



Tier Level Screening Tool

Instructions and Guidance

The Tier Level Screening Tool is to be completed using the information gathered about the young adult through a review of SACWIS and from the intake and application process.

COMPLETING THE FORM:

- Complete within 5 days of the young adult's enrollment in Bridges.
- Complete, at minimum, every 90 days, thereafter – you may complete a new tier screening tool at any time when additional information is learned about the young adult which may impact his/her tier level.

| CONTACT REQUIREMENTS | | |
|---|--|--|
| TIER 1 | TIER 2 | TIER 3 |
| <ul style="list-style-type: none">• One (1) face to face visit in the home every 30 days• Weekly additional engagement (texting, phone calls, facetime/skype) to check in with young adult | <ul style="list-style-type: none">• Two (2) face to face visits per month with at least one being in the home every 30 days• Weekly additional engagement (texting, phone calls, facetime/skype) to check in with young adult | <ul style="list-style-type: none">• Two (2) face to face visits per month with at least one being in the home every 30 days• Weekly additional engagement (texting, phone calls, facetime/skype) to check in with young adult |
| When applicable: <ul style="list-style-type: none">• Obtain monthly reports from any service providers• Quarterly team meetings with service providers and young adult (notify RC of meetings)• Monthly phone call with known emergency contact or adult supporter to young adult | | <ul style="list-style-type: none">• Obtain monthly reports from any service providers• Quarterly team meetings with service providers and young adult (notify RC of meetings)• Monthly phone call with known emergency contact or adult supporter to young adult |
| REMEMBER: <ul style="list-style-type: none">• Additional face to face visits and engagement with young adult is expected, when needed.• One face to face must take place in the young adult's home every 30 days; other face to face meetings may take place elsewhere, such as meeting with a young adult for a school meeting or transporting young adult to an appointment.• Eligibility is only affected if the one face to face in the home does not take place every 30 days.• All contact (e.g. fact to face, texting, phone calls, facetime, emails, etc.) with young adult AND collaterals <u>must be</u> documented in activity logs.• Record in activity logs all attempts made to meet contact requirements. | | |

TIER OVERRIDE:

- Document in detail the young adult's current situation, crisis and behaviors and the supportive activities performed by the Bridges Liaison



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| Bridges Participant | SACWIS Case# |
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Pay careful attention as some items are reverse scored.

| Screening Domains | Questions | YES/NO/NA/UNK | SCORE |
|---|---|--|-------|
| Self-Development and Healthy Relationships | 1. Are there active concerns with human trafficking? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 2. If there are concerns with human trafficking, is the young adult benefiting from services or treatment? | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> NA = 0 <input type="checkbox"/> UNK = 0 | |
| | 3. Does the young adult struggle with anger management or engage in verbal or physical aggression with peers, adults, or objects? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 4. Does the young adult have at least one person that they can contact in case of an emergency? | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> UNK = 0 | |
| | 5. Does the young adult have at least one person who is a permanent, supportive connection (excluding Bridges Liaison or PCSA Worker)? | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> UNK = 0 | |
| | 6. Is the young adult engaging in unhealthy relationships? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 7. Is the young adult experiencing domestic violence or abuse within a relationship? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 8. Is the young adult experiencing acts of oppression and/or discrimination? (i.e. based on race, gender, sexual orientation, gender identity, etc.) | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> NA = 0 <input type="checkbox"/> UNK = 0 | |
| Home Management and Life Skills | 9. What was the young adult's most recent housing setting at initial enrollment in Bridges? Residential/Detention/Homeless Shelter/Group Home (2) Foster/Kinship Home (1) Transitional Living (1) Own Apartment (0) | *Initial Enrollment Only* – Score 0 when completing every 90 days thereafter. | |
| | 10. Is the young adult currently in an unstable or unsafe housing situation? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 | |
| | 11. Has the young adult had any evictions since turning 18 years old? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 12. Is the young adult restricted from certain housing options? (i.e. not able to apply for low income, registered sex offender) | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 13. Young adult needs additional development in basic home management skills (i.e. maintaining sanitary living conditions, meal preparation, grocery shopping, cooking, laundry, opening a bank account, paying bills, etc.)? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 14. Does the young adult have the knowledge and ability to access public information/documentation (social security, birth certificate, etc?) | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> UNK = 0 | |
| | 15. Does the young adult have access to reliable transportation? | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> UNK = 0 | |



