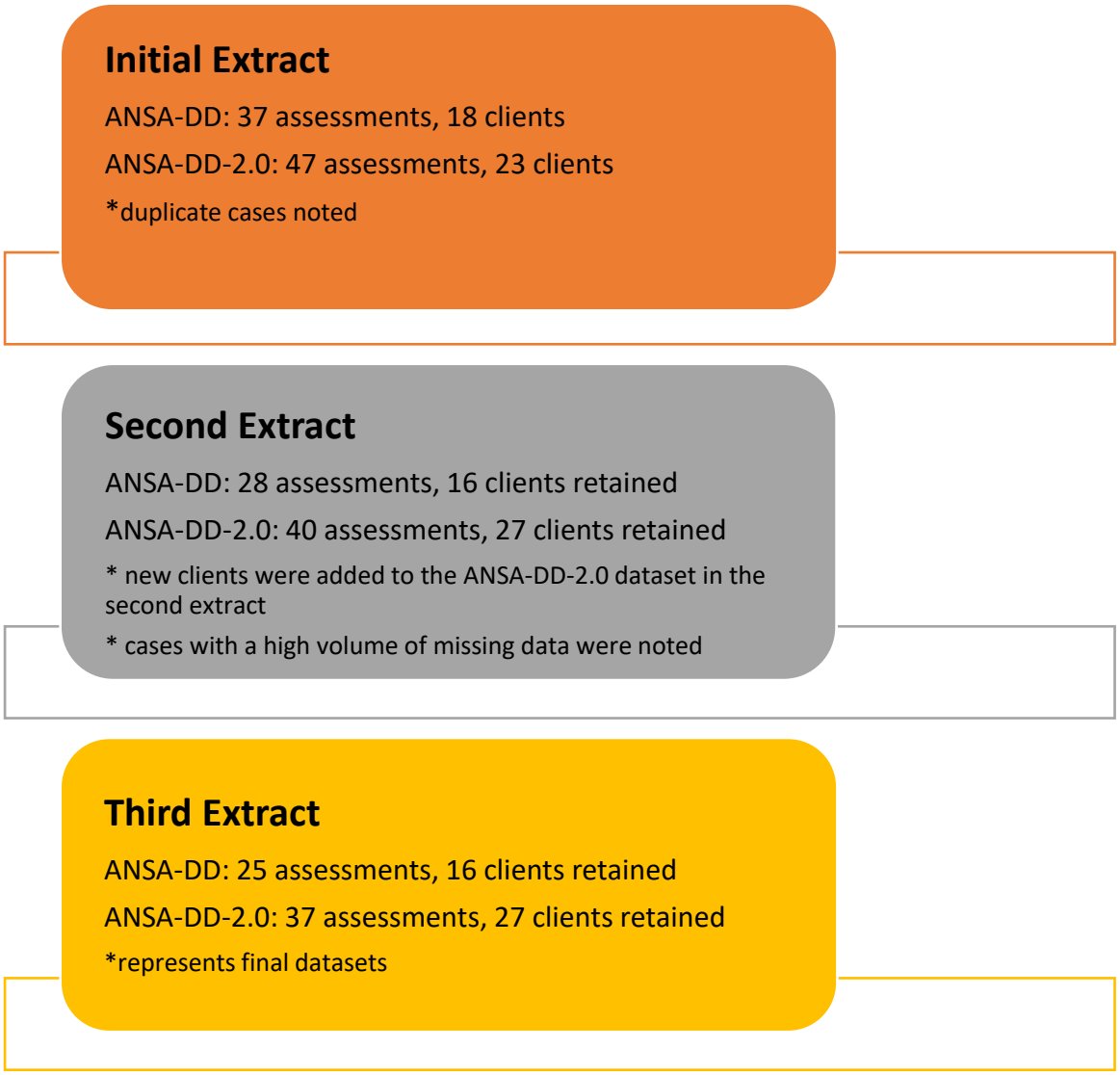
METHOD AND ANALYSES

Momentum Developmental Support uses the ANSA to assist in determining level of care required, planning service delivery, facilitating quality planning initiatives and monitoring the outcomes of their service offerings. At the individual level, client assessments are reviewed regularly and revised as necessary. However, prior to contracting consulting services, it had not been possible for the organization to conduct more complex analyses on these data. *Momentum* expressed an interest in viewing their client data in new and interesting ways that could maximize its utility. For example, looking at the data in aggregate, examining client complexity by caseload and seeing ratings over time for individual clients.

Data were accessed via secure download from ShareVision, the specialized information management software used by *Momentum.* Two files were downloaded; one containing ANSA-DD data and the other containing ANSA-DD-2.0 data. The first extract produced files that contained data for 37 ANSA-DD and 47 ANSA-DD-2.0 assessments, representing, respectively, 18 and 23 individual clients. Quality checks revealed data issues including what appeared to be a number of duplicate entries in the files and some misalignment of dates of assessment. For example, assessments were recorded in the ANSA-DD dataset

as being done in 2019, long after use of the ANSA-DD had actually ceased. *Momentum* was notified of these data anomalies and worked with ShareVision to correct the extraction process. The correction to the extraction process resulted in the retention of 28 assessments in the ANSA-DD dataset and 40 in the ANSA-DD-2.0 dataset; representing 16 and 27 clients respectively. There was actually an increase seen in total number of clients represented in the ANSA-DD-2.0 dataset due to some additional clients' assessments being added since the first time the data had been pulled. Following on from this, preliminary analyses were initiated. Early on in this process it was noted that there were cases with a high volume of missing data on their ANSA assessments. This was impacting the integrity of the analysis, including the ability to calculate domain scores. These cases were sent to *Momentum* for review. In some cases, the missing data were populated and in other instances, direction was given to remove the assessment from the analysis. This resulted in a final count of 25 assessments in the ANSA-DD dataset (16 clients total, some with >1 assessment) and 37 assessments in the ANSA-DD-2.0 dataset (27 clients in total, some with >1 assessment). Figure 1 provides a visual of the data extraction and refinement process in three stages.

FIGURE 2. DATA EXTRACTION AND REFINEMENT PROCESS



Once the final datasets were established, full analysis could begin. Preparation for analysis involved assigning a unique ID to each patient to allow for anonymity in reporting results. Several data fields were coded numerically to facilitate analysis Two key analyses were conducted using the finalized datasets. The first has been provided to *Momentum* as a separate product and included comparisons of individual clients on their ANSA scores over time and a standardized presentation of the most recent ANSA assessment for each client. This report comprises the second analysis which highlights aggregate data for all assessments done using the ANSA-DD-2.0. ANSA-DD assessments were not included in this aggregate analysis for two main reasons i) there are many incongruent items on the ANSA-DD versus the ANSA-DD-2.0 which renders full comparison impossible ii) the ANSA-DD-2.0 has been in use since 2017 and represents the most up to date and relevant experiences of *Momentum* clients.

RESULTS

POPULATION DESCRIPTION

Table 2 describes key characteristics of the population of 27 clients who were collectively assessed a total of 37 times in the almost two-year period between 11/23/2017 and 08/20/2019 using the ANSA-DD-2.0. There were slightly more men in the client population (55% male vs. 44.4% female) and the mean age at assessment was 37.8 years, with an age range of 18-68 years. The most frequent age amongst clients was 19 years followed by 21 years. Most clients were assessed only one time (70.3%) and were most likely to have 2 conditions recorded (30%), followed by 3 conditions (26%). The most commonly occurring conditions were intellectual disability (30%), global developmental delay (26%), and anxiety and autism spectrum disorders, both occurring in 22% of clients.

TABLE 2. POPULATION DESCRIPTION

Total number of assessments	37		
Total number of clients	27		
Male	15 (55.6%)		
Female	12 (44.4%)		
Mean Age at Time of Assessment	37.8 years		
Age Range	18-68 years		
Number of assessments per client ***1***	19 (70.3%)		
2	6 (22,2%)		
3	2 (7.4%)		
Number of conditions per client: ***1***	4 (15%)		
2	8 (30%)		
3	7 (26%)		
4	4 (15%)		
5	2 (7.4%)		
6	1 (3.7%)		
7	0		
8	1 (3.7%)		
List of conditions *as recorded by Momentum Staff*	Post-Traumatic Stress Disorder **Intellectual Disability** Anxiety Disorder **Asperger's Syndrome** Hoarding Disorder **Reactive Attachment Disorder** Anti-social Behaviour **Global Developmental Delay** Borderline Personality Disorder **Pervasive Developmental Disorder**	**Diabetes-Insulin** Diabetes **Depression** Autism Spectrum Disorder **Attention Deficit Hyperactive Disorder** Factitious Disorder **Cerebral Palsy** Seizure Disorder **Oppositional Behaviour** Impulse Control Issues **Obsessive Behaviours** Type II Diabetes **Schizoaffective Disorder** Obsessive Behaviours	**Fetal Alcohol Syndrome** Psychosis **Anger Issues** Schizophrenia **Bipolar Disorder** Fetishes **Osteoarthritis** Erotomaniac Delusions **Epilepsy** Conduct Disorder **Asthma** Disruptive Mood Dysregulation Disorder **Paranoid Schizophrenia** Attachment Disorder **Type II Diabetes**
Most Common Conditions	Intellectual Disability (n = 8, 30%)) **Global Developmental Delay (n = 7, 26%)** Anxiety Disorder (n = 6, 22%) **Autism Spectrum Disorder (n = 6, 22%)** Post Traumatic Stress Disorder (n = 4, 15%) **Depression (n = 4, 15%)** Cerebral Palsy (n = 4, 15%)		

AGGREGATE ANALYSES

As detailed in the introduction, the ANSA-DD-2.0 is comprised of 7 domains and a Trauma Module that has two components. Domains are either strengths-based or needs-based and are made up of a number of items on which the client is rated. Tables 3 and 4, as taken from the ANSA-DD-2.0 Reference Guide[5], highlight the basic design for rating needs and strengths respectively, while Appendix D provides further context in the form of flow diagrams on how the rating for a need or a strength should be determined. Items are rated from 0-3 and a lower score indicates an increased strength or a less intense need. As such, for all domains, a lower score is more desirable. Domain scores are calculated by summing the individual item scores for each domain.

TABLE 3. BASIC DESIGN FOR RATING NEEDS

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

TABLE 4. BASIC DESIGN FOR RATING STRENGTHS

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength present	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

Aggregate analyses are presented for each domain in a standardized format as follows:

1. Items and definitions
2. Rating system
3. Aggregate data in tabular format
4. Aggregate data in graphic format
5. Domain Scores

STRENGTHS DOMAIN

This domain describes the assets of the individual that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing an individual's strengths while also addressing his or her behavioral/emotional needs leads to better functioning and better outcomes, than does focusing just on the individual's needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the 'best' assets and resources available to the individual are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels. Table 5 lists the items on the Strengths Domain and their corresponding definitions. This domain covers a broad range of possible strengths from those related to family and other personal relationships to spiritual beliefs and cultural identity.

TABLE 5. STRENGTHS DOMAIN ITEM DEFINITIONS

Strength	Definition
Family Strengths	This item refers to the presence of a sense of family identity as well as love and communication among family members.
Interpersonal	This item is used to identify an individual's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because an individual can have social skills but still struggle in his or her relationships at a particular point in time.
Relationship Permanence	This item rates the stability of significant relationships in the individual's life. This likely includes family members but may also include other individuals. This does not include paid relationships such as a relationship to a service provider.
Natural Supports	Refers to unpaid helpers in the individual's natural environment. These include those who provide social support to the target the individual and family. All family members and paid caregivers are excluded.
Educational /Vocational Setting	Educational/Vocational Setting: This item is used to evaluate the nature of the school or vocational program's relationship with the individual and family, as well as the level of support the individual receives from the school or vocational program. Rate according to how much the school or vocational program is an effective partner in promoting the individual's functioning and addressing the individual's needs.
Well-Being	This item is rated based on the psychological strength that the individual may have developed which includes both the ability to enjoy positive life experiences (savoring) and manage negative life experiences (coping). This should be rated independent of the individual's current level of distress.
Spiritual/ Religious	This item refers to the individual's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the individual; however, an absence of spiritual/religious beliefs does not represent a need for the family.
Cultural Identity	Cultural identify refers to the individual's view of self as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, sexual orientation or gender identity and expression (SOGIE).
Talents and Interests	This item refers to hobbies, skills, artistic interests and talents that are positive ways that individuals can spend their time, and also give them pleasure and a positive sense of self.
Inclusion (Community Life)	This item reflects the individual's connection to people, places or institutions in his or her community.
Resiliency	This rating should be based on the individual's ability to identify and use internal strengths in managing his/her life and in times of need or to support the individual's own development. This rating assesses an individual's ability to "bounce back" from or overcome adversity in his/her life.

