

Omaha System KBS Rating Supplement

- Income..... 4-5
- Residence..... 6-7
- Neighborhood/Workplace Safety..... 8-9
- Communication with Community Resources..... 10-11
- Interpersonal Relationships..... 12-13
- Mental Health..... 14-15
- Caretaking/ Parenting..... 16-17
- Child Neglect..... 18-19
- Abuse
 - Abuse of Child..... 20-21
 - Abuse of Adult..... 22-23
- Growth and Development..... 24-25
- Cognition..... 26-27
- Pregnancy..... 28-29
- Postpartum..... 30-31
- Substance Use 32-33
- Family Planning..... 34-35
- Health Care Supervision..... 36-37
- Problem Classification Scheme..... 38-39
- Intervention Scheme..... 40-41
- Problem Modifiers Guide..... 42-43

Health Promotion	Adequate
Client status characterized by interest in increasing knowledge, behavior, and health expectations, as well as developing strengths and resources to enhance well-being in the absence of risk factors, signs, or symptoms	Not an Omaha System definition. It means the problem was assessed, no signs/ symptoms or risk factors are present and it will not go on the client careplan
When the client wishes to learn about something we don't normally address and there are no signs/ symptoms or risk factors present	When you have assessed a problem and determine that the problem is neither Actual or Potential and you will not be addressing it
It should be used rarely or never with high risk clients. (See above.) It may be applicable with community level interventions (e.g. Substance use prevention programs aimed at young children)	Never
Ditto	
Admission status rating must be 5 . This rating means no signs/ symptoms are present.	
If Health Promotion is selected, the problem must go on the client careplan . It implies you are doing something about it	
Client wants to know how to prevent osteoporosis (you would use Nutrition problem and/or Physical activity problem)	No history of substance use or has history but appears stable and not at risk for relapse.

Omaha System Problem Modifiers Guide

Assessment	Actual	Potential
Definition	Client problem status characterized by the existence of one or more signs and symptoms	Client status characterized by the absence of signs and symptoms and the presence of patterns, practices, behaviors, or risk factors that may preclude optimal health
When to select	When signs/ symptoms are present	When risk factors are present
When to put it on the client's careplan	When the PHN will be addressing the issue in some way	When the PHN will be addressing the issue in some way
When not to put it on the client's careplan	When it's something the PHN won't be addressing. You should then select one of the options: low priority, self-care, other provider	When it's something the PHN won't be addressing. You should then select one of the options: low priority, self-care, other provider
Admission Status Rating*	Admission status rating must be 1,2,3, or 4 . These ratings mean signs/ symptoms are present	Admission status rating must be 5 . This rating means no signs/ symptoms are present
Other	Signs: Objective evidence about a client's problem. Symptoms: Subjective evidence about a client's problem	
Example: Substance Use	Client is currently using drugs, alcohol or smoking	Has a history of substance use, is not currently using but is experiencing stressful events that put her at risk

* Remember for all ratings, if you are trying to decide between 2 ratings, as a rule of thumb, select the lower.

Omaha System KBS Rating Supplement

Introduction

The original development of this guide was a collaborative effort by public health nurses from the following Minnesota agencies:

Dakota County Public Health Department
Saint Paul-Ramsey County Department of Public Health
Scott County Human Services
Washington County Public Health and Environment

The booklet has been updated annually, and many more stakeholders have contributed to improving it. We thank you – we believe in the power of collaboration and appreciate your willingness to partner in data and practice quality improvement.

Why We Developed Family Health Specific Rating Guides

We found that the KBS rating examples in the Omaha System book were difficult to apply to our clients because of their more general scope. We worked to develop examples that were consistent with the 2005 Omaha System definitions, symptoms and ratings and at the same time were relevant for the specific Family Health population we served. We chose to work on the Omaha System problems most commonly selected by PHNs for Family Health clients.

In the process of developing examples, we discovered that having broad areas of client assessment to consider within knowledge, behavior and status provided a framework for determining ratings. *Consider Statements* are global rather than specific and help differentiate behavior and status.

We also found a need to be more specific for client subgroups within some of the problems. Two Abuse rating guides specify differences between *Child Abuse* and *Domestic Violence*. Two Substance Use rating guides specify differences between *Substance Use Not Pregnant or Breastfeeding* and *Substance Use Pregnant or Breastfeeding*. Substance Use behavior was further split into Smoking, Alcohol and Drug Behavior.

How the Rating Guides are Organized

Each problem includes the Omaha System definition and symptoms and the Consider Statements for knowledge, behavior and status on the left side of the page. There is also a place to put in any agency specific guidelines or notes. The corresponding KBS rating guide with examples is on the right side of the page.

Use of the Supplement

We welcome feedback on this document. You may contact us at amy@omahasystemmn.org.

Copyright 2008 Minnesota Omaha System Users Group
May be used without permission. Please acknowledge authors when used.

Income:

Money from wages, pensions, subsidies, interest, dividends, or other sources available for living and health care expenses

Signs/ Symptoms:

- | | |
|------------------------------------|---------------------------------|
| ▪ Low/ no income | ▪ Able to buy only necessities |
| ▪ Uninsured medical expenses | ▪ Difficulty buying necessities |
| ▪ Difficulty with money management | ▪ Other |

KBS rating considerations:

Knowledge	Behavior	Status
Consider knowledge and awareness of: <ul style="list-style-type: none">▪ expenses▪ income▪ budgeting▪ community resources for financial assistance and money management▪ Education/job training	Consider: <ul style="list-style-type: none">▪ spending for needs vs. wants▪ attendance at school or job▪ living within means	<ul style="list-style-type: none">▪ Consider:▪ essentials vs. extras, amount of debt,▪ health insurance,▪ employment status▪ education status

Guidelines & Notes:

- Because of limited income, it is unlikely that a client on MFIP would have a status of 4 or 5.
- The symptom “difficulty with money management” is about the client’s ability to prioritize spending. A low-income client who cannot always make ends meet but can prioritize the money she has would not have this as a symptom.
- It’s important to distinguish Behavior and Status. A low-income client may spend appropriately and still not be able to make ends meet. In a case like this her Behavior rating may be relatively high and her Status rating may be relatively low.

Targets (continued)
end-of-life care
environment
exercises
family planning care
feeding procedures
finances
~~food~~
gait training
genetics
growth/ development care
home
~~homemaking~~
homemaking/ housekeeping
infection precautions
interaction
interpreter/ translator services
laboratory findings
legal system
medical/ dental care
medication action/ side effects
medication administration
medication coordination/ ordering
medication prescription
medication set-up
mobility transfers
~~nursing care, supplemental~~
nursing care
~~nutrition~~
nutritionist care
occupational therapy care
ostomy care
other communication resources
paraprofessional/ aide care
personal hygiene

physical therapy care
positioning
recreational therapy care
~~rehabilitation~~
relaxation/ breathing techniques
respiratory care
respiratory therapy care
rest/ sleep
safety
screening procedures
sickness/ injury care
signs/ symptoms-mental/ emotional
signs/ symptoms-physical
skin care
social work/ counseling care
specimen collection
speech and language
pathology care
spiritual care

stimulation/ nurturance
stress management
~~substance use~~
substance use cessation
supplies
support group
support system
transportation
wellness
other

Intervention Scheme

Categories

Category definitions can be found on page 373 in *The Omaha System: A Key to Practice, Documentation, and Information Management*.