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| Education | 16. Does the young adult have a high school diploma or an equivalent degree? * | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> UNK = 0 | |
| | 17. Is the young adult preparing to enroll in College or Vocational Program within 6 months? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 18. Does the young adult have an IEP or 504 plan? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 19. Does the young adult face barriers to resources such as library, computer/internet, WIFI, or other resources that support education initiatives? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| Employment | 20. Is the young adult currently employed or receiving income(s) (i.e. a job, scholarship, social security, or parental death benefits, etc)? * | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> UNK = 0 | |
| | 21. Has the young adult ever maintained employment longer than 6 consecutive months? * | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> UNK = 0 | |
| | 22. Has the young adult ever been fired from a job? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 23. Does the young adult require vocational, supportive services (i.e. Vocational Rehab Specialist, Goodwill, OOD, job coach)? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| Financial Management | 24. Is the young adult able to create and manage a personal budget? | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> UNK = 0 | |
| | 25. Has the young adult demonstrated success paying their own bills with either his/her personal income or Bridges maintenance? | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> NA = 0 <input type="checkbox"/> UNK = 0 | |
| | 26. Is the young adult facing barriers in opening a bank account (checking or savings)? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> NA = 0 <input type="checkbox"/> UNK = 0 | |
| | 27. Does the young adult have outstanding utility bills, fees, fines or other debt which is negatively impacting his or her ability to manage their finances effectively? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| Health and Self-Care | 28. Is the young adult able to schedule, maintain, and attend appointments with medical, mental health, and/or behavioral health, care providers without assistance? * | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> UNK = 0 | |
| | 29. Is the young adult diagnosed with or experiencing a mental, emotional or behavioral health illness(es) ? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 30. Is the young adult effectively managing his or her mental, emotional or behavioral health illness(es)? | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> NA = 0 | |
| | 31. Is the young adult diagnosed with or experiencing a substance abuse disorder ? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 32. Is the young adult effectively managing his/her substance abuse disorder? | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> NA = 0 | |
| | 33. Is the young adult diagnosed with a medical condition ? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 34. Is the young adult effectively managing his medical condition? | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> NA = 0 | |
| | 35. Is the young adult diagnosed with a developmental disability or cognitive limitation ? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 36. Is the young adult effectively managing his or her developmental disability or cognitive limitation? | <input type="checkbox"/> YES = 0 <input type="checkbox"/> NO = 1 <input type="checkbox"/> NA = 0 | |



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| | 37. Does young adult struggle with maintaining appropriate personal hygiene? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 38. Has the young adult been hospitalized within the last 90 days for a medical or mental health condition? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| Legal | 39. Is the young adult currently on probation or parole? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 40. Does the young adult have any outstanding warrants or exhibit non-compliance to probation or parole rules? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> NA = 0 <input type="checkbox"/> UNK = 0 | |
| | 41. Does the young adult have any future court hearings (excludes Bridges hearings)? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 42. Does young adult have to register as a sex offender? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> NA = 0 <input type="checkbox"/> UNK = 0 | |
| | 43. Is the young adult involved in legal issues involving Domestic Violence (i.e. Protection Orders)? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 44. Does the young adult's immigration status require additional supports and/or intervention? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> NA = 0 <input type="checkbox"/> UNK = 0 | |
| Parenting | 45. Is the young adult currently pregnant? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> NA = 0 <input type="checkbox"/> UNK = 0 | |
| | 46. Is the young adult's <u>partner</u> currently pregnant? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> NA = 0 <input type="checkbox"/> UNK = 0 | |
| | 47. Is the young adult currently parenting a child? * | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> UNK = 0 | |
| | 48. Is the young adult needing or requesting parental support services? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> NA = 0 | |
| | 49. Does the young adult's child(ren) have a case open with children services? | <input type="checkbox"/> YES = 1 <input type="checkbox"/> NO = 0 <input type="checkbox"/> NA = 0 <input type="checkbox"/> UNK = 0 | |
| <input type="checkbox"/> Tier 1: Score 0-5 <input type="checkbox"/> Tier 2: Score 6-13 <input type="checkbox"/> Tier 3: Score 14+ | | TOTAL SCORE | |
| TIER OVERRIDE | | | |
| Does the young adult's current circumstances require a Tier Override? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Tier Override Level: <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 | |
| Please explain the young adult's circumstances that warrant a tier level override. Document, IN DETAIL, the young adult's current situation, crisis and behaviors and the supportive activities carried out by the Bridges Liaison. | | | |
| Signature of Bridges Representative Completing Form | | | Date |
| Signature of Bridges Supervisor (only required for tier level override) | | | Date |

* Denotes an opportunity to document this characteristic in young adult's person record in SACWIS

** Send a copy of tier overrides to Brad Bahl at Brad.Bahl@cfhcohoio.org.