A score of '0' on a strength indicates that it should be central to intervention planning for a client. As illustrated in Table 6, as the rating increases, the intensity of the strength and the possibility to use it in planning diminishes. A score of '3' indicates that there is no evidence of that particular strength for that client.

TABLE 6. STRENGTHS DOMAIN CATEGORIES AND ACTION LEVELS

Rating	Level of Strength	Appropriate Action	Action Level
0	Centerpiece strength	Central to planning	Well-developed centerpiece strength; may be used as a centerpiece in an intervention plan.
1	Strength present	Useful in planning	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
2	Identified strength	Build or develop strength	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
3	No strength identified	Strength creation or identification may be indicated	An area in which no current strength is identified; efforts are needed to identify potential strengths.

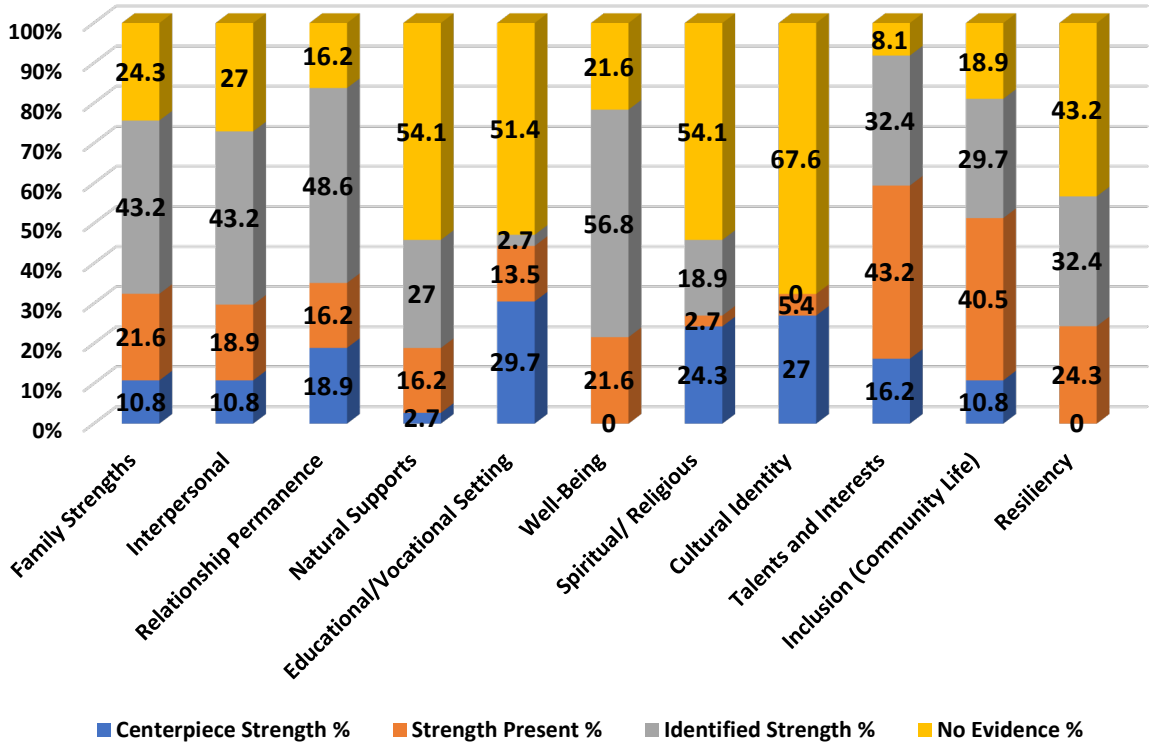
Both Table 7 and Figure 2 highlight the aggregate scores on the Strengths domain items. Overall, no item received a majority rating as a centrepiece strength for clients. Educational Vocational/Setting was highlighted as a centrepiece strength for almost 30% of the client population, indicating that this proportion of individuals experienced a high level of support and partnership with their school or vocational program. However, 51.4% of clients were identified as having no strength identified in this area. A similar trend was observed for Spiritual/Religious (24.3% rated '0' versus 54.1% rated '3') and Cultural Identity (27% rated '0' and 67.6% rated '3'). It is important to note that 'no strength identified' in either of these two items does not likely represent a scenario that requires critical intervention. Other items for which there was low evidence of strength included Natural Supports, Resiliency, Well-Being, Relationship Permanence, Interpersonal and Family Strengths. In these cases, additional support, intervention or strength building may significantly benefit clients. Talents and Interests and Inclusion (Community Life) were most likely to be rated as a '0' or a '1' (Centrepiece strength or Strength present), for 59.4% and 51.3% of clients respectively. That these strengths are present in many clients may provide an opportunity to further build upon their existing positive assets.

TABLE 7. FREQUENCY AND PERCENTAGE OF RATINGS ON STRENGTHS DOMAIN ITEMS

Strength	Strength Rating							
	Centerpiece Strength		Strength Present		Identified Strength		No Evidence	
	n	%	n	%	n		n	%
Family Strengths	4	10.8	8	21.6	16	43.2	9	24.3
Interpersonal	4	10.8	7	18.9	16	43.2	10	27
Relationship Permanence	7	18.9	6	16.2	18	48.6	6	16.2
Natural Supports	1	2.7	6	16.2	10	27.0	20	54.1
Educational/Vocational Setting	11	29.7	5	13.5	1	2.7	19	51.4
Well-Being	0	0	8	21.6	21	56.8	8	21.6
Spiritual/ Religious	9	24.3	1	2.7	7	18.9	20	54.1
Cultural Identity	10	27.0	2	5.4	0	0	25	67.6
Talents and Interests	6	16.2	16	43.2	12	32.4	3	8.1
Inclusion (Community Life)	4	10.8	15	40.5	11	29.7	7	18.9
Resiliency	0	0	9	24.3	12	32.4	16	43.2

*No missing data points on retained cases

FIGURE 3. DISTRIBUTION OF ITEM RATINGS ON STRENGTHS DOMAIN



The final table for the Strengths domain shows the range of domain scores. The domain score is calculated by summing the ratings for each of the items in that domain. Scores for the Strengths Domain can range from 0 to 33. The median for the full range of scores is 16.5. If scores below this median are generally considered to indicate high strength and scores above this median are to be considered low strength, then approximately 75% of clients are on the low strength side of this domain. The lowest domain score seen was 9 and the highest was 31. Clients at the higher end of the score spectrum would have fewer identified strengths and likely more complex issues.

TABLE 8. STRENGTHS DOMAIN SCORES

		Frequency	Percent
Domain Score	9.00	1	2.7
	12.00	1	2.7
	13.00	1	2.7
	14.00	1	2.7
	15.00	4	10.8
	16.00	1	2.7
	17.00	1	2.7
	18.00	3	8.1
	19.00	6	16.2
	20.00	1	2.7
	21.00	2	5.4
	22.00	2	5.4
	23.00	1	2.7
	25.00	3	8.1
	26.00	2	5.4
	27.00	2	5.4
	28.00	1	2.7
	30.00	2	5.4
	31.00	1	2.7

Median of all possible domain scores = 16.5

Coexisting Conditions Domain

The items in this section identify co-existing conditions of the individual. While the ANSA is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In the Diagnostic and Statistical Manual of Mental Disorders (DSM), a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of '2' or '3' as described by the action levels below. It is important to note that the ANSA is not intended to be used for diagnostic purposes, and an individual does not to have to have a specific diagnosis, or meet diagnostic criteria, in order to be rated actionable (a '2' or '3') on an item. Table 9 lists the items and corresponding definitions on the Co-existing Conditions Domain. The first eight items address conditions or challenges directly, while the remaining three are considered 'problem modifiers'.

Table 9. Co-existing Conditions Domain Item Definitions

Condition	Definition
Psychosis (Thought Disorder)	This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders.
Impulse Control	Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here.
Depression	Symptoms rated in this item include irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities.
Anxiety	This item rates symptoms associated with DSM-5 anxiety disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors).
Substance Use	This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by an individual.
Anger Control	This item captures the individual's ability to identify and manage their anger when frustrated.
Oppositional Behaviour	This item rates the individual's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a supervisor, older family member, or other authority figure with responsibility for and control over the individual.
Adjustment to Trauma	This item is used to describe the individual who is having difficulties adjusting to a traumatic experience, as defined by the individual.
Situational Consistency of Problems	This item captures the variation in problem presentation *across different situations and environments* in the individual's life (e.g., work, home and school).
Temporal Consistency of Problems	This item captures the *duration of mental health problems* experienced by the individual. Include both problems (i.e., symptoms) and risk behaviors related to problems in this rating.
Involvement in Care	This item captures the individual' participation in his/her care. The person need not have an understanding of their illness; however, the individual participates in recommended or prescribed care (e.g., taking prescribed medications and attending therapy).

A score of '0' on a co-existing condition indicates that there is currently no evidence of a need in that area at the time of assessment and, as such, no action is needed. As illustrated in Table 10, as the rating increases, the intensity of the need increases. A score of '3' indicates that a need is dangerous or disabling and immediate action is necessary.

TABLE 10. CO-EXISTING CONDITIONS DOMAIN CATEGORIES AND ACTION LEVELS

Rating	Level of Need	Appropriate Action	Action Level
0	No evidence of need	No action needed	No current need; no need for action or intervention.
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment	Identified need requires monitoring, watchful waiting, or preventive activities.
2	Need interferes with functioning	Action/intervention required	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.
3	Need is dangerous or disabling	Immediate action/Intensive action required	Problems are dangerous or disabling; requires immediate and/or intensive action

Table 11 and Figure 3 highlight the aggregate scores on the Co-existing Conditions items. Amongst the co-existing conditions, clients had the highest proportion of actionable need (a rating of '2' or '3') on Anger Control (70.3%), Anxiety (59.5%) and Impulse Control (59.4%). When looking at a rating of '3' alone, the issue most commonly rated as being a dangerous or disabling need was Impulse Control (29.7%). This finding may provide direction on where focus intervention efforts that would be applicable to a broad range of the client population. Clients had the lowest need in Substance Use and Psychosis, with 70.3% and 59.5% clients having no evidence of need in these respective areas. In terms of the problem modifiers, there was a high degree of actionable need on Temporal Consistency of Problems (83.8%), meaning that the vast majority of clients had mental health problems that persisted over a long duration. Clients presented with lower need in the other two modifying areas which included Situational Consistency of Problems, meaning that problems did not present consistently across all situations or environments and Involvement in Care, indicating that in most instances the individual was a willing participant in their own care.

TABLE 11. FREQUENCY AND PERCENTAGE OF RATINGS ON CO-EXISTING CONDITIONS DOMAIN ITEMS

Condition	Level of Need Rating							
	No evidence of need		**Significant history or possible need that is not interfering with functioning**		**Need interferes with functioning**		**Need is dangerous or disabling**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Psychosis (Thought Disorder)	22	59.5	8	21.6	6	16.2	1	2.7
Impulse Control	0	0	15	40.5	11	29.7	11	29.7
Depression	15	40.5	9	24.3	10	27.0	3	8.1
Anxiety	1	2.7	14	37.8	20	54.1	2	5.4
Substance Use	26	70.3	10	27.0	0	0	1	2.7
Anger Control	1	2.7	10	27.0	20	54.1	6	16.2
Oppositional Behaviour	9	24.3	17	45.9	8	21.6	3	8.1
Adjustment to Trauma	17	45.9	8	21.6	9	24.3	3	8.1
Situational Consistency of Problems	5	13.5	19	51.4	5	13.5	8	21.6
Temporal Consistency of Problems	4	10.8	2	5.4	9	24.3	22	59.5
Involvement in Care	9	24.3	22	59.5	5	13.5	1	2.7