- 01. Teaching, Guidance, and Counseling
- 02. Treatments and Procedures
- 03. Case Management
- 04. Surveillance

Targets

This is a complete list of targets from the old and revised Omaha System. Discontinued targets are crossed out. New targets are underlined. Changes to existing targets are indicated by italics. Definitions of all currently used targets can be found on pages 374-376 in *The Omaha System: A Key to Practice, Documentation, and Information Management*.

anatomy/ physiology
anger management
behavior modification
bladder care
bonding/ *attachment*
bowel care
bronchial hygiene
cardiac care
caretaking/ parenting skills
cast care
communication
community outreach worker services
continuity of care
coping skills
day care/ respite
dietary management
discipline
dressing change/ wound care
durable medical equipment
education
employment

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	Cannot identify sources/amounts of expenses and income; unaware of relationship between education and future earnings. Unrealistic expectations about winning gambling/lottery. Not aware of financial assistance programs or community resources.	Identifies some sources/amounts of income and a few expenses; knows she should be going to school to potentially earn more; knows some financial resources but not how to access. Unaware of consequences of not completing financial paperwork.	Identifies all sources/ amounts of income and some expenses; can identify benefits of education/job training; knows several financial and community resources; aware of need for budgeting	Identifies all sources/amounts of income and expenses; understands importance of prioritizing expenditures; knows several financial resources and how to access them; knows how to plan budget for short term	Knows current financial situation and can predict and plan for future financial, education, and job training needs. Knows how to independently navigate resources
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Does not prioritize spending at all and often makes inappropriate choices; gambles or spends excessively; does not attend school or job; doesn't follow through on paperwork for financial assistance	Prioritizes spending minimally and frequently makes inappropriate choices; inconsistent attendance at school or job; looks for jobs but doesn't follow through with application/ interview; rarely completes financial paperwork	Prioritizes spending inconsistently and sometimes makes inappropriate choices; usually consistent in school/job attendance; applies and interviews for jobs; inconsistently completes financial paperwork	Prioritizes spending and usually makes appropriate choices. Begins to develop, follow budget; attends school/job consistently; looks for and prepares for job applications and interviews; seeks better job; usually completes financial paperwork correctly	Follows budget consistently; has maximized income assistance resources; saves a little most months; plans ahead; attends school and makes good progress, completes financial paperwork accurately and on time
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	No income; homeless due to lack of income; income doesn't cover all bare necessities; unable to pay for any health care expenses	Has housing but utilities disconnected due to nonpayment; no consistent source of income; usually has at least enough money for bare necessities	Has enough money for necessities month to month; most health care expenses covered or paid for	Consistent income, decreasing debt; income meets most expenses	Expenses do not exceed income, has consistent source of income; health care expenses are covered or paid for

Residence:

Living area

Signs/ Symptoms:

- | | |
|---|------------------------------------|
| ▪ Structurally unsound | ▪ Inadequate safety devices |
| ▪ Inadequate heating/ cooling | ▪ Presence of lead-based paint |
| ▪ Steep unsafe stairs | ▪ Unsafe appliances/ equipment |
| ▪ Inadequate/ obstructed exits/ entries | ▪ Inadequate/ crowded living space |
| ▪ Cluttered living space | ▪ Exposed wiring |
| ▪ Unsafe storage of dangerous objects/ substances | ▪ Structural barriers |
| ▪ Unsafe mats/ throw rugs | ▪ Homeless |
| | ▪ Other |

KBS rating considerations:

Knowledge

Consider:

- client's level of awareness of basic home safety
- client's knowledge of housing resources

Behavior

Consider:

- clients willingness to make the home safe
- seeking adequate housing

Status

Consider:

- overall safety status of home related to risk of injury
- degree of severity of S&S/hazards from Home Safety Check List

Guidelines & Notes:

Adult problem

Physiological Domain

Hearing.....	230-233
Vision.....	233-237
Speech and Language.....	237-241
Oral Health.....	241-244
Cognition.....	245-250
Pain.....	250-254
Consciousness.....	254-258
Skin.....	258-262
Neuro-Musculo-Skeletal Function.....	263-270
Respiration.....	270-277
Circulation.....	277-284
Digestion-Hydration.....	284-290
Bowel Function.....	290-295
Urinary Function.....	295-300
Reproductive Function.....	300-304
Pregnancy.....	304-310
Postpartum.....	310-315
Communicable/ Infectious Condition.....	315-322

Health-Related Behaviors Domain

Nutrition.....	323-328
Sleep and Rest Patterns.....	328-331
Physical Activity.....	331-334
Personal Care.....	334-337
Substance Use.....	337-342
Family Planning.....	343-346
Health Care Supervision.....	346-350
Medication Regimen.....	350-356

Problem Classification Scheme

Following is a list of all the problems in the Problem Classification Scheme and the page numbers they can be found on in *The Omaha System: A Key to Practice, Documentation, and Information Management*.

Environmental Domain

Income.....

Sanitation.....

Residence.....

Neighborhood/ Workplace Safety

169-171

171-175

175-178

178-180

Psychosocial Domain

Communication with Community Resources.....

Social Contact.....

Role Change.....

Interpersonal Relationship.....

Spirituality.....

Grief.....

Mental Health.....

Sexuality.....

Caretaking/ Parenting.....

Neglect.....

Abuse.....

Growth and Development.....

181-185

185-187

187-190

190-193

193-196

196-199

199-204

205-208

208-214

214-219

219-223

223-229

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	Unaware of hazards in living area No knowledge - housing - resources - tenant rights	Identifies some hazards Aware of few - housing - resources - tenant rights	Identifies hazards, but presents no solutions Aware of some - housing - resources - tenant rights	Identifies hazards and a partial plan for correction Aware of many - housing - resources - tenant rights	Identifies hazards and solutions Aware of all - housing - resources - tenant rights
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	- Takes no action - Has made no changes when HS rechecked - Not looking for affordable housing	- Occasionally attempts to decrease clutter - Failure to maintain improvements - Does not follow through with housing resources	- Sometimes declutters - Minimal improvement in home safety scores - Some effort looking for stable housing	- Usually keeps clutter to a minimum - Childproofing evident - Turns in housing applications. - Applies for public housing.	- Maintaining stable adequate residence - All changes to Home Safety check implemented
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Home needs major repair and may be dangerous for residents Exits blocked Homeless	Very cluttered and crowded Deteriorating lead paint Living in a shelter	Moderately cluttered, some exits obstructed Lead source that can be reduced fairly easily Living in temporary situation	Minimal clutter – e.g. toys scattered throughout the house – no exits obstructed Plans in place for stable housing	Home functional; Adequate size for number of residents Living independently in stable housing

Neighborhood/Workplace Safety:

Freedom from illness, injury, or loss in the community or place of employment.