* No missing data points on retained cases

FIGURE 4. DISTRIBUTION OF ITEM RATINGS ON CO-EXISTING CONDITIONS DOMAIN

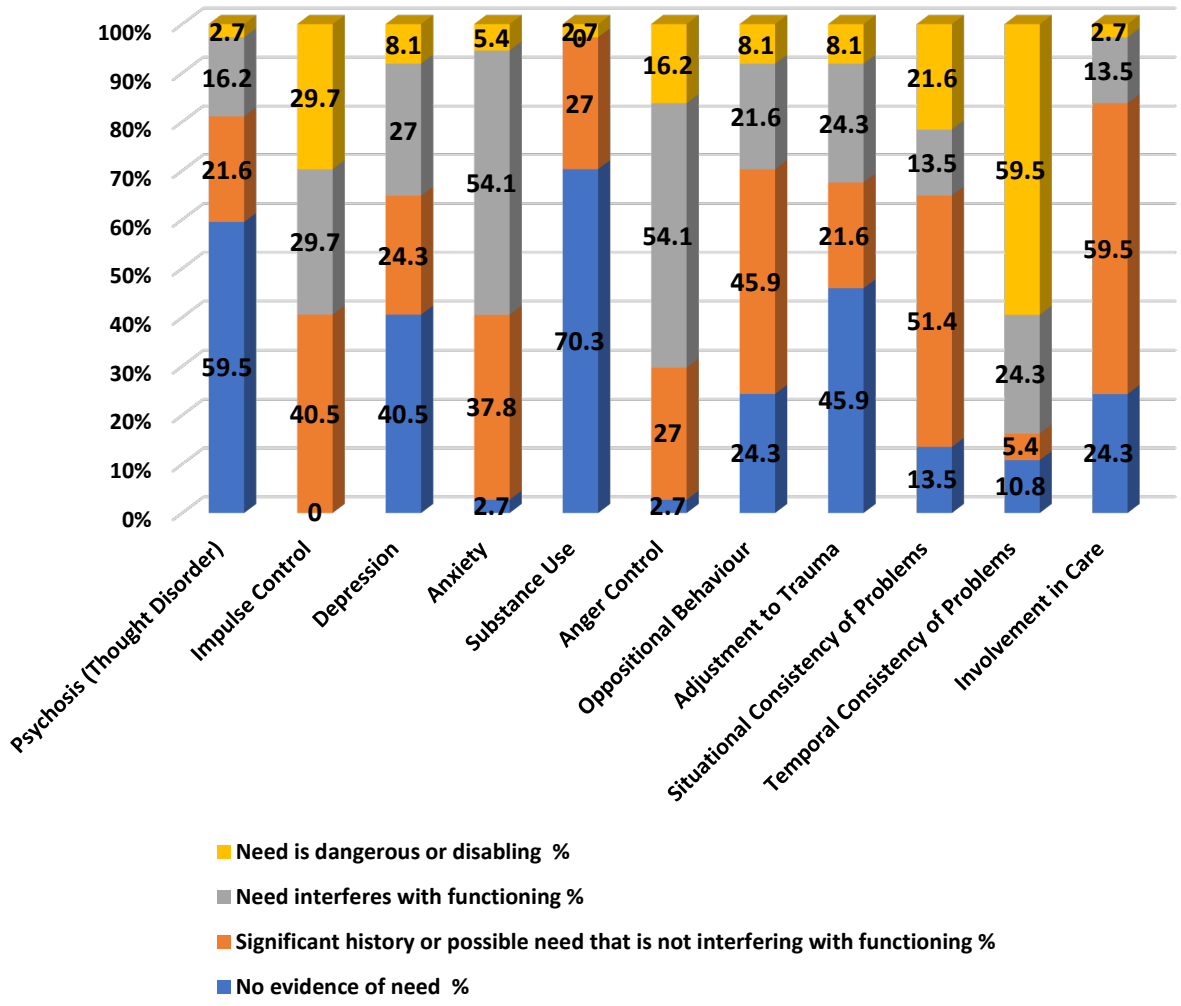
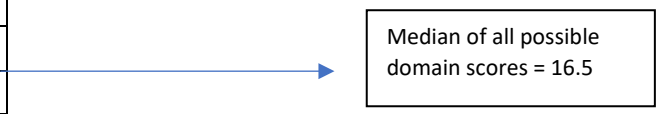


Table 12 shows the range of domain scores for Co-existing Conditions. Scores for this domain can range between 0 and 33. The median of the full range of scores is 16.5. If scores below this median are generally considered to indicate low need and scores above this median are considered to indicate high need, then approximately 62.1% of clients are on the low need side of this domain. The lowest domain score seen was 2 and the highest was 24. Scores at the lower end are indicative of clients with fewer conditions or need in problem modification. No client's domain score approached the upper end of the range on this domain.

TABLE 12. CO-EXISTING CONDITIONS DOMAIN SCORES

		Frequency	Percent
Domain Score	2.00	1	2.7
	5.00	1	2.7
	8.00	2	5.4
	9.00	2	5.4
	10.00	1	2.7
	11.00	4	10.8
	12.00	4	10.8
	14.00	4	10.8
	15.00	4	10.8
	16.00	4	10.8
	17.00	2	5.4
	18.00	1	2.7
	20.00	4	10.8
	21.00	1	2.7
	23.00	1	2.7
	24.00	1	2.7



Risk Behaviours Domain

This domain focuses on factors that can increase an individual's likelihood of mental health and other difficulties developing and well as current behaviors that place the individual at risk. Table 13 lists the risk behaviours included in this domain and their definitions. Items cover a range of possible self-harm behaviours as well as behaviours that are risky or problematic to others.

Table 13. Risk Behaviour Domain Item Definitions

Condition	Definition
Suicide Risk	This item describes the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of an individual to end his/ her life.
Non-Suicidal Self-Injurious Behaviour	This item rates repetitive, physically harmful behavior that generally serves as a self-soothing function to the individual (e.g., cutting, carving, burning self, face slapping, head banging, etc.).
Other Self-Harm (Recklessness)	This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the individual or others in some jeopardy. Suicidal or self-mutilative behaviors are not rated here.
Danger to Others	This item rates the individual's or individual's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others.
Sexually Problematic Behaviour	This item describes issues around sexual behavior including developmentally inappropriate sexual behavior and problematic sexual behavior.
Intentional Misbehaviour	This rating describes intentional behaviors that an individual engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the individual lives) that put the individual at some risk of consequences. It is not necessary that the individual be able to articulate that the purpose of his/her misbehavior is to provide reactions/consequences in order to rate this item. There is always, however, a benefit to the individual resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., individual feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for individuals who engage in such behavior solely due to developmental delays.
Criminal Behaviour	This rating includes both criminal behavior and status offenses that may result from the individual failing to follow required behavioral standards. This category does not include drug usage, but it does include drug sales and other drug related activities. Sexual offenses should be included as criminal behavior.
Victimization / Exploitation	This item describes an individual who has been victimized by others. This item is used to examine a history and pattern of being the object of abuse and/or whether the person is at current risk for re-victimization. This item includes children or individual who are currently being bullied at school or in their community. It would also include children or individual who are victimized in other ways (e.g., sexual abuse, prostitution, inappropriate expectations based on a child's level of development, a child/individual who is forced to take on a parental level of responsibility, etc.).

A score of '0' on a risk behaviour indicates that there is currently no evidence of a need in that area at the time of assessment and, as such, no action is needed. As the rating increases, the intensity of the need or risk increases. A score of '3' indicates that the risk is dangerous or disabling and immediate action is necessary.

TABLE 14. RISK BEHAVIOURS DOMAIN CATEGORIES AND ACTION LEVELS

Rating	Level of Need	Appropriate Action	Action Level
0	No evidence of need	No action needed	No evidence of any needs; no need for action or intervention.
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment	Need requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
2	Need interferes with functioning	Action/intervention required	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.
3	Need is dangerous or disabling	Immediate action/Intensive action required	Risk behavior is dangerous or disabling; requires immediate and/or intensive action.

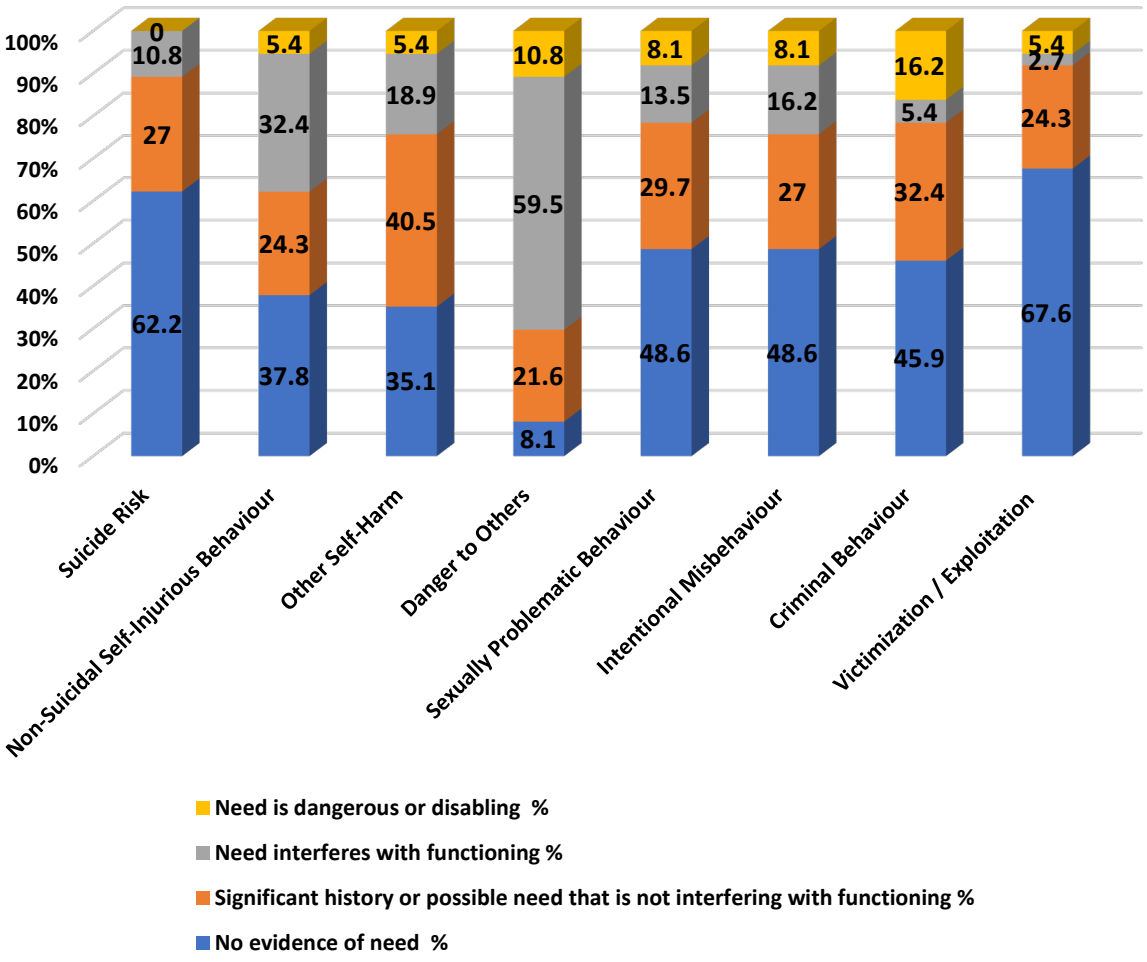
Table 15 and Figure 4 illustrate the aggregate data on risk behaviours for the client population. The highest level of actionable need ('2' and '3' combined) was seen on the Danger to Others item (70.3%). Danger to Others involves violent or aggressive behaviour with the intent to cause significant bodily harm to others. This implies that individuals who have relationships with these clients could be placed at significant physical and psychological risk and must have appropriate resources and training made available to them. Comprehensive safety planning should be considered and/or developed in such cases amongst the client's support professionals. Non-Suicidal Self-Injurious Behaviour (i.e. self-mutilation) and Other Self-Harm (recklessness) had 37.8% and 24.3% of clients assessed as having actionable need. When considering dangerous and disabling need on its own, clients were most frequently rated as a '3' on Criminal Behaviour. According to the definition, this item includes both criminal behavior and status offenses that may result from the individual failing to follow required behavioral standards. Clients had the lowest rated need on Suicide Risk and Victimization/Exploitation.

TABLE 15. FREQUENCY AND PERCENTAGE OF RATINGS ON RISK BEHAVIOURS DOMAIN ITEMS

Behaviour	Level of Need Rating							
	No evidence of need		Significant history or possible need that is not interfering with functioning		Need interferes with functioning		Need is dangerous or disabling	
	n	%	n	%	n	%	n	%
Suicide Risk	23	62.2	10	27.0	4	10.8	0	0
Non-Suicidal Self-Injurious Behaviour	14	37.8	9	24.3	12	32.4	2	5.4
Other Self-Harm	13	35.1	15	40.5	7	18.9	2	5.4
Danger to Others	3	8.1	8	21.6	22	59.5	4	10.8
Sexually Problematic Behaviour	18	48.6	11	29.7	5	13.5	3	8.1
Intentional Misbehaviour	18	48.6	10	27.0	6	16.2	3	8.1
Criminal Behaviour	17	45.9	12	32.4	2	5.4	6	16.2
Victimization / Exploitation	25	67.6	9	24.3	1	2.7	2	5.4

* No missing data points on retained cases

FIGURE 5. DISTRIBUTION OF ITEM RATINGS ON RISK BEHAVIOURS DOMAIN



Scores for the Risk Behaviours domain can range from 0 to 24, with a median score of 12. The lowest domain score for this population was 1, identifying a client who exhibited almost no risk behaviour and the highest was 18. In general, scores on this domain tended to be at the lower end of the range, with 91.8% of clients falling below the median score. This indicates less issues with risk behaviours for this client population.

TABLE 16. RISK BEHAVIOURS DOMAIN SCORES

		Frequency	Percent
Domain Score	1.00	1	2.7
	2.00	2	5.4
	3.00	4	10.8
	4.00	3	8.1
	5.00	3	8.1
	6.00	3	8.1
	7.00	4	10.8
	8.00	6	16.2
	9.00	3	8.1
	10.00	2	5.4
	11.00	3	8.1
	15.00	1	2.7
	17.00	1	2.7
	18.00	1	2.7

Median of all possible domain scores = 12

FUNCTIONING DOMAIN

Functioning items are the different areas of social interaction found in the lives of individuals and their families. At sixteen items, the Functioning Domain is the largest domain and covers a wide range of activities and abilities including, but not limited to, family and social functioning, cognition, communication, motor, sensory, judgement and residential stability. Table 17 provides the full list of Functioning Domain items and their definitions.

TABLE 17. FUNCTIONING DOMAIN ITEM DEFINITIONS

Item	Definition
Family Functioning	This item evaluates and rates the individual's relationships with those who are in his/her family. It is recommended that the description of family should come from the individual's perspective (i.e. who the individual describes as his/her family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the individual is still in contact.
Living Situation	This item refers to how the individual is functioning in his/her current living arrangement, which could be with a relative, etc. (If individual is living with the family, ratings for Family Functioning and Living Situation would be the same.)
School / Vocational / Day Program	This item rates the performance of the individual in school, work, or day programs. This performance can include issues of behavior, attendance or achievement.
Social Functioning	This item rates social skills and relationships – current status in getting along with others in his/her life. It includes the ability to make and sustain relationships.
Developmental	This item describes the person's developmental delay/disorders that are present.
Cognitive	This item rates cognitive impairment characterized by deficits in general mental abilities such as: reasoning, problem solving, planning, processing information, and abstract thinking.
Communication	This rating describes the person's ability to communicate through any medium including sight and sound.
Motor	This item describes the person's fine (e.g. hand grasping and manipulation) and gross (e.g. walking, running) motor functioning.
Sensory	This item describes the person's ability to use all senses including vision, hearing, smell, touch, and taste.
Physical/Medical	This rating includes both health problems and chronic/acute physical conditions.
Sleep	This item is used to describe any problems with sleep, regardless of the cause, including difficulties falling asleep or staying asleep as well as sleeping too much. Sleep problems should be determined based on age appropriate expectations.
Knowledge	This item is intended to capture an individual's awareness and understanding of his/her psychiatric symptoms and diagnosis.
Judgement / Decision Making	This item describes the individual's ability to make decisions and understanding of choices and consequences. This rating should reflect the degree to which an individual can concentrate on an issue, think through decisions, anticipate consequences of decisions, and follow through on decisions.
Legal	This item rates the individual's involvement with the criminal justice system due to his/her behavior.
Independent Living Skills (IADLs)	This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities. Self-care or adaptive living skills are not rated in this item.
Residential Stability	This item is used to rate the individual's past and likely future housing circumstances.

As with the majority of the domains, Functioning is rated using the needs scale and so a higher score will indicate more intense struggles that the individual or family are having.

TABLE 18. FUNCTIONING DOMAIN CATEGORIES AND ACTION LEVELS

Rating	Level of Need	Appropriate Action	Action Level
0	No evidence of need	No action needed	No current need; no need for action or intervention.
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
2	Need interferes with functioning	Action/intervention required	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
3	Need is dangerous or disabling	Immediate action/Intensive action required	Problems are dangerous or disabling; requires immediate and/or intensive action.

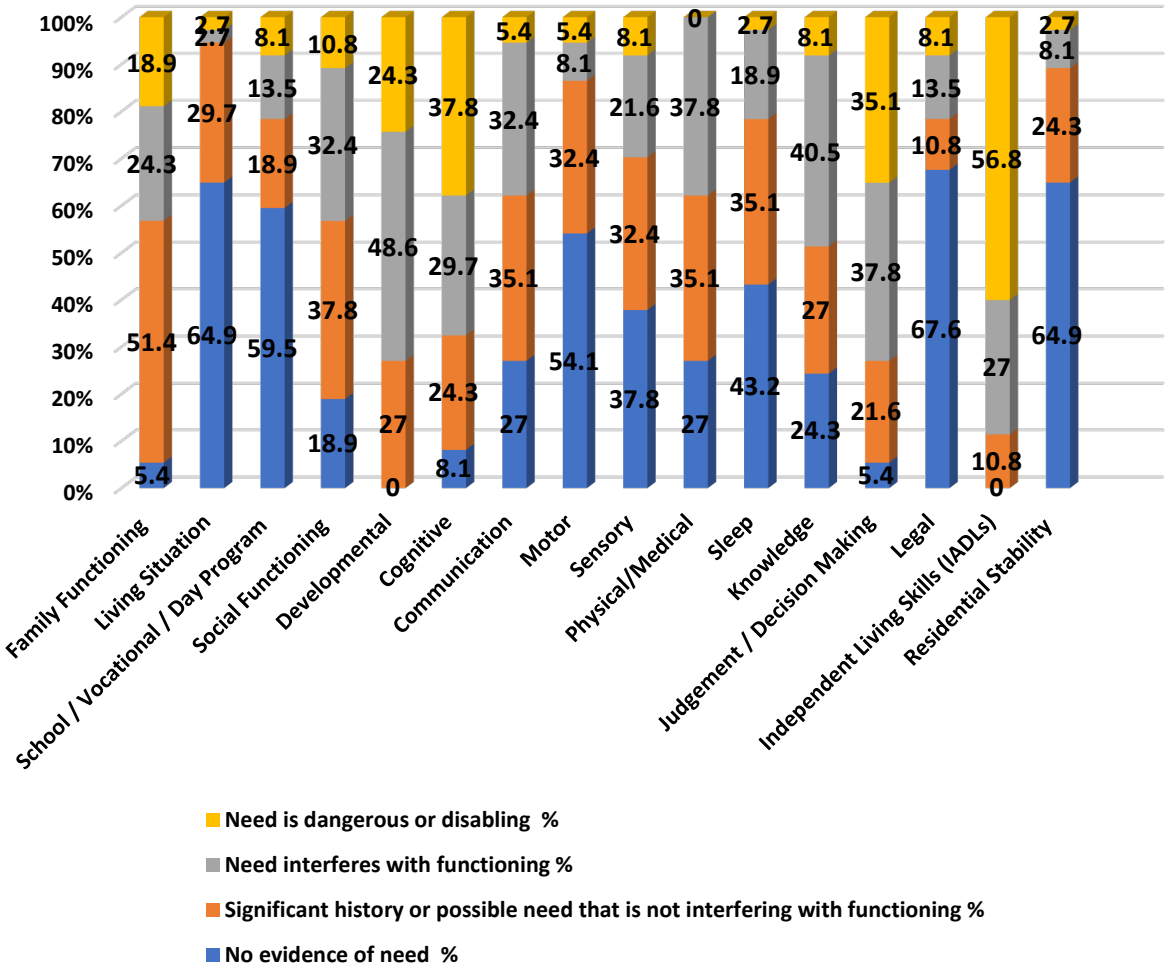
Aggregate ratings on Functioning Domain items are shown in Table 19 and Figure 5. The most significant actionable need was seen in Independent Living Skills (IADLs) (83.3% of clients) indicating that is a population that requires considerable external support. Following IADLs, clients had the highest need on the Judgement/Decision Making (72.9%), Developmental (72.9%) and Cognitive (67.5%) items. This is not surprising as it reflects of the client demographic that *Momentum* serves. Clients had very low levels of actionable need on Living Situation (94.6% rated as a '0' or '1') and Residential Stability (89.2% rated as a '0' or a '1') from which a stable living situation may be inferred for the majority of clients.

TABLE 19. FREQUENCY AND PERCENTAGE OF RATINGS ON FUNCTIONING DOMAIN ITEMS

Item	Level of Need Rating							
	No evidence of need		**Significant history or possible need that is not interfering with functioning**		**Need interferes with functioning**		**Need is dangerous or disabling**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Family Functioning	2	5.4	19	51.4	9	24.3	7	18.9
Living Situation	24	64.9	11	29.7	1	2.7	1	2.7
School / Vocational / Day Program	22	59.5	7	18.9	5	13.5	3	8.1
Social Functioning	7	18.9	14	37.8	12	32.4	4	10.8
Developmental	0	0	10	27.0	18	48.6	9	24.3
Cognitive	3	8.1	9	24.3	11	29.7	14	37.8
Communication	10	27.0	13	35.1	12	32.4	2	5.4
Motor	20	54.1	12	32.4	3	8.1	2	5.4
Sensory	14	37.8	12	32.4	8	21.6	3	8.1
Physical/Medical	10	27.0	13	35.1	14	37.8	0	0
Sleep	16	43.2	13	35.1	7	18.9	1	2.7
Knowledge	9	24.3	10	27.0	15	40.5	3	8.1
Judgement / Decision Making	2	5.4	8	21.6	14	37.8	13	35.1
Legal	25	67.6	4	10.8	5	13.5	3	8.1
Independent Living Skills (IADLs)	0	0	4	10.8	10	27.0	21	56.8
Residential Stability	24	64.9	9	24.3	3	8.1	1	2.7

* No missing data points on retained cases

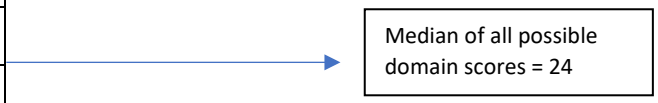
FIGURE 6. DISTRIBUTION OF ITEM RATINGS ON FUNCTIONING DOMAIN



Functioning Domain scores can range from 0 to 48, with a median of 24. In this client population, scores ranged from 14 – 31. No clients were at either extreme end of the spectrum indicating that no one client had high functioning in all areas or functioning challenges in all areas. Only 18.9% of clients had a domain score above the median.

TABLE 20. FUNCTIONING DOMAIN SCORES

		Frequency	Percent
Domain Score	14.00	1	2.7
	15.00	3	8.1
	16.00	2	5.4
	17.00	9	24.3
	18.00	2	5.4
	19.00	3	8.1
	20.00	3	8.1
	21.00	4	10.8
	23.00	1	2.7
	25.00	1	2.7
	26.00	1	2.7
	28.00	2	5.4
	29.00	2	5.4
	31.00	1	2.7



CARE INTENSITY AND ORGANIZATION DOMAIN

Care intensity and organization refers to the level of care the individual receives and their interaction with those services. Table 21 lists the items and definitions for the Care Intensity and Organization domain. Items largely centre around the care requirements of the client as well as their ability to self-care.

TABLE 21. CARE INTENSITY AND ORGANIZATION DOMAIN ITEM DEFINITIONS

Item	Definition
Monitoring	This item rates the level of monitoring needed to address the safety and functioning needs of the individual.
Treatment	This item is used to rate the intensity of the treatment needed to address the problems, risk behaviors, and functioning of the individual.
Transportation	This item is used to rate the level of transportation required to ensure that the individual could effectively participate in his/her own treatment.
Service Permanence	This item is used to rate the stability of the service providers (i.e., organizations or individuals) who have worked with the individual or family.
Self-Care (ADLs)	This item focuses on the individual's ability to self-care on his/her functioning.
Medication Compliance	This item focuses on the level of the individual's willingness and participation in taking prescribed medications.

Table 22 lists the rating levels for the Care Intensity and Organization Domain and the appropriate action associated with each one.

TABLE 22. CARE INTENSITY AND ORGANIZATION DOMAIN CATEGORIES AND ACTION LEVELS:

Rating	Level of Need	Appropriate Action	Action Level
0	No evidence of need	No action needed	No current need; no need for action or intervention.
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment	Identified need requires monitoring, watchful waiting, or preventive activities.
2	Need interferes with functioning	Action/intervention required	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.
3	Need is dangerous or disabling	Immediate action/Intensive action required	Problems are dangerous or disabling; requires immediate and/or intensive action.