Signs/ Symptoms:

- High crime rate
 - High pollution level
 - Uncontrolled/dangerous/infected animals
 - Inadequate space/resources to foster health
 - Inadequate/unsafe play/exercises area
 - Threats/reports of violence
- Physical hazards
 - Vehicle/traffic hazards
 - Chemical hazards
 - Radiological hazards
 - Other

KBS rating considerations:

Knowledge	Behavior	Status
Consider knowledge of: <ul style="list-style-type: none"> Emergency preparedness Situations requiring emergency action Workplace safety regulations and policies 	Consider: <ul style="list-style-type: none"> Practices preparedness (exercises) 	Consider: <ul style="list-style-type: none"> Emergency preparedness plan/kit in place No crosswalks Clutter/Junk Standing water HHW Animals Unsafe parks/ playground No parks No emergency shelter Frequent emergency calls (police/fire) Neighbor-hood watch group Recycling and clean up efforts Connection to comm. resources – police, Health dept, humane society Knows of traffic dangers Unsafe park Drug house or crime area

Guidelines & Notes:

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	Does not know how and <u>when</u> to access care	Knows how and when to seek care for obvious medical emergencies, but not for chronic or acute illness or preventive care	Knows how and when to seek care for obvious medical emergencies; how and sometimes when to seek care for chronic and acute illness; does not know how or when to seek preventive care	Knows how and when to seek care for obvious medical emergencies; how and when to seek care for chronic and acute illness; how but not when to seek preventive care	Knows when and how to seek emergency, chronic, and acute illness and preventive care
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Does not follow prescribed/ recommended treatment plan and preventive care for adult, child and oral health	Follows a limited portion of prescribed/ recommended treatment plan and preventive care for adult, child and oral health. Does not find medical home. Rarely uses health care resources appropriately.	Follows some of prescribed/ recommended treatment plan and preventive care for adult, child and oral health. Discusses need for medical home, attempting to find one. Inconsistently uses health care resources appropriately.	Follows most of prescribed/ recommended treatment plan and preventive care for adult, child and oral health. Has located but not used medical home. Usually uses health care resources appropriately.	Follows prescribed/ recommended treatment plan and preventive care for adult, child and oral health. Consistently uses medical home. Always uses health care resources appropriately.
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Receives no health care.	Rarely receives appropriate, timely health care. No medical home.	Sometimes receives appropriate, timely health care.	Usually receives appropriate, timely health care.	Receives appropriate, timely health care. Has medical home.

Health Care Supervision:

Management of the health care treatment plan by health care providers.

Signs/ Symptoms:

- Fails to obtain routine/ preventive health care
 - Fails to seek care for symptoms requiring evaluation/ treatment
 - Fails to return as requested to health care provider
 - Inability to coordinate multiple appointments/ treatment plans
- Inconsistent source of health care
 - Inadequate source of health care
 - Inadequate treatment plan
 - Other

KBS rating considerations:

Knowledge	Behavior	Status
Consider knowledge of: <ul style="list-style-type: none">▪ Health, wellness, disease process▪ Health care beliefs and accuracy of medical information	Consider: <ul style="list-style-type: none">▪ ER visits, preventive care visits and choices of providers▪ History of medical care behavior and current challenges▪ If client arranges and follows through with appointments independently	Consider: <ul style="list-style-type: none">▪ State of disease process▪ Status of medical home▪ WCE schedule, immunization status, follow up with specialist if needed

Guidelines & Notes:

-

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	<ul style="list-style-type: none">▪ Cannot identify hazards in community, neighborhood, or workplace	<ul style="list-style-type: none">• Identifies some hazards.	Identifies or describes hazards and unaware of solutions	Identifies or describes hazards and some solutions	Knows about hazards, solutions, and prevention
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	<ul style="list-style-type: none">• Contributes to physical hazards or behaviors that contribute to illness or injury• Fails to protect employees or community members from hazards.• Ignores safety regulations• Not planning for emergencies	<ul style="list-style-type: none">• Rarely follows safety regulations and policies	<ul style="list-style-type: none">• Follows obvious safety regulations but sometimes ignores others• Has started to plan for emergencies	<ul style="list-style-type: none">• Developing an emergency plan• Access resources	<ul style="list-style-type: none">• Has practiced emergency plan• Utilizes resources• Follows safety regulations and policies• Attends a tenants group• Provides continuing education for employees or the public• Regularly assesses workplace or community for risks and hazards
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	<ul style="list-style-type: none">• Multiple serious safety hazards and violations• No resources• High crime rate• No safety plan	<ul style="list-style-type: none">• Severe hazards• Minimal maintenance• Limited resources	<ul style="list-style-type: none">• Occasional hazards• Adequate maintenance• Some resources• Safety plan in development	<ul style="list-style-type: none">• Few hazards• Adequate resources• Safety plan in place	<ul style="list-style-type: none">• Adequate and accessible resources• Safety plan in place• Community involvement• Continuous evaluation and improvement

Communication with Community Resources:

Interaction between the individual/ family/ community and social service organizations, schools, and businesses in regard to services, information, and goods/ supplies.

Signs/ Symptoms:

- Unfamiliar with options/ procedures for obtaining services
 - Difficulty understanding roles/ regulations of service providers
 - Unable to communicate concerns to provider
 - Dissatisfaction with services
 - Inadequate/ unavailable resources
 - Language barrier
- Cultural barrier
 - Educational barrier
 - Transportation barrier
 - Limited access to care/ services/ goods
 - Unable to use/ has inadequate communication devices/ equipment
 - Other

KBS rating considerations:

Knowledge Consider:	Behavior Consider:	Status Consider:
------------------------	-----------------------	---------------------

Guidelines & Notes:

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	Unaware of family planning (FP) methods. Believes folklore/myths	Has incomplete and unreliable information. Minimal awareness of benefits of child spacing	Aware of how to use at least one FP method correctly, but unaware of efficacy, contraindications, side effects Basic awareness of benefits of child spacing	Knows about several FP methods, appropriate use and efficacy, but less understanding of side effects, contraindications. Adequate awareness of benefits of child spacing	Understands FP methods, efficacy, appropriate uses and possible side effects/contraindications. Understanding of benefits of child spacing to mother's and children's health and family well-being
Behavior	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
	Uses no method of birth control, sexually active.	Uses no method of birth control. Not sexually active, but in a relationship(s).	Inconsistent use of FP method or using only occasionally.	Appropriate or consistent use of FP method.	Consistently uses a reliable form of FP & a back up method when needed.
Pregnant/ PP Behavior	Unreceptive to discussing FP options/plans for birth control. No intent to use birth control method.	Listens to info, but minimal interest/focus on FP discussion. No plans for birth control method	Receptive to FP information provided by PHN, participates in discussion. Birth control plans may still be unclear or undecided.	Interested and actively seeking information about various options for FP. May have narrowed FP choices down.	Has decided on and plans to use a particular FP method following delivery or postpartum recovery.
Status	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
	Extreme risk for unintended pregnancy. Clients behavior is not congruent with wants/ plans.	High risk for unintended pregnancy. Clients behavior is rarely congruent with wants/ plans.	Moderate risk for unintended pregnancy. Clients behavior is sometimes congruent with wants/ plans.	Minimal risk for an unintended pregnancy. Clients behavior is usually congruent with wants/ plans.	Low risk for an unintended pregnancy. Clients behavior is congruent with wants/ plans

Family Planning:

Practices designed to plan and space pregnancy within the context of values, attitudes, and beliefs.

Signs/ Symptoms:

- Inappropriate/ insufficient knowledge about family planning methods
 - Inappropriate/ insufficient knowledge about preconceptual health practices
 - Inaccurate/ inconsistent use of family planning methods
- Dissatisfied with present family planning method
 - Fears others' reactions regarding family planning choices
 - Difficulty obtaining family planning choices
 - Other

KBS rating considerations:

Knowledge Consider knowledge of: <ul style="list-style-type: none">▪ methods available▪ use, efficacy, side effects of methods▪ appropriateness for self▪ resources to obtain▪ reasons for spacing or delaying pregnancy	Behavior Consider: <ul style="list-style-type: none">▪ use of method▪ client's planning and receptiveness if the client doesn't want to get pregnant again.	Status Consider: <ul style="list-style-type: none">▪ ability to obtain family planning▪ client's vulnerability to interference or pressure from others (family, partner, etc.)▪ social/ cultural stigma▪ appropriateness of method chosen▪ Cognitive/ developmental ability to make informed decisions▪ Hx of STIs▪ Hx of previous unintended pregnancy▪ Congruency of client wants/ plans vs. behaviors.
--	--	--

Guidelines & Notes:

- **Pregnant Clients:**
A pregnant client can't become pregnant. However, being pregnant does not necessarily warrant a status rating of 5. Consider the client's known risk factors for unintended pregnancy and determine ratings based on those risk factors.

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	Does not know of any resources	Has heard of a resource, but knows no details (contact info)	Knows details of some resources, but does not know how to access	Knows some details of several resources, and how to access	Knows most available resources
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Unwilling to use community resources	<ul style="list-style-type: none">• Dependent on the assistance of others to access a resource• Considering accessing a resource but has not initiated the process	<ul style="list-style-type: none">• Uses some resources but not all they could benefit from• Has called the resource, but has not completed the paperwork or scheduled an appointment• Has made the attempt but not followed through	<ul style="list-style-type: none">• Uses some services appropriately• Has scheduled an appointment and submitted paperwork• Attending most appointments	<ul style="list-style-type: none">• Using services appropriately• Keeps all scheduled appointments• Fulfilling resource requirements
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Does not use needed transportation resources	Using resources with great difficulty; refuses to ask for more information	Moderate difficulty using resources	Minimal difficulty using resources	Appropriate use of resources

Interpersonal Relationship:

Association or bonds between the individual/family/community and others.

Signs/ Symptoms:

- Difficulty establishing/maintaining relationships
- Minimal shared activities
- Incongruent values/goals/expectations/schedules
- Inadequate interpersonal communication skills
- Prolonged, unrelieved tension
- Inappropriate suspicion/manipulation/control
- Physically/emotionally abusive to partner
- Difficulty problem solving without conflict
- Other

KBS rating considerations:

Knowledge

Consider knowledge of:

- Empathetic behavior
- Conflict resolution
- Anger management

Behavior

Consider:

- .Interpersonal boundaries
- Feels/shows empathy

Status

Consider:

- .Developmental stage

Guidelines & Notes:

- Include all relationships (not just S/Os)
- Interpersonal relationship is intended to be used with domestic abuse perpetrator, not abuse victim (use the abuse problem for victims)
- The IR problem may be appropriate also for a victim of abuse, but not to reflect the abuse – instead it should reflect relationship skills
- Careful not to cross over into mental health. If there is a diagnosis that impacts their relationship skills or communication, it may not be a relationship issue. (Reminder to use both problems as needed)

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	Unaware of negative effects of substance use on health status to self or others	Knows some dangers of substance use to self and some treatment options	Aware that there is short term and long term harm of substance use, knows treatment options	Understands danger of substance use to self, not others, knows some of benefits of cutting down: health, financial, social	Aware of dangers of substance use to self and others; understands benefits of not using to self and others
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Smoking Behavior	Chain smoker	Smokes at least 1 but less than 2 ppd	Smokes ½ to 1 ppd	Smokes less than ½ ppd	Does not use tobacco; does not expose self to second hand smoke.
Alcohol Behavior	Binge drinking or more than 1 drink/day, drives under influence Any alcohol use by "recovering alcoholic"	Frequent drinking 1 drink/day	Occasional drinking, 3-5 drinks/week	Social drinking with friends, 1-2 drinks less than 1 x/week	Does not use alcohol
Drug Behavior	Can not control use of alcohol, tobacco/other drugs; increases use to obtain desired effects Any drug use by "recovering" addict"	Frequent drug use	Occasional drug use	Infrequent marijuana use, never with children present	Does not use illegal drugs and does not misuse legal drugs
Substance use in pregnancy	Any substance use once knew she was pregnant.				No use or stopped when she found out she was pregnant
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Not interested in changing behavior or receiving treatment; not able to meet family, social, or work obligations	Considers changing behavior, investigates treatment options; meets a few family, social, or work obligations	Prepares to change behavior, receives treatment sporadically; meets most family, social, and work obligations	Taking appropriate action to change behavior, attending treatment program most of the time; meets most family, social, and work obligations	Not using substances; meets family, social, and work obligations consistently

Substance Use

Consumption of medicines, recreational drugs, or other materials likely to cause mood changes and/ or psychological/ physical dependence, illness, and disease.