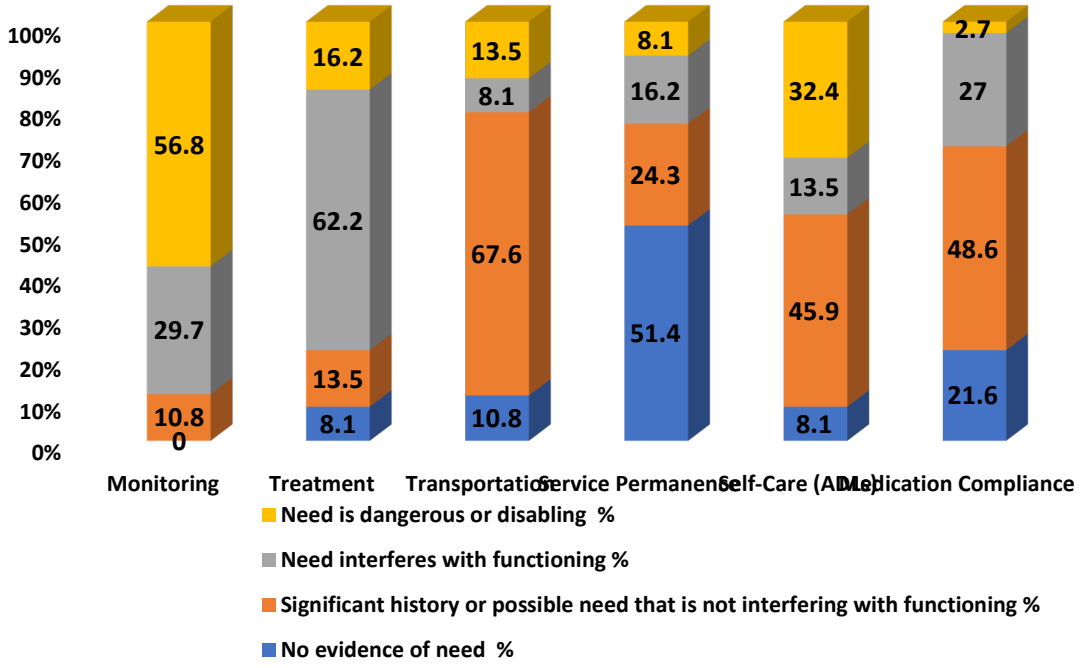
The highest level of actionable need on this domain was seen in the Monitoring domain (86.5%), of which 56.8% was considered dangerous or disabling. This indicates that most clients require intense, perhaps even 24-hour, monitoring by another individual. The Treatment item also had high actionable need (78.4% of clients) although in this case a greater proportion of clients were rated as a '2' rather than a '3' (62.2% versus 16.2%). The Treatment item reflects the intensity of treatment needed to address problems, risk behaviours and functioning of individuals. A considerable percentage of clients also had dangerous or disabling need on the Self-Care domain (32.4% rated a '3'). Transportation and Service Permanence were the areas on which clients had the least need

TABLE 23. FREQUENCY AND PERCENTAGE OF RATINGS ON CARE INTENSITY AND ORGANIZATION DOMAIN ITEMS

Item	Level of Need Rating							
	No evidence of need		Significant history or possible need that is not interfering with functioning		Need interferes with functioning		Need is dangerous or disabling	
	n	%	n	%	n	%	n	%
Monitoring	0	0	4	10.8	11	29.7	21	56.8
Treatment	3	8.1	5	13.5	23	62.2	6	16.2
Transportation	4	10.8	25	67.6	3	8.1	5	13.5
Service Permanence	19	51.4	9	24.3	6	16.2	3	8.1
Self-Care (ADLs)	3	8.1	17	45.9	5	13.5	12	32.4
Medication Compliance	8	21.6	18	48.6	10	27.0	1	2.7

*One missing data point on Monitoring item

FIGURE 7. DISTRIBUTION OF ITEM RATINGS ON CARE INTENSITY AND ORGANIZATION DOMAIN



The possible range of domain scores for Care Intensity and Organization is 0 to 18 with a median score of 9. In total, 43.2% had a domain score that fell below the median, while 40.5% were above. An additional 13.5% fell right on the median. The most common domain score was 8, followed by 9, 10 and 11 indicating that most clients were mid-range on overall need in this domain. Two clients had a domain score of 17 which means that their needs were dangerous and disabling on most items.

TABLE 24. CARE INTENSITY AND ORGANIZATION DOMAIN SCORES

		Frequency	Percent
Domain Score	4	2	5.4
	5	2	5.4
	6	2	5.4
	7	3	8.1
	8	7	18.9
	9	5	13.5
	10	5	13.5
	11	5	13.5
	12	2	5.4
	13	1	2.7
	17	2	5.4

Median of all possible domain scores = 9

CULTURAL FACTORS DOMAIN

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, finding therapist who speaks the individual and/or family's primary language, and/or ensure that an individual in placement has the opportunity to participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that individuals may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

TABLE 25. CULTURAL FACTORS DOMAIN ITEM DEFINITIONS

Item	Definition
Cultural Stress	This item identifies circumstances in which the individual's cultural identity is met with hostility or other problems within his/her environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the individual and his/her family). Racism, negativity toward SOGIE and other forms of discrimination would be rated here.
Language	This item looks at whether the individual and family need help with communication to obtain the necessary resources, supports and accommodations (e.g., interpreter). This item includes spoken, written, and sign language, as well as issues of literacy.
Traditions and Rituals	This item rates the individual and family's access to and participation in cultural tradition, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, Dia de los Muertos, Yom Kippur, Quinceanera, etc. This also may include daily activities that are culturally specific (e.g., wearing a hijab, praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities.

TABLE 26. CULTURAL FACTORS DOMAIN CATEGORIES AND ACTION LEVELS

Rating	Level of Need	Appropriate Action	Action Level
0	No evidence of need	No action needed	No current need; no need for action or intervention.
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment	Identified need requires monitoring, watchful waiting, or preventive activities.
2	Need interferes with functioning	Action/intervention required	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.
3	Need is dangerous or disabling	Immediate action/Intensive action required	Problems are dangerous or disabling; requires immediate and/or intensive action.

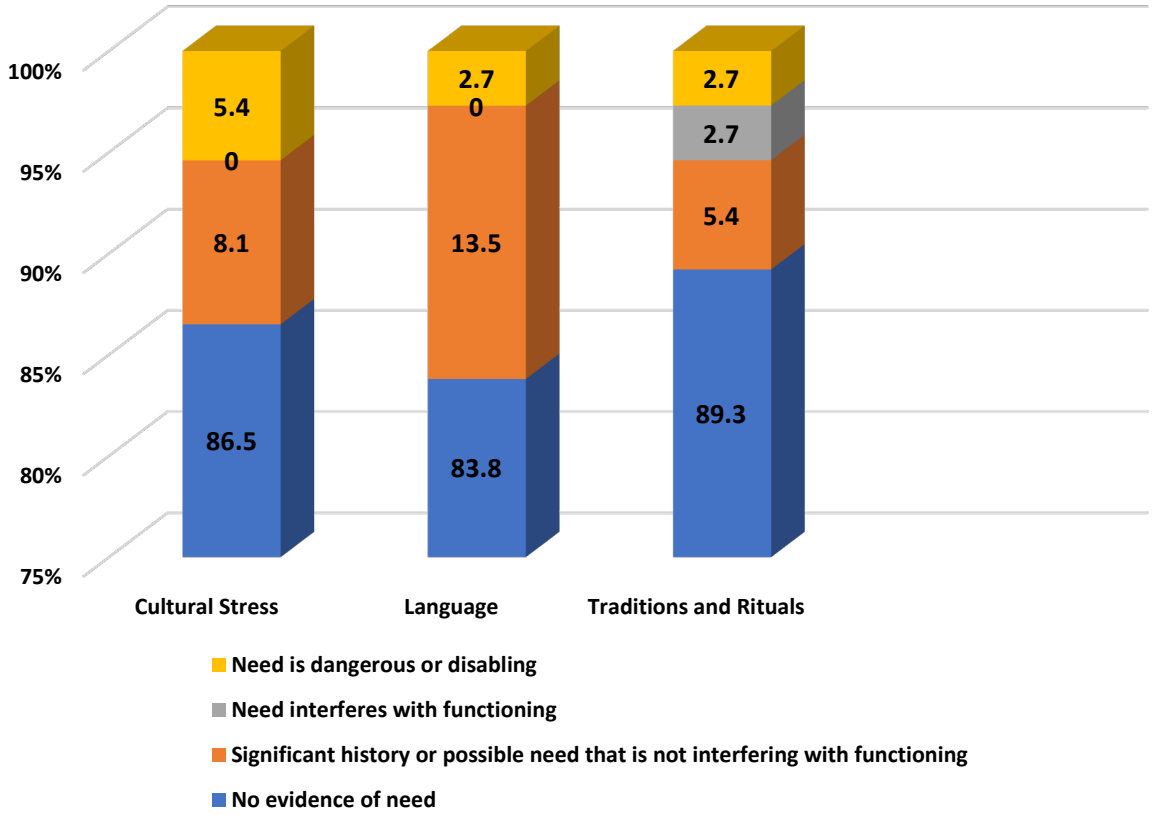
Clients did not present with high need on the Cultural Factors domain. This indicates that most of the client population are culturally or linguistically congruent with the primary culture lived and language spoken in their broader environment. No evidence of need, or a '0' was the most common rating across all three items.

TABLE 27. FREQUENCY AND PERCENTAGE OF RATINGS ON CULTURAL FACTORS DOMAIN ITEMS

Item	Level of Need Rating							
	No evidence of need		**Significant history or possible need that is not interfering with functioning**		**Need interferes with functioning**		**Need is dangerous or disabling**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Cultural Stress	32	86.5	3	8.1	0	0	2	5.4
Language	31	83.8	5	13.5	0	0	1	2.7
Traditions and Rituals	33	89.3	2	5.4	1	2.7	1	2.7

* No missing data points on retained cases

FIGURE 8. DISTRIBUTION OF ITEM RATINGS ON CULTURAL FACTORS DOMAIN



The possible range of domain scores for Cultural Factors is 0 to 9 with a median of 4.5. Most clients had a domain score of zero (75.7%), and 94.6% were below the median, indicating that this is not a critical area of need for this population.

TABLE 28. CULTURAL FACTORS DOMAIN SCORES

		Frequency	Percent
Domain Score	0	28	75.7
	1	6	16.2
	4	1	2.7
	5	1	2.7
	9	1	2.7

CAREGIVER CAPACITY DOMAIN

Caregiver refers to parents or other adults with primary care-taking responsibilities for an individual. This domain would not be applicable to an individual living in an institutionalized setting but would apply to someone living in a group home. The items in this section represent caregivers' potential areas of need while simultaneously highlighting the areas in which the caregivers can be a resource for the individual. Table 29 illustrates the Caregiver Capacity items and definitions.

TABLE 29. CAREGIVER CAPACITY DOMAIN ITEM DEFINITIONS

Item	Definition
Medical/Physical	This item rates medical and/or physical challenges faced by the caregiver(s).
Behavioural Health/Substance Use	This item rates behavioral health or substance use challenges of the caregivers that might limit their capacity to provide care for the individual.
Involvement with Care	This item is used to rate the caregiver's participation in the individual's care and the ability to advocate for the individual.
Knowledge	This item identifies the caregiver's knowledge of the individual's strengths and needs, and the caregiver's ability to understand the rationale for the treatment or management of these problems.
Social Resources	This item is used to refer to the social assets (extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the individual and family.
Organization	This rating should be based on the ability of the caregiver(s) to participate in or direct the organization of the household, services, and related activities.
Home Adaptability	This item describes the degree to which the home environment has been adapted to meet the accessibility needs of the individual.
Residential Stability	This item rates the housing stability of the caregiver(s) and does not include the likelihood that the individual will be removed from the household.

TABLE 30. CAREGIVER CAPACITY DOMAIN CATEGORIES AND ACTION LEVELS

Rating	Level of Need	Appropriate Action	Action Level
0	No evidence of need	No action needed	No current need; no need for action or intervention.
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment	Identified need requires monitoring, watchful waiting, or preventive activities.
2	Need interferes with functioning	Action/intervention required	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.
3	Need is dangerous or disabling	Immediate action/Intensive action required	Problems are dangerous or disabling; requires immediate and/or intensive action.

Caregiver Capacity items were very rarely completed as part of the assessment process which resulted a high volume of missing data for this domain. *Momentum* assessor's most commonly selected "Not Applicable" for this domain due to the client's placement in residential support. Whether updating the organization's assessment process for documenting this domain would have utility for *Momentum* and/or its stakeholders is an area that should be collaboratively discussed and explored. No aggregate results could be calculated for this domain.

TABLE 31. VALID AND MISSING DATA POINTS ON CAREGIVER CAPACITY ITEMS

Item	Valid	Missing
Medical/Physical	2	35
Behavioural Health / Substance Use	2	35
Involvement with Care	2	35
Knowledge	2	35
Social Resources	2	35
Organization	2	35
Home Adaptability	2	35
Residential Stability	0	37

TRAUMA MODULE

A. POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES (ACES)

All of the traumatic/adverse childhood experiences items are static indicators. In other words, these items indicate whether or not an individual has experienced a particular trauma. If he/she has ever had one of these experiences it would always be rated in this section, even if the experience is not currently causing problems or distress in the individual's life. Thus, these items are not expected to change except in the case that the individual has a new trauma experience, or a historical trauma is identified that was not previously known. Table 32 lists the types of possible trauma experienced and their definitions. Table 33 highlights the response categories for traumatic experiences.

TABLE 32. POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES (ACES) ITEM DEFINITIONS

Item	Definition
Sexual Abuse	This item rates the severity and frequency of sexual abuse.
Physical Abuse	This item rates the severity and frequency of experiences of physical abuse.
Neglect	This rating describes whether or not the individual has experienced neglect. Neglect can refer to a lack of food, shelter or supervision (physical neglect), lack of access to needed medical care (medical neglect), or failure to receive academic instruction (educational neglect).
Emotional Abuse	This item rates whether the individual has experienced verbal and nonverbal emotional abuse, including belittling, shaming, and humiliating a child, calling names, making negative comparisons to others, or telling a child that he or she is, "no good." This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child and "emotional neglect," described as the denial of emotional attention and/or support from caregivers.
Medical Trauma	This item rates the individual's experience of medically related trauma, including inpatient hospitalizations, outpatient procedures, and significant injuries.
Natural of Manmade Disaster	This rating describes the individual's exposure to either natural or manmade disasters.
Witness to Family Violence	This item rates the violence within the individual's home or family.
Witness to Community/School Violence	This item rates the severity and frequency of incidents of violence the individual has witnessed in his/her community. This includes witnessing violence at the individual's school or educational setting.
Victim/Witness to Criminal Activity	This rating describes the severity of exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery.
War/Terrorism Affected	This rating describes the degree of severity of exposure to war, political violence, torture or terrorism.
Disruptions in Caregiving / Attachment Losses	This item documents the extent to which a individual has had one or more major changes in caregivers, potentially resulting in disruptions in attachment.
Parental Criminal Behaviour	This item rates the criminal behavior of both biological and stepparents, and other legal guardians, not foster parents.

TABLE 33. POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES CATEGORIES AND ACTION LEVELS

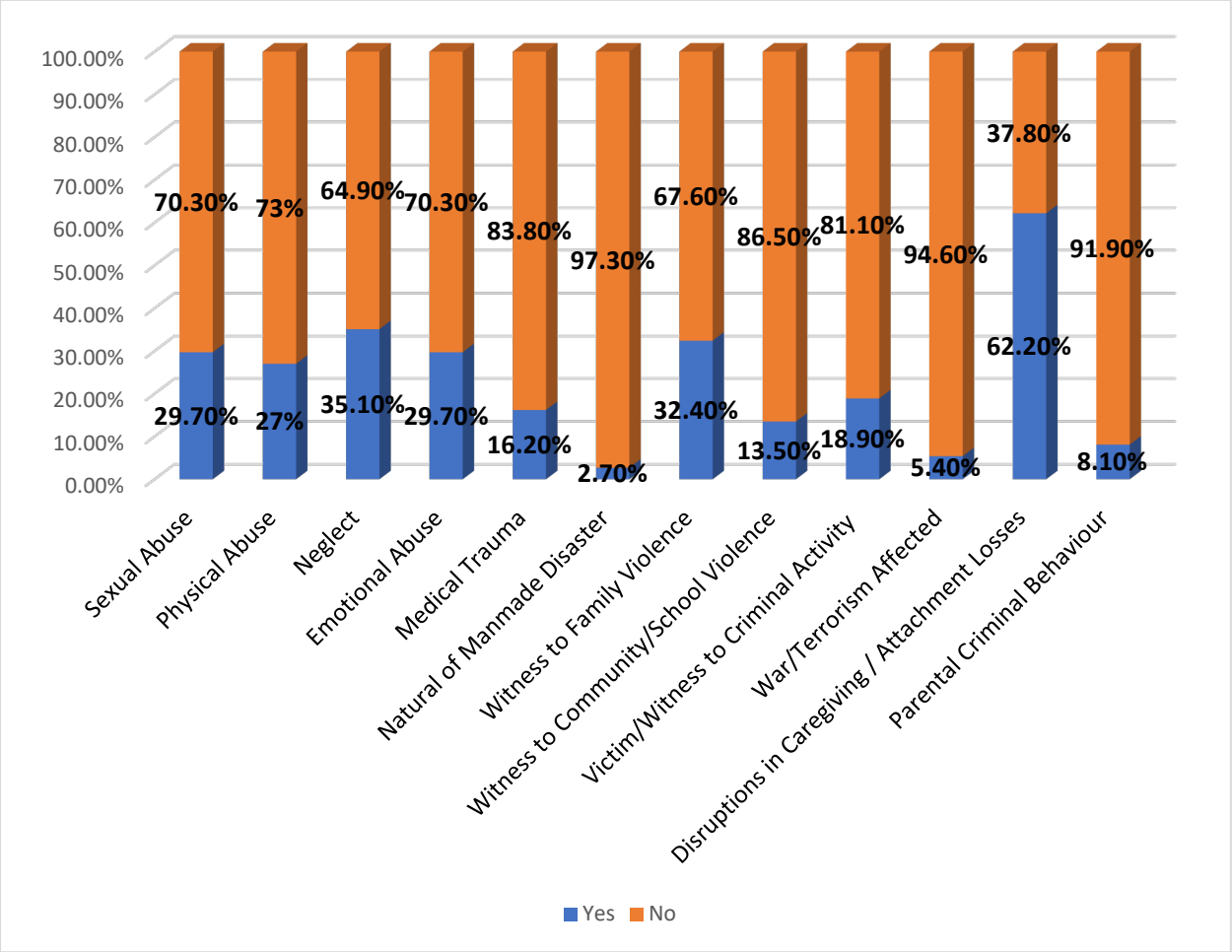
No	No evidence of any trauma of this type.
Yes	Individual has had experience, or there is suspicion that the individual has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

Clients were exposed to a range of traumatic experiences. The most common traumatic experience was Disruptions in Caregiving/Attachment Losses (62.2%), followed by Neglect (35.1%), Sexual Abuse and Emotional Abuse (29.7% each) and Physical Abuse (27%). The remaining traumatic experiences were each experienced by <20% of clients. The high volume of clients who have experienced various elements of a traumatic childhood is indicative of the complexity and vulnerability of this client population. Ensuring that the organization is operating from a trauma informed perspective, and that management and staff understand trauma and its impact on this service population, is worthy of further consideration by the organization given the presenting data.

TABLE 34. FREQUENCY AND PERCENTAGE OF RESPONSES ON POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES (ACES)

Item	No		Yes	
	n	%	n	%
Sexual Abuse	26	70.3	11	29.7
Physical Abuse	27	73.0	10	27.0
Neglect	24	64.9	13	35.1
Emotional Abuse	26	70.3	11	29.7
Medical Trauma	31	83.8	6	16.2
Natural of Manmade Disaster	36	97.3	1	2.7
Witness to Family Violence	25	67.6	12	32.4
Witness to Community/School Violence	32	86.5	5	13.5
Victim/Witness to Criminal Activity	30	81.1	7	18.9
War/Terrorism Affected	35	94.6	2	5.4
Disruptions in Caregiving / Attachment Losses	14	37.8	23	62.2
Parental Criminal Behaviour	34	91.9	3	8.1

FIGURE 9. CLIENTS EXPERIENCE OF ADVERSE CHILDHOOD EVENTS



B. Traumatic Stress Symptoms

This section of the ANSA describes dysregulated reactions or symptoms that children and individuals may exhibit to any of the variety of traumatic experiences. Table 35 lists these potential symptoms of having experienced trauma and Table 36 describes the possible ratings.

Table 35. Traumatic Stress Symptoms Item Definitions

Item	Definition
Emotional and / or Physical Dysregulation	Individual has difficulties with arousal regulation or expressing emotions and energy states.
Intrusions/Re-Experiencing	These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences.
Hyperarousal	This includes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Individual may also show common physical symptoms such as stomach aches and headaches. These symptoms are a part of the DSM-5 criteria for Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders.
Traumatic Grief and Separation	This rating describes the level of traumatic grief the individual is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.
Numbing	This item describes individual's reduced capacity to feel or experience and express a range of emotions. These numbing responses were not present before the trauma.
Dissociation	Symptoms included in this item are daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences.
Avoidance	These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

Table 36. Traumatic Stress Symptoms categories and action levels are used:

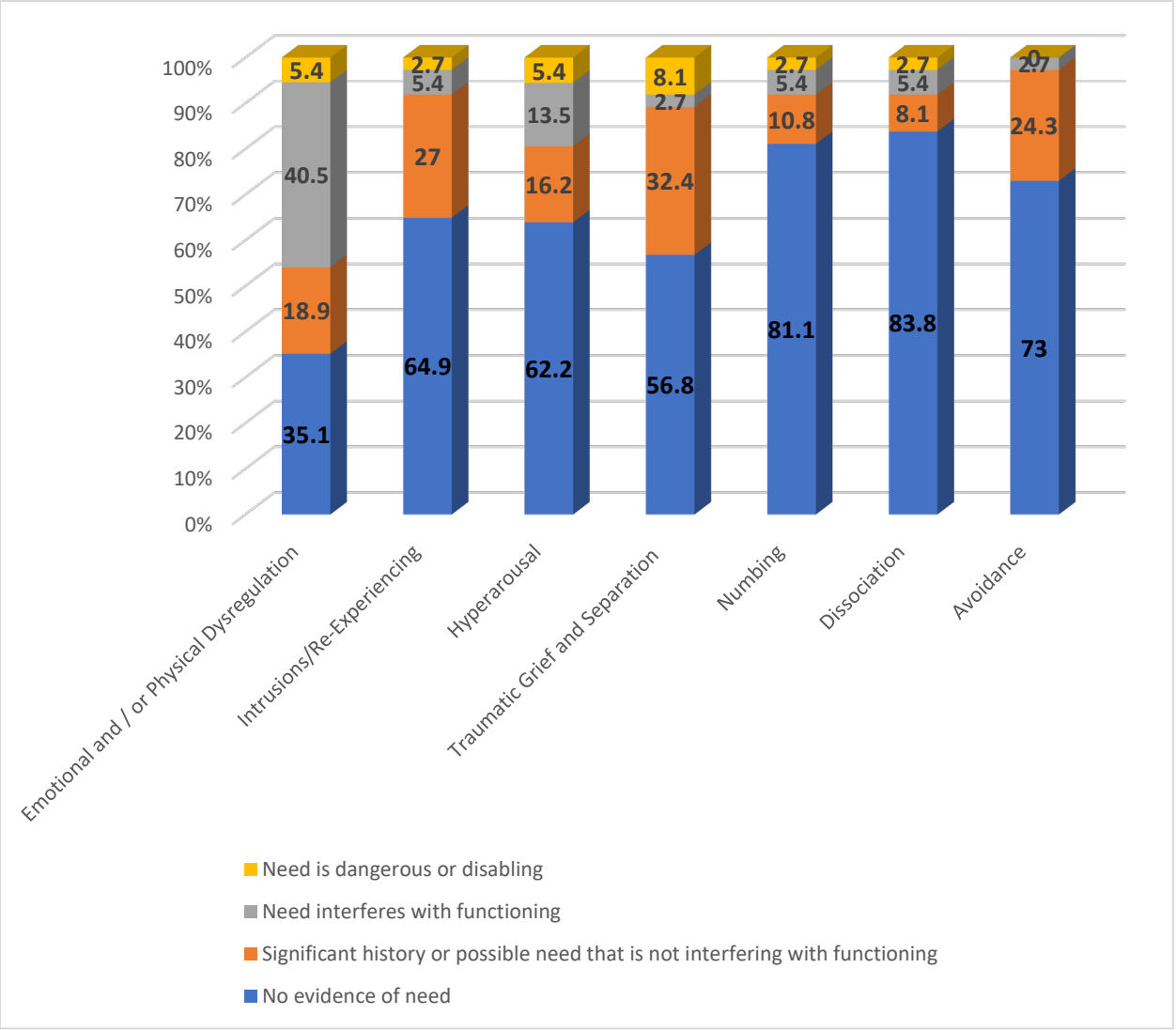
Rating	Level of Need	Appropriate Action	Action Level
0	No evidence of need	No action needed	No current need; no need for action or intervention.
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment	Identified need requires monitoring, watchful waiting, or preventive activities.
2	Need interferes with functioning	Action/intervention required	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.
3	Need is dangerous or disabling	Immediate action/Intensive action required	Problems are dangerous or disabling; requires immediate and/or intensive action.

Emotional and / or Physical Dysregulation was the symptom most commonly rated as being an actionable need for clients. Actionable need on the remaining symptoms was actually much less common, indicating that although many clients had been exposed to a range of traumatic experiences, they weren't currently exhibiting symptoms that would suggest a high level of need for intervention.