Signs/ Symptoms:

- Abuses over-the-counter/ prescription medications
- Uses “street”-recreational drugs
- Abuses alcohol
- Smokes/ uses tobacco products
- Difficulty performing normal routines
- Reflex disturbances
- Behavior change
- Exposure to cigarette/ cigar smoke
- Buys/ sells illegal substances
- Other

KBS rating considerations:

Knowledge

Consider knowledge of:

- harm to self/others
- benefits of not using
- treatment options and how to access

Behavior

Consider:

- Amount of use
- Cutting down
- Cessation program
- Implementing self-help behaviors
- Binge drinking

Status

Consider:

- s/s of health status impairment
- s/s of ADL/ relationship/law problems r/t use
- Finances and health of family
- Acceptance of personal responsibility (doesn't deny use when tests positive)

Guidelines & Notes:

Postpartum or Parenting client: If you open a postpartum or parenting client and the client smokes, identify Substance Use as an Actual Problem. Only put it on your careplan if you intend to intervene. Otherwise indicate, “low priority”, “other provider” or “self-care”.

Rating Status at Admission:

- A woman who knowingly used drugs or alcohol during pregnancy should have a status rating of 1 at admission. This applies even if the use occurred prior to admission.
- A pregnant woman who never used drugs, alcohol or tobacco or stopped once she found out she was pregnant should have a status rating of 5 at admission.
- Risk for relapse: A woman who quit using once she found out she was pregnant should have a status rating of 5 regardless of her risk. If she relapses the problem must be reassessed.

Rating Status at Discharge:

- A woman who knowingly used drugs or alcohol during pregnancy and quits should have a discharge status rating of 5.

Behavior and Status Ratings when client uses more than one type of substance

Use the rating that applies to the greatest usage.

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	Cannot differentiate between positive and negative communication	Expresses interest in learning better communication skills	Describes importance of positive communication but not methods	Describes some communication methods and when to use them	Knows various positive, open communication methods and when to use them
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Volatile, throwing things at people, hitting, emotionally/ physically abusive History of multiple short term relationships with S/Os Unable to form/ maintain relationships	Yelling, name calling, throwing things (not at people)	“Love/hate” relationships, frequent bickering	Usually positive communication in relationships.	Able to form/maintain relationships consistently positive communication for situation/ relationship Demonstrates empathy in relationships
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Tense, volatile atmosphere	Limited brief communication and interaction; often tense	Some limited, polite communication and interaction	Some warm usually polite, rarely tense communication and interaction	Frequent open communication and interaction

Mental Health:

Development and use of mental/emotional abilities to adjust to life situations, interact with others, and engage in activities.

Signs/ Symptoms:

- | | |
|--|--|
| ▪ Sadness/ hopelessness/ decreased self-esteem | ▪ Somatic complaints/ fatigue |
| ▪ Apprehension/ undefined fear | ▪ Delusions |
| ▪ Loss of interest/ involvement in activities/ self-care | ▪ Hallucinations/ illusions |
| ▪ Narrowed to scattered attention/ focus | ▪ Expresses suicidal/ homicidal thoughts |
| ▪ Flat affect | ▪ Attempts suicide/ homicide |
| ▪ Irritable/ agitated/ aggressive | ▪ Self-mutilation |
| ▪ Purposeless/ compulsive activity | ▪ Mood swings |
| ▪ Difficulty managing stress | ▪ Flash-backs |
| ▪ Difficulty managing anger | ▪ Other |

KBS rating considerations:

Knowledge	Behavior	Status
Consider: <ul style="list-style-type: none"> Client's knowledge and awareness of own mental health and available resources and treatment options 	Consider client's: <ul style="list-style-type: none"> help seeking behavior adherence to treatment self-monitoring 	Consider: <ul style="list-style-type: none"> signs and symptoms ability to function and cope effectiveness of treatment

Guidelines & Notes:

- Self-care may include sleep, exercise, stress management, meditation, herbs, etc.
- Assess as actual if:** current signs and symptoms of mental health problems exist, not effectively coping with mental health issues, postpartum depression/psychosis
- Assess as potential if:** past personal history, current diagnosis that is appropriately managed, high level of stress and/or difficult life circumstances, significant family history of mental illness/suicide.

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	No knowledge about physical/emotional postpartum changes; believes inaccurate information/myths.	Knows some postpartum changes, but not specifically what to expect or why.	Aware of common physical/emotional postpartum changes, but unsure if her experience is typical.	Understands physical/emotional postpartum changes, knows when to seek help and support.	Understands physical/emotional postpartum changes, self-care, and rationale; knows when, where, and how to seek help and support.
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Does not want information, has not followed through with postpartum care. Unwilling to change high-risk behaviors.	Late postpartum care or fails appointments. Listens to information but not willing to change high-risk behaviors.	Accepts information re: emotional or physical postpartum recovery, but inconsistently chooses healthy behavior	Accepts information and seeks care or support for emotional or physical postpartum problems. Usually chooses healthy behaviors.	Consistently adheres to health care plan, and consistently practices healthy behaviors.
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	May need hospitalization for postpartum/breastfeeding complications such hemorrhage, infection, or postpartum psychosis.	Unable to care for self due to postpartum/breastfeeding complications – needs daily assistance; but does not require hospitalization.	Able to perform some ADLs.	Able to perform most ADLs. Minimal postpartum discomforts.	Able to perform all ADLs.

Postpartum:

Six-week period following childbirth.

Signs/ Symptoms:

- Difficulty breast-feeding
- Difficulty coping with postpartum changes
- Difficulty with postpartum exercise/ diet/ behaviors
- Abnormal bleeding/ vaginal discharge
- Postpartum complications
- Abnormal depressed feelings
- Other

KBS rating considerations:

Knowledge	Behavior	Status
Consider knowledge of: <ul style="list-style-type: none"> emotional and physiological changes danger signs self care understanding of maternal benefits of breastfeeding for postpartum 	Consider: <ul style="list-style-type: none"> Willingness to learn Behaviors related to self-care Adherence to plan of care 	Consider: <ul style="list-style-type: none"> severity and level of control of physical sx eg, infection, bleeding, engorgement, c-section emotional recovery ability to care for self and infant does support meet the level of need

Guidelines & Notes:

- **Mental Health:** If your client has postpartum psychosis, postpartum depression or other mental health problems open *Mental Health* as an Actual problem.
- Inability to care for infant and self may be due to problems besides course of pp recovery. Status in this problem refers to ability to care for self and infant as a result of pp course of recovery. If there are other contributing problems, they should be opened.