TABLE 37. FREQUENCY AND PERCENTAGE OF RATINGS ON TRAUMATIC STRESS SYMPTOMS ITEMS

Item	Level of Need Rating							
	No evidence of need		**Significant history or possible need that is not interfering with functioning**		**Need interferes with functioning**		**Need is dangerous or disabling**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Emotional and / or Physical Dysregulation	13	35.1	7	18.9	15	40.5	2	5.4
Intrusions/Re-Experiencing	24	64.9	10	27.0	2	5.4	1	2.7
Hyperarousal	23	62.2	6	16.2	5	13.5	2	5.4
Traumatic Grief and Separation	21	56.8	12	32.4	1	2.7	3	8.1
Numbing	30	81.1	4	10.8	2	5.4	1	2.7
Dissociation	31	83.8	3	8.1	2	5.4	1	2.7
Avoidance	27	73.0	9	24.3	1	2.7	0	0

FIGURE 10. DISTRIBUTION OF SCORES ON TRAUMATIC STRESS SYMPTOMS



SUMMARY OF FINDINGS

Strengths Domain ratings revealed that very few of the items were considered as centerpiece strengths for clients. This may present an opportunity to focus on strengths-building, for example, in the areas of Resiliency or Well-Being, as a way to offset some of the challenges experienced by clients. Furthermore, given that strengths were noted in Talents and Interests and Inclusion, these may be areas of focus to further capitalize on. The high proportion of clients exhibiting need on Anger Control, Impulse Control and Anxiety provide clear direction on where to focus efforts in the Co-Existing Conditions Domain. In general, clients were rated considerably less often as having actionable need on risk behaviours, the notable exception being Danger to Others. The Functioning Domain is comprised of the largest number of items across a variety of areas. IADLs were the most common actionable need followed by Cognitive, Developmental and Judgement/Decision Making, underscoring the extensive support required by *Momentum's* client base. Care Intensity and Organization ratings revealed that most clients need intensive monitoring and treatment for their issues, again emphasizing the complexity and vulnerability of this population. With respect to the final two core domains of the ANSA-DD-2.0 there was very little demonstrated need on Cultural Factors while the Caregiver Capacity items were rarely completed as part of the ANSA assessment. This was likely due to lack of relevance of the items to the living situations of clients. Clients were subjected to a range of traumatic experiences, especially in the areas of abuse, neglect and attachment, however, these experiences did not manifest as actionable need on various symptoms associated with trauma.

RECOMMENDATIONS

This has work has yielded illuminating information regarding the client population at *Momentum*. It is hoped that this analysis and the recommendations detailed below will be of benefit to the organization in planning and actioning a gold standard service their clients. *Momentum* has already demonstrated commitment to rigor by collecting standardized data on clients and exploring how to use it as a best practice of data-informed decision making and outcomes measurement. There are several ways in which the use of the ANSA may be maximized. Indeed, given the considerable effort required to complete an ANSA assessment, the goal should be to yield as much value from this data as possible.

- During the process of preparing the data for analysis, areas for process improvement were noted in terms of how the data could be coded to facilitate analysis and reporting. Simple modifications to how assessments are recorded and entered would enable this. It is possible to code client demographic data, assessor information and medical conditions which would remove a lot of free text from data files and make them much cleaner and easier to interpret and use.

- Eliciting the input of staff who administer the ANSA, along with other utilizers of ANSA data is a strategic endeavor that will likely yield valuable feedback on ways to maximize data usage. It can also act as a mechanism for staff engagement in the data collection process and may reduce the amount of missing data on assessments. By having an opportunity to give input, staff are more likely to understand that the data has uses beyond the point of collection and that applying rigor in collecting the data matters. They may also have some innovative ideas on ways to use the data to better serve clients.

- A large volume of qualitative data is recorded in the course of an ANSA assessment. While analysis of this data was outside the scope of this report, incorporation of this data into analysis and reporting should be explored as there is very rich content in qualitative data that provides valuable context. This exploration may present a future opportunity to review, categorize and present findings on the qualitative data and how they relate to the quantitative findings.

- *Momentum* leadership should explore the possibly of generating automated reports to sustain use of data and evidence-based decision making. In order to keep this manageable, attention should be given to what would have the most value-add in terms of regularly generated information. Reviewing the results of this report and the additional information product provided to *Momentum* will provide direction on this matter.

- Adoption of the ANSA as an assessment and decision support tool by entities outside of *Momentum* should be investigated. Use of a common tool across settings would be very advantageous for consistency of client assessment and would facilitate the use of a 'common language' among members of a client's care team. It is understood that it is not a simple endeavor to change other's practice, but seeking opportunities to educate on the Communimetrics philosophy and the uses of the ANSA may facilitate buy-in.

- A cohort-based approach to ANSA administration opens up avenues for more sophisticated aggerate analysis over longer time periods. The TCOM Report Suite Version 3.0 outlines several ways in which this type of analysis may be done[7]. There are legitimate reasons why this approach may be challenging for *Momentum* to implement but administration of the ANSA at consistent time intervals during a client's tenure with the organization would facilitate the possibility of cohort analysis.

- Audit reliability refers to comparison of a prospectively completed measure to the same measure completed retrospectively using different information sources covering a comparable time period. Audit reliability is as good or better an estimate of reliability compared with any other form of inter-rater reliability in the field[4]. The Communimetrics book describes how audit can be implemented as a business practice. In order to ensure reliably of the ANSA assessments, *Momentum* may want to explore the possibility of conducting audit activities periodically as a quality improvement measure.

- The high volume of missing data on the Caregiver Capacity domain raises the question of whether the assessment process for this domain needs adaptation to make it relevant for this organization / client population. Given that most of *Momentum's* clients live in residential care, the domain as it is currently designed is not applicable. Further exploration of ways in which this domain may be designed to gather data relevant to the outcomes of this client population is warranted

- Based on the data regarding exposure to trauma for *Momentum's* clients, it is of considerable importance for staff at all levels of the organization to have the right resources and education to operate from a trauma informed perspective. Trauma can have considerable and far-reaching impacts on those who have experienced it. Being trauma informed will deepen understanding of behaviours and how to best treat the client.

REFERENCES

1. Lyons, J.S. (2004). Redressing the Emperor: Improving the children's public mental health system. Praeger Publishing, Westport, Connecticut.

2. Transformational Collaborative Outcomes Management (TCOM). http://praedfoundation.org/tools/transformational-collaborative-outcomes-management-tcom/. <Accessed November 3, 2019>.

3. Lyons, JS. (2009). Knowledge creation through Total Clinical Outcomes Management: A practice-based evidence solution to address some of the challenges of knowledge translation. J Can Acad Child Acolesc Psychiatry; 18(1):39-46.

4. Lyons, J.S. (2009). Communimetrics: A communication theory of measurement in human service settings. New York: Springer.

5. Adult Needs and Strengths Assessment. An Information Integration Tool for Adults with Developmental Challenges. 1999.

6. Adult Needs and Strengths Assessment. An Information Integration Tool for Adults with Developmental Challenges. (ANSA-DD-2.0). 2017

7. Israel N, Zlatevski D. TCOM Report Suite Version 3.0. 2017.

APPENDICES

momentum DEVELOPMENTAL SUPPORT

Our Mission

At Momentum, our focus is on *Enhancing Futures* of persons with Intellectual and/or Developmental Disabilities (I/DD) and their families.
#EnhancingFutures

Our Vision

We envision a future where persons with I/DD are active participants in their communities, regardless of their abilities. Persons with I/DD will have the necessary opportunities, and supports where required, to meet their individualized needs

Our Core Values

Integrity
We are open, honest, and respectful in our dealing with residents, families, communities, and one another. We give each other the benefit of the doubt and take pride in our work.

Quality
“Good enough” is never good enough. We continually seek to implement best practices as we strive to deliver the best quality of care for each individual. Each day we are committed to delivering our services at the highest standard of care, just as we would expect when seeking support for our own loved ones. It is the right thing to do.

Community
We care about where we live and work, and we celebrate the accomplishments of our team and others in the community. We want to make our corner of the world a better place to be. We are prepared to invest time and money into helping our community grow.

Action
We value big ideas, innovation, and ‘out-of-the-box’ thinking. We strive for efficiencies and always look for a better way. We are driven to succeed because of our shared desire to make a positive difference in the lives of others.

Fun
We all contribute to making our workplaces enjoyable. We find moments to celebrate our successes, both personal and professional. We know the power of laughter to bring positive energy into a room and a relationship, and we have a desire to find joy in our day to day lives.

Adult Needs and Strengths Assessment (ANSA)© For DD Population

momentum DEVELOPMENTAL SUPPORT
A Division of Care Givers

RESIDENT INFORMATION		
Last Name	First & Middle Name(s)	
Gender	Ethnicity	Date of Birth (month/dd/yyyy)
Date of Assessment	Person Completing Assessment	Title of Person Completing
Persons participating in the assessment (and their role with the resident):		
Please identify appropriate use: ☐ Initial ☐ Reassessment ☐ Transition/Discharge		

CLIENT STRENGTHS						
0 = centerpiece strength				**1 = useful strength**		
2 = identified strength				**3 = no evidence**		
	0	**1**	**2**	**3**	**N/A**	**Comments**
1. Family strengths	☐	☐	☐	☐	☐	
2. Interpersonal	☐	☐	☐	☐	☐	
3. Relationship Permanence	☐	☐	☐	☐	☐	
4. Natural Supports						
5. Educational/Vocational	☐	☐	☐	☐	☐	
6. Well-being	☐	☐	☐	☐	☐	
7. Spiritual/Religious	☐	☐	☐	☐	☐	
8. Cultural Identity						
9. Talents/Interests	☐	☐	☐	☐	☐	
10. Inclusion (Community Life)	☐	☐	☐	☐	☐	
11. Resiliency						

Adult Needs and Strengths Assessment (ANSA)© For DD Population

momentum DEVELOPMENTAL SUPPORT
A Division of CareGivers

CO-EXISTING CONDITIONS					
0 = No evidence of problem 2 = action needed				**1 = history, suspicion 3 = disabling, dangerous, immediate action needed**	
	0	**1**	**2**	**3**	**Comments**
12. Psychosis	☐	☐	☐	☐	
13. Impulse Control	☐	☐	☐	☐	
14. Depression	☐	☐	☐	☐	
15. Anxiety	☐	☐	☐	☐	
16. Substance Abuse	☐	☐	☐	☐	
17. Anger Control	☐	☐	☐	☐	
18. Oppositional Behavior	☐	☐	☐	☐	
19. Adjustment to Trauma	☐	☐	☐	☐	
20. Situational Consistency	☐	☐	☐	☐	
21. Temporal Consistency	☐	☐	☐	☐	
22. Involvement in Care	☐	☐	☐	☐	

RISK BEHAVIORS					
0 = No evidence 2 = action needed				**1 = history, suspicion 3 = disabling, dangerous, immediate action needed**	
	0	**1**	**2**	**3**	**Comments**
23. Suicide Risk	☐	☐	☐	☐	
24. Non-Suicidal Self-Injurious Behavior	☐	☐	☐	☐	
25. Other self-harm (recklessness)	☐	☐	☐	☐	
26. Danger to Others	☐	☐	☐	☐	
27. Sexually Problematic Behavior	☐	☐	☐	☐	
28. Intentional Misbehavior					
29. Criminal Behavior	☐	☐	☐	☐	
30. Victimization/Exploitation	☐	☐	☐	☐	

Adult Needs and Strengths Assessment (ANSA)© For DD Population

momentum DEVELOPMENTAL SUPPORT
A Division of CareGivers

FUNCTIONING					
0 = No evidence **2 = action needed**				**1 = history, suspicion** **3 = disabling, dangerous, immediate action needed**	
	0	**1**	**2**	**3**	**Comments**
31. Family Functioning	☐	☐	☐	☐	
32. Living Situation	☐	☐	☐	☐	
33. School/Vocation/Day program	☐	☐	☐	☐	
34. Social Functioning	☐	☐	☐	☐	
35. Developmental	☐	☐	☐	☐	
36. Cognitive	☐	☐	☐	☐	
37. Communication	☐	☐	☐	☐	
38. Motor	☐	☐	☐	☐	
39. Sensory	☐	☐	☐	☐	
40. Physical/Medical	☐	☐	☐	☐	
41. Sleep	☐	☐	☐	☐	
42. Knowledge	☐	☐	☐	☐	
43. Judgment/Decision-Making	☐	☐	☐	☐	
44. Legal	☐	☐	☐	☐	
45. Independent Living Skills (IADLs)	☐	☐	☐	☐	
46. Residential Stability	☐	☐	☐	☐	