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	Not aware that symptoms are unusual or could be a sign of mental illness. No insight or acknowledgement of mental health concern.	Aware that symptoms are sign of disorder, but does not know treatment options or understand the impact of symptoms	Aware of symptoms, knows one treatment option and basic information about impact of illness on life Basic knowledge of effects of life stressors and coping skills	Understands that symptoms are due to mental illness and impact mental illness has on life, knows various treatment options Understands effects of life stressors and coping skills	Understands that symptoms are due to mental illness, knows lifestyle choices to decrease or prevent symptoms from returning, understands which symptoms suggest exacerbation, and knows treatment options. Understands effects of life stressors and how to use coping skills
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Does not take medications, attend therapy, or see counselor/physician. Mental health self-care not appropriate (ineffective, inappropriate, or destructive).	Takes medications only when symptoms are severe, in hospital, or treatment is ordered by court; attends only initial therapy appointment. Mental health self-care rarely appropriate.	Takes occasional "medication holidays"; attends therapy inconsistently. Mental health self-care inconsistently appropriate Inconsistent in treatment follow through.	Usually takes medications as prescribed; attends most therapy sessions; mental health self-care usually appropriate.	Sees counselor/physician regularly and takes medications as prescribed Makes lifestyle changes to promote wellness; seeks appropriate alternative healing. Mental health self-care consistently appropriate
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Agitated, aggressive, depressed, frequent thoughts about suicide Needs hospitalization Harmful to self or others Unable to cope at all	Talks about depression and other fears, does not express suicidal thoughts Minimal coping ability Severe impact on ADLs	Occasionally depressed, increased awareness of self and others needs Able to function in some ADLs	Increasingly engages in purposeful activity, has not expressed suicidal thoughts for 6 months Maintains ADLs	Coping with daily stressors Positive social functioning

Caretaking/ Parenting:

Providing support, nurturance, stimulation, and physical care for dependent child or adult

Signs/ Symptoms:

- Difficulty providing physical care/ safety
 - Difficulty providing emotional nurturance
 - Difficulty providing cognitive learning experiences and activities
 - Difficulty providing preventive and therapeutic health care
 - Expectations incongruent with stage of growth and development
- Dissatisfaction/ difficulty with responsibilities
 - Difficulty interpreting or responding to verbal/ non verbal communication
 - Neglectful
 - Abusive
 - Other

KBS rating considerations:

Knowledge	Behavior	Status
Consider knowledge of: <ul style="list-style-type: none">▪ age appropriate parenting▪ infant/child cues▪ fostering social emotional and cognitive growth▪ physical cares▪ safety	Consider client's: <ul style="list-style-type: none">▪ responding to infant cues & behavior▪ providing structure (routines)▪ providing stimulation▪ using gentle touch▪ making eye contact▪ engaging in contingent interaction▪ using age appropriate discipline	Consider: <ul style="list-style-type: none">▪ child protection concerns▪ court conditions on parent▪ enjoyment of parenting▪ prioritization of child's needs▪ child's condition and hygiene

Guidelines & Notes:

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	Not aware of appropriate rest, exercise, diet. No knowledge of fetal G&D, danger signs in pregnancy and/or breastfeeding.	Interested in information about self-care during pregnancy; minimal knowledge of fetal G&D, danger signs, breastfeeding.	Knows some recommendations for appropriate rest, exercise, and diet, but does not understand rationale or potential consequences. Basic knowledge of fetal G&D and breastfeeding.	Knows recommendations and rationale for appropriate rest, exercise, and diet, but not potential consequences or application to self. Knows when to call the doctor.	Understands appropriate rest, exercise and diet, and their relationship to positive outcome of pregnancy. Knows self care at home (drinking fluids, left lying).
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	No prenatal care. High-risk behaviors.	No or minimal prenatal care, listens to information but not willing to change high risk behaviors	Irregular prenatal care, listens to information, has decreased high risk behaviors because of pregnancy	Prenatal care most of the time, few risky behaviors. Usually follows recommendations.	Regular prenatal care, follows recommendations for healthy pregnancy
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Hospitalized for pregnancy complications including excessive weight gain or loss, pitting edema, or elevated blood pressure. No emotional readiness for pregnancy/ bonding with baby. Maternal or fetal death.	At home with complications; condition warrants close monitoring. Severe anxiety re: delivery, unable to anticipate required lifestyle changes of pregnancy/ parenthood, not gaining weight; minimal emotional readiness for pregnancy/ bonding with baby.	Restricted activity; complications interfere with daily activity but are controlled through self-care. Difficulty anticipating lifestyle changes after birth. Moderate emotional readiness for pregnancy/ bonding with baby.	Able to work limited hours, minimal complications. Able to cope with normal discomforts without medical intervention by using self care measures.	Healthy pregnancy with mild discomforts that do not interfere with daily activities. Emotionally ready for pregnancy/ bonding with baby.

Pregnancy:

Period from conception to childbirth

Signs/ Symptoms:

- Difficulty bonding with unborn baby
 - Difficulty coping with body changes
 - Difficulty with prenatal exercise/ rest/ diet/ behaviors
- Fears delivery procedure
 - Prenatal complications/ preterm labor
 - Inadequate social support
 - Other

KBS rating considerations:

Knowledge

Consider knowledge of:

- Fetal G&D
- Danger signs
- Healthy pregnancy
- Previous high risk pregnancy/multiple births
- Breastfeeding
- Maternal role

Behavior

Consider:

- Willingness to learn
- Behaviors related to self-care
- Adherence to plan of care
- Cultural norms /values/beliefs
- Statements referencing baby
- Preparation for meeting baby's needs.

Status

Consider:

- Physical symptoms eg., PTL, PIH, gestational diabetes, hyperemesis, etc.
- Emotional readiness for pregnancy/ bonding with baby
- Realistic expectations of pregnancy and motherhood
- Able to work, attend classes

Guidelines & Notes:

- **Substance use during pregnancy:** If a pregnant woman is using drugs, alcohol or tobacco during pregnancy, *the Substance Use* problem must be opened as an actual problem with signs and symptoms indicated.
- **Family planning:** Anticipatory teaching can be documented in the *Pregnancy* problem. The *Family Planning* problem may be opened during pregnancy and should be opened once the client delivers
- **Mental Health:** Open the *Mental Health* problem when indicated by signs and symptoms on page 10.
- Consider cultural norms, values and beliefs for knowledge and behavior.

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	No knowledge about appropriate parenting practices for age; believes inaccurate information.	Minimal knowledge of appropriate parenting practices for age, but not aware of need to prioritize child's welfare over personal gratification.	Able to identify some appropriate parenting practices for age, some understanding of prioritizing child's welfare.	Knows appropriate parenting practices for age.	Knows appropriate parenting practices for age, and ways of mediating the environment for the child's benefit.
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Does not provide physical care, relates to infant or child in indifferent or hostile manner. Inappropriate discipline for age.	Provides minimal physical care. Parenting not contingent upon cues from infant or child. Rarely disciplines appropriately for age.	Provides adequate physical care some of the time, sometimes shows nurturing behavior. Inconsistently disciplines appropriately for age.	Provides adequate physical care some of the time, often shows nurturing behavior. Usually disciplines appropriately for age and situation.	Provides adequate physical care and nurtures consistently, parenting contingent upon cues. Discipline appropriate for age and situation.
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Consistently anxious/negative about parenting. Parental rights in danger of termination due to abuse or neglect.	Frequently anxious/negative about parenting responsibilities. Expectations rarely appropriate for age.	Expresses some positive feelings about parenting responsibilities . Expectations sometimes appropriate for age.	Usually positive about parenting responsibilities. Expectations usually appropriate for age.	Enjoys parenting. Engaged in children's lives. Expectations appropriate for age. Child thriving.