CARE INTENSITY & ORGANIZATION					
0 = No evidence of problem; No need for action **2 = Moderate**				**1 = History; watchful waiting and prevention** **3 = Severe**	
	0	**1**	**2**	**3**	**Comments**
47. Monitoring	☐	☐	☐	☐	
48. Treatment	☐	☐	☐	☐	
49. Transportation	☐	☐	☐	☐	
50. Service Permanence	☐	☐	☐	☐	
51. Self-Care (ADLs)	☐	☐	☐	☐	
52. Medication Compliance	☐	☐	☐	☐	

Adult Needs and Strengths Assessment (ANSA)© For DD Population

momentum DEVELOPMENTAL SUPPORT
A Division of Care Givers

CULTURAL FACTORS					
0 = No evidence of problem; No need for action			**1 = History; watchful waiting and prevention**		
2 = Moderate			**3 = Severe**		
	0	**1**	**2**	**3**	**Comments**
53. Cultural Stress	☐	☐	☐	☐	
54. Language	☐	☐	☐	☐	
55. Traditions and Rituals	☐	☐	☐	☐	

CAREGIVER CAPACITY						
☐ - Not applicable for this individual						
0 = No evidence of problem; No need for action				**1 = History; watchful waiting and prevention**		
2 = Moderate				**3 = Severe**		
	0	**1**	**2**	**3**	**N/A**	**Comments**
56. Physical	☐	☐	☐	☐	☐	
57. Behavioral Health	☐	☐	☐	☐	☐	
58. Involvement	☐	☐	☐	☐	☐	
59. Knowledge	☐	☐	☐	☐	☐	
60. Resources	☐	☐	☐	☐	☐	
61. Organization	☐	☐	☐	☐	☐	
62. Home Adaptability	☐	☐	☐	☐	☐	
63. Residential Stability	☐	☐	☐	☐	☐	

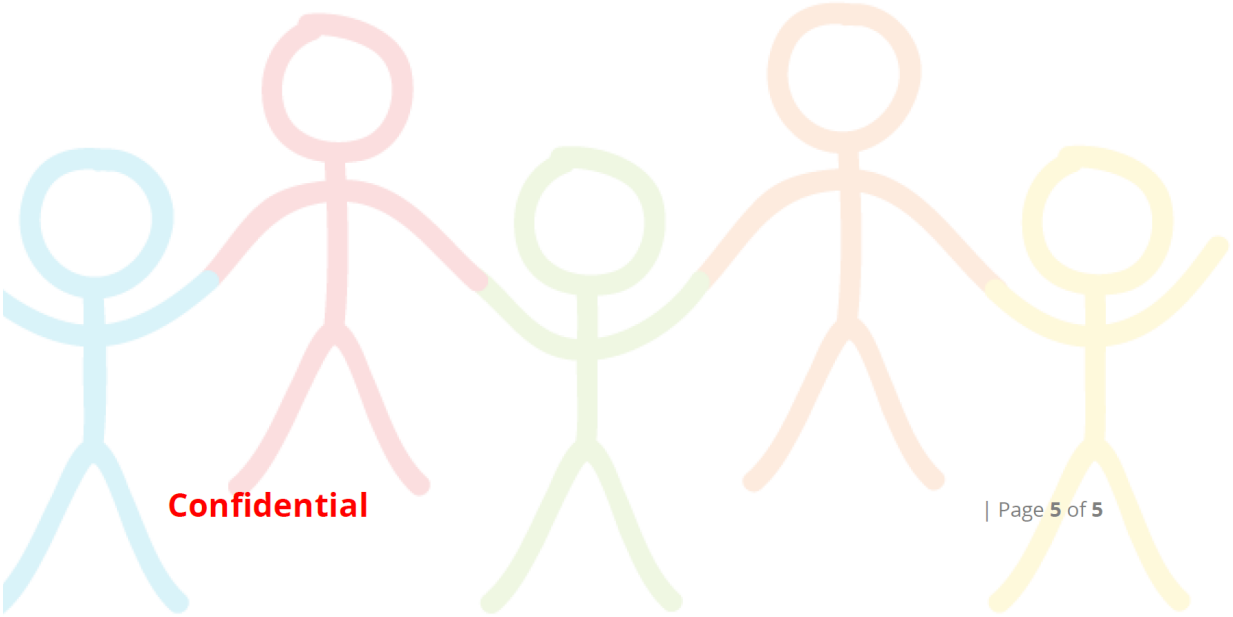
TRAUMA MODULE-POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES (ACEs)						
No = No Evidence				**Yes = Evidence of Trauma**		
	0	**1**	**2**	**3**	**N/A**	**Comments**
64. Physical	☐	☐	☐	☐	☐	
65. Behavioral Health	☐	☐	☐	☐	☐	
66. Involvement	☐	☐	☐	☐	☐	
67. Knowledge	☐	☐	☐	☐	☐	
68. Resources	☐	☐	☐	☐	☐	
69. Organization	☐	☐	☐	☐	☐	
70. Home Adaptability	☐	☐	☐	☐	☐	
71. Residential Stability	☐	☐	☐	☐	☐	

Confidential

Adult Needs and Strengths Assessment (ANSA)© For DD Population

momentum DEVELOPMENTAL SUPPORT
A Division of Care Givers

TRAUMA MODULE-POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES (ACEs)						
No = No Evidence				**Yes = Evidence of Trauma**		
	0	**1**	**2**	**3**	**N/A**	**Comments**
1. Physical	☐	☐	☐	☐	☐	
2. Behavioral Health	☐	☐	☐	☐	☐	
3. Involvement	☐	☐	☐	☐	☐	
4. Knowledge	☐	☐	☐	☐	☐	
5. Resources	☐	☐	☐	☐	☐	
6. Organization	☐	☐	☐	☐	☐	
7. Home Adaptability	☐	☐	☐	☐	☐	
8. Residential Stability	☐	☐	☐	☐	☐	



momentum DEVELOPMENTAL SUPPORT

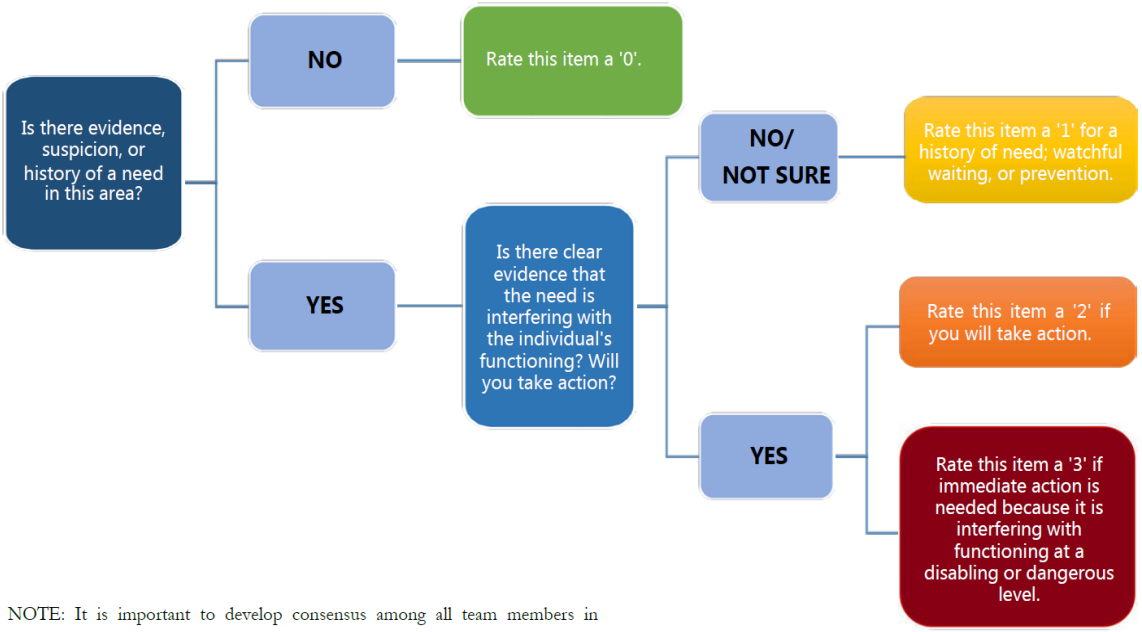
ADULT NEEDS AND STRENGTHS ASSESSMENT (ANSA-DD): MILESTONES

These milestones for the Adult Needs and Strengths Assessment for the Developmentally Disabled (ANSA-DD) are not in a mandated chronological order, but identify the specific tasks that the manager must complete during the assessment process:

1. Meet with resident's social worker
2. Meet with residents Behavioral Management Specialist (if applicable)
3. 1st home visit with resident
4. 2nd home visit with resident
5. 3rd home visit with resident
6. Meet with the family of the resident or applicable guardian (i.e. trustee, if possible)
7. Meet with the Developmental Support Workers who work with the resident; either in a group context or a representative sampling of the assigned DSW's
8. Review CareGivers developed documentation on file from the past 30 days:
    a. Incident reports
    b. Shift reports
    c. Individual Progress Notes
    d. Notes from any appointments
    e. If first assessment since admission, review Program Intake Form
9. Review any relevant external service provider documentation, including but not limited to:
    a. Behavioral Support Plan (as provided by the BMS, if one is assigned)
    b. General Service Plan (as developed by the Social Worker)
    c. Client summary (often developed by the Social Worker)
    d. Other completed assessments by service providers, or notes from practitioners
10. Meet with any professional assigned to the resident who can provide some insight into the residents profile, including (but not limited to):
    a. General Practitioner
    b. Psychiatrist and/or Psychologist
    c. Counselor
    d. Teachers/instructors
11. Meet with any applicable stakeholders with the resident, including (but not limited to):
    a. Close friends
    b. Representative of community program that interacts with resident (i.e. Special Olympics coach)
12. Write-up of ANSA-DD

ASSESSING FOR NEEDS

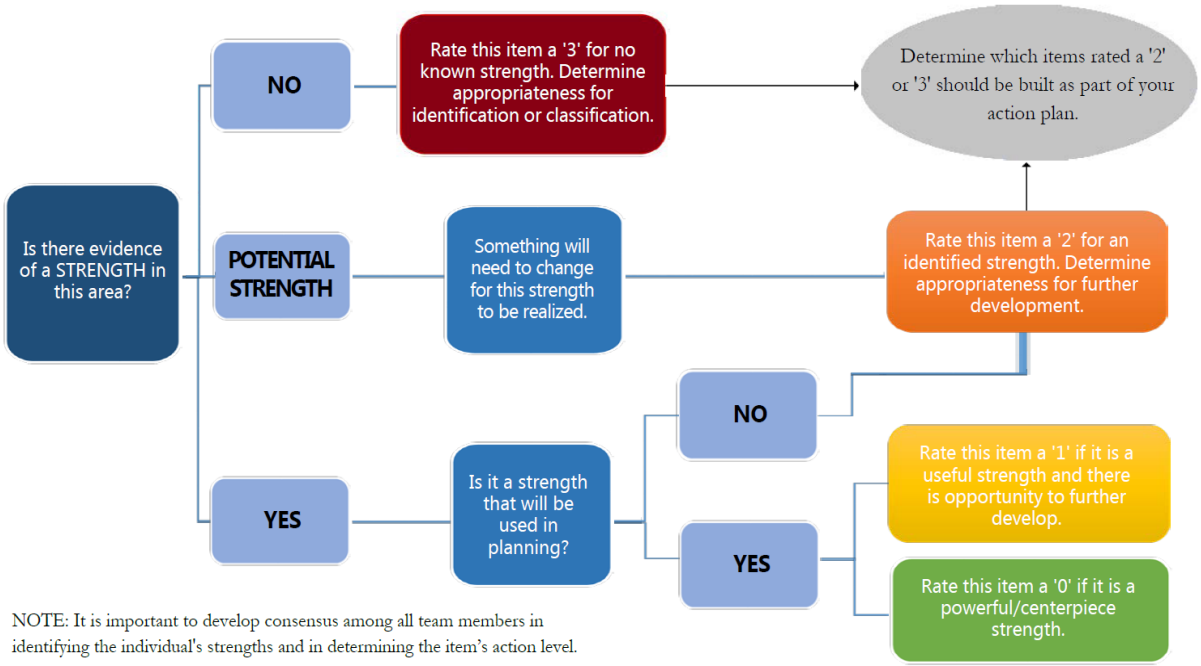
Decision of whether or not information represents a NEED



NOTE: It is important to develop consensus among all team members in identifying the individual's needs and in determining the item's action level.

ASSESSING FOR STRENGTHS

Decision of whether or not information represents a STRENGTH



NOTE: It is important to develop consensus among all team members in identifying the individual's strengths and in determining the item's action level.