Child Neglect:

Child or adult deprived of minimally accepted standards of food, shelter, clothing, or care.

Signs/ Symptoms:

- Lacks adequate physical care
 - Lacks emotional nurturance/ support
 - Lacks appropriate stimulation/ cognitive experiences
- Inappropriately left alone
 - Lacks necessary supervision
 - Inadequate/ delayed medical care
 - Other

KBS rating considerations:

Caregiver's Knowledge Consider knowledge of: <ul style="list-style-type: none">▪ standards of child physical care and emotional needs	Child's Behavior Consider <ul style="list-style-type: none">▪ child behaviors that may be red flags for neglect	Child's Status Consider: <ul style="list-style-type: none">▪ affect and appearance▪ illness▪ growth and development▪ medical care▪ injuries
---	---	---

Guidelines & Notes:

- Place the Child Neglect Problem in the child's chart not the parent's chart.
- **SPRCDPH Policy Statement:** Documentation of abuse and neglect follow the definitions and symptoms set forth in the Omaha System. Using the modifier "Actual" means that one or more of the symptoms listed in the Omaha System are present. Using the modifier "Actual" for problem 15 (neglect) or 16 (abuse) does not mean that the symptoms identified are reportable to Child Protection. Decisions regarding reports to Child Protection are based on Minnesota State law.

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	No knowledge of cognitive deficit, ways to deal with limitations, or resources.	Minimal knowledge of cognitive deficit, ways to deal with limitations, or resources	Has basic understanding of cognitive deficit. Can identify need to deal with limitations but does not know how. Knows there are resources but not how to access them.	Has adequate knowledge of cognitive deficit and its effects; Knows resources and how to access; Some knowledge of how to modify environment, social interactions, and activities to deal with limitations.	Understands cognitive deficit and its effects, causes and prognosis. Knows resources available and how to access; Understands how to modify environment, social interactions, and activities to deal with limitations.
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Never utilizes resources, never accepts assistance, never seeks assistance	Rarely utilizes resources, rarely accepts assistance, rarely seeks assistance	Sometime utilizes resources, sometimes accepts assistance, sometimes seeks assistance	Usually utilizes resources, usually accepts assistance, usually seeks assistance	Always utilizes resources, always accepts assistance, always seeks assistance
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	No supports in place. Not able to function in society.	Some supports in place. Minimally able to function in society	Some supports in place. Moderately able to function in society.	Supports in place. Functioning well in society some of the time.	Supports in place. Functions well in society.

Cognition:

Ability to think and use information

Signs/ Symptoms:

- Diminished judgment
 - Disoriented to time/ place/ person
 - Limited recall of recent events
 - Limited recall of long past events
 - Limited calculating/ sequencing skills
 - Limited concentration
- Limited reasoning/ abstract thinking ability
 - Impulsiveness
 - Repetitious language/ behavior
 - Wanders
 - Other

KBS rating considerations:

Knowledge	Behavior	Status
Consider: <ul style="list-style-type: none">▪ ability to think and process information▪ awareness of cognitive deficit, resources, needs and how to cope	Consider: <ul style="list-style-type: none">▪ Client’s level of ability▪ Does client utilize resources▪ Does client accept▪ Does client seek assistance	Consider: <ul style="list-style-type: none">▪ does the client have necessary services and support to cope with daily living to the best of her/his ability▪ ability to cope includes “street smarts”▪ examples: completing forms, following simple directions, completing 2-step directions, adjusting behavior and routines to fit situations such as school, shpping, appointments, and public transportation

Guidelines & Notes:

- If an adult client has s/s, Cognition must be assessed.
- **Assess as actual and put on careplan if:** PHN will be facilitating identification of cognitive issues (testing) or getting appropriate services; and/or if the PHN will be helping the client access services. Use this problem to show that we are intervening around the cognitive problems.
- **Assess as actual and leave off careplan if:** the client is already receiving appropriate services. In that case “other provider” can be selected. You are going to change your interventions in parenting (and other problems) if you have a cognitively impaired parent. However, you will not be directly intervening in the Cognition problem.
- **Children:** Cognition does not need to be assessed for children because the G & D problem covers cognition
- A client’s knowledge and behavior should be considered within the context of their status. For example, a client may have a permanent cognitive deficit, which will result in lower status. If the behavior is appropriate considering the deficit, the behavior rating may be high while the status rating is low.

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Caregiver’s Knowledge	Not aware of standards for providing food, clothing, shelter, stimulation, and care for infant/child.	Knows that infants/children need physical care, but not aware of standards for stimulation, supervision, and health care.	Knows that infants/childre n need physical and emotional care and appropriate supervision. Not aware of need for stimulation.	Knows that infants/children need physical and emotional care and mental stimulation, and consistent supervision.	Knows that children need physical and emotional care and mental stimulation, supervision and reasons why this is so.
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Child’s Behavior	Infant does not engage with caregiver	Minimally engages with caregiver	Sometimes engages with caregiver	Often engages with caregiver	Consistently engages with caregiver
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Child’s Status	Frequently unsupervised or inadequate supervision No immunizations Serious unmet medical needs	Minimally supervised Immunizations 2-3 series behind Misses more appointments than keeps	Inconsistently supervised Immunizations 1-2 series behind Keeps most appointments, misses some essential ones	Usually supervised Immunizations 0-1 series behind Keeps most appointments, and all essential ones	Consistently supervised Immunizations up to date Medical needs met

Child Abuse:

Child or adult subjected to non-accidental physical, emotional, or sexual violence or injury

Signs/ Symptoms:

- Harsh/ excessive discipline
 - Welts/ bruises/ burns/ other injuries
 - Questionable explanation of injury
 - Attacked verbally
- Fearful/ hypervigilant behavior
 - Violent environment
 - Consistent negative messages
 - Assaulted sexually
 - Other

KBS rating considerations:

Caregiver's Knowledge Consider parent's knowledge of: <ul style="list-style-type: none">▪ what abuse is▪ what appropriate discipline is▪ effects of a violent environment	Child's Behavior Consider child behaviors that may be red flags for abuse, such as : <ul style="list-style-type: none">▪ unusual responses to caregiver▪ indiscriminant friendliness▪ watchfulness▪ guardedness▪ sexual actions▪ affect▪ sudden onset of bedwetting	Child's Status Consider: <ul style="list-style-type: none">▪ all types of abuse (physical, emotional, sexual)▪ visible injuries▪ emotional status▪ child safety▪ observations that are not overtly manifested in child's physical condition such as violence in environment, discipline style, use of inappropriate or dangerous caregivers
---	---	---

Guidelines & Notes:

SPRCDPH Policy Statement: Documentation of abuse and neglect follow the definitions and symptoms set forth in the Omaha System. Using the modifier “Actual” means that one or more of the symptoms listed in the Omaha System are present. Using the modifier “Actual” for problem 15 (neglect) or 16 (abuse) does not mean that the symptoms identified are reportable to Child Protection. Decisions regarding reports to Child Protection are based on Minnesota State law.

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Caregiver's Knowledge	No knowledge about child growth and development or developmental needs; believes inaccurate information/my th.	Able to identify some current growth and development milestones, but has inappropriate expectations of child	Able to identify growth and development milestones; has some awareness that parent/child interactions affect development but does not know stimulation techniques	Knows normal growth and development milestones; aware that interactions affect development knows some ways of stimulating child to promote achievement of developmental tasks.	Knows normal growth and development patterns and ways of stimulating child to promote achievement of developmental tasks
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Child's Behavior	Behavior not appropriate for developmental stage	Behavior rarely appropriate for developmental stage	Behavior inconsistently appropriate for developmental stage	Behavior usually appropriate for developmental stage	Behavior consistently appropriate for developmental stage
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Child's Status	Developmental screening results show extreme delays in one or more areas. And/ or Infant or child drops 2 or more major percentiles or has fallen below 3 rd percentile; newborn does not regain BW within 1 month; Child 2-5 above 95 th major percentile wt. for ht.	Developmental screening results show multiple moderate delays or a severe delay in one area. And/ or Infant or child fallen below 10 th percentile; for newborns, has not regained birth weight by 2-3 weeks; Child between 2-5 between 85 th and 95 th percentile	Developmental screening results show one moderate or two minimal delays And/or Moderate deviations from weight gain expectations	Developmental screening results show one minimal delay And/ or Minimal deviations from weight gain expectations due to episodic illness	Developmental screening results within normal limits. And/ or Consistently meets wt. gain expectations; weight gain pattern consistent with growth charts; if pattern unknown, current wt. for ht. on or close to 50 th percentile and no significant hx of wt. problem reported

Growth and Development:

Progressive physical, emotional, and social maturation along the age continuum from birth to death.

Signs/ Symptoms:

- Abnormal results of developmental screening tests
 - Abnormal weight/ height/ head circumference in relation to growth/ age standards
- Age-inappropriate behavior
 - Inadequate achievement/ maintenance of developmental tasks
 - Other

KBS rating considerations:

Caregiver's Knowledge	Child's Behavior	Child's Status
Consider knowledge of: <ul style="list-style-type: none">all aspects of child growth and development, including physical, cognitive, emotional, and socialage appropriate tasks	Consider: <ul style="list-style-type: none">is behavior congruent with developmental stagehow child responds to environmentchild's interaction with others	Consider: <ul style="list-style-type: none">Qualification for level of services eligibilitydevelopmental testing; height/weight, OFCSigns/ symptoms observed by PHN prior to formal screening.Familial growth patterns

Guidelines & Notes:

- Behavior/ Status relationship:** a child's behavior should be considered within the context of their status. For example, a child may have a permanent delay which will result in a lower status. If the child's behavior is appropriate considering s/he has a permanent delay, the behavior rating may be high while the status rating is low.
- Obesity in Infants**
There are no MN WIC criteria for defining overweight in infants and children up to 2 years. NCHS/CDC Growth charts and Wt. Gain norm charts are required for rating growth status
- Percentile references in status:** refer to appropriate CDC growth charts.

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Caregiver's Knowledge	No knowledge of what child abuse is. Believes inaccurate information about child discipline or care that results in abuse.	Minimal knowledge of appropriate parenting practices for age, but not aware of need to prioritize child's welfare over personal gratification.	Understands that abuse can be physical, emotional, or sexual. Does not understand consequences or effects of violent environment. Knows some resources.	Understands that abuse can be physical, emotional, or sexual, and effects of violent environment. Understands consequences or effects of violent environment. Knows several resources	Knows all aspects of abuse, effects of violent environment, and consequences, and where and how to seek help.
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Child's Behavior	Child does not engage with caregiver. Child exhibits extremely aberrant behavior that could indicate abuse.	Minimally engages with caregiver	Sometimes engages with caregiver	Often engages with caregiver	Consistently engages with caregiver Child behavior within normal limits for age.
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Child's Status	Experiences physical, emotional, or sexual abuse, is not safe in home environment	Child is exposed to violence in the environment, no overt signs of physical, emotional, or sexual abuse	Occasionally experiences harsh or excessive discipline. Consistently receives negative messages.	Sometimes receives parenting that is negative or inappropriately controlling.	Not abused

Abuse of Adult:

Child or adult subjected to non-accidental physical, emotional, or sexual violence or injury

Signs/ Symptoms:

- Harsh/ excessive discipline
 - Welts/ bruises/ burns/ other injuries
 - Questionable explanation of injury
 - Attacked verbally
- Fearful/ hypervigilant behavior
 - Violent environment
 - Consistent negative messages
 - Assaulted sexually
 - Other

KBS rating considerations:

Knowledge Consider parent's knowledge of: <ul style="list-style-type: none">▪ cycle of abuse;▪ affects of abuse on self and others;▪ law/order for protection;▪ community resources;▪ safety promoting behaviors;▪ awareness of own history and how history effects the present	Behavior Consider <ul style="list-style-type: none">▪ client accepting/seeking of information;▪ safety promoting behaviors;▪ readiness to take action;▪ acknowledgment of abuse	Status Consider: <ul style="list-style-type: none">▪ all types of abuse▪ visible injuries▪ level of isolation from financial independence and support▪ emotional status▪ client-family safety▪ observations that are not overtly manifested in client's physical condition such as reaction to partner's presence, etc.▪ Do not consider abuser's behavior or status
--	--	--

Guidelines & Notes:

- The problem Abuse when used in an adult client's chart means the client is experiencing or is at risk of experiencing abuse.
- When the client is abusing or at risk of abusing a child, the problem Abuse belongs in the child's chart. Documentation in the adult's chart will be in the Caretaking/ Parenting problem.

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	Unaware of difference between healthy and abusive relationship.	Beginning to be aware that relationship is abusive, doesn't understand she is not to blame	Recognizes that abuse can be physical, emotional, or sexual; knows some resources	recognizes abusive behavior, knows some ways to protect self, and knows community resources.	knows difference between healthy and abusive relationship. Knows legal rights and how to protect self and others.
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Stays in abusive situation	Leaves only when abuse is severe Blames self Makes excuses for partner	Leaves and comes back, inconsistent safety promoting behaviors	Has safety plan for self and children, adheres to order for protection.	Leaves abusive relationship, establishes and maintains safe living conditions for self and others
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Experiences extreme abuse; does not feel safe	Experiences abuse and sometimes feels safe	Experiences occasional abuse but feels safe most of the time	No fear for personal physical safety, relationships are negative or controlling at times	Not abused