

## APPENDIX I

### CALOCUS WORKSHEET

Rater Name \_\_\_\_\_ Date \_\_\_\_\_

Please check the applicable ratings within each dimension and record the highest score in the lower right hand corner. Total the seven individual dimension scores to obtain the Composite Score. Determine the Level of Care Recommendation using the Decision Tree.

<p><b>I. Risk of Harm</b> <span style="float: right;">Criteria</span></p> <p><input type="checkbox"/> 1. Low Risk of Harm _____</p> <p><input type="checkbox"/> 2. Some Risk of Harm _____</p> <p><input type="checkbox"/> 3. Significant Risk of Harm _____</p> <p><input type="checkbox"/> 4. Serious Risk of Harm _____</p> <p><input type="checkbox"/> 5. Extreme Risk of Harm _____</p> <p style="text-align: right;"><b>Score</b> _____</p>	<p><b>IV-B. Recovery Environment - Support</b> <span style="float: right;">Criteria</span></p> <p><input type="checkbox"/> 1. Highly Supportive Environment _____</p> <p><input type="checkbox"/> 2. Supportive Environment _____</p> <p><input type="checkbox"/> 3. Limited Support in Environment _____</p> <p><input type="checkbox"/> 4. Minimally Supportive Environment _____</p> <p><input type="checkbox"/> 5. No Support in Environment _____</p> <p style="text-align: right;"><b>Score</b> _____</p>
<p><b>II. Functional Status</b> <span style="float: right;">Criteria</span></p> <p><input type="checkbox"/> 1. Minimal Functional Impairment _____</p> <p><input type="checkbox"/> 2. Mild Functional Impairment _____</p> <p><input type="checkbox"/> 3. Moderate Functional Impairment _____</p> <p><input type="checkbox"/> 4. Serious Functional Impairment _____</p> <p><input type="checkbox"/> 5. Severe Functional Impairment _____</p> <p style="text-align: right;"><b>Score</b> _____</p>	<p><b>V. Resiliency and Treatment History</b> <span style="float: right;">Criteria</span></p> <p><input type="checkbox"/> 1. Full Resiliency/Response _____</p> <p><input type="checkbox"/> 2. Significant Resiliency/Response _____</p> <p><input type="checkbox"/> 3. Moderate or Equivocal Resiliency/Response _____</p> <p><input type="checkbox"/> 4. Poor Resiliency/Response _____</p> <p><input type="checkbox"/> 5. Negligible Resiliency/Response _____</p> <p style="text-align: right;"><b>Score</b> _____</p>
<p><b>III. Co-Morbidity</b> <span style="float: right;">Criteria</span></p> <p><input type="checkbox"/> 1. No Co-Morbidity _____</p> <p><input type="checkbox"/> 2. Minor Co-Morbidity _____</p> <p><input type="checkbox"/> 3. Significant Co-Morbidity _____</p> <p><input type="checkbox"/> 4. Major Co-Morbidity _____</p> <p><input type="checkbox"/> 5. Severe Co-Morbidity _____</p> <p style="text-align: right;"><b>Score</b> _____</p>	<p><b>VI-A. Acceptance and Engagement - Child/Adolescent</b> <span style="float: right;">Criteria</span></p> <p><input type="checkbox"/> 1. Optimal _____</p> <p><input type="checkbox"/> 2. Constructive _____</p> <p><input type="checkbox"/> 3. Incompletely Engaged _____</p> <p><input type="checkbox"/> 4. Non-Collaborative _____</p> <p><input type="checkbox"/> 5. Unengaged _____</p>
<p><b>IV-A. Recovery Environment - Stress</b> <span style="float: right;">Criteria</span></p> <p><input type="checkbox"/> 1. Minimally Stressful Environment _____</p> <p><input type="checkbox"/> 2. Mildly Stressful Environment _____</p> <p><input type="checkbox"/> 3. Moderately Stressful Environment _____</p> <p><input type="checkbox"/> 4. Highly Stressful Environment _____</p> <p><input type="checkbox"/> 5. Extremely Stressful Environment _____</p> <p style="text-align: right;"><b>Score</b> _____</p>	<p><b>VI-B. Acceptance and Engagement - Parent/Caretaker</b> <span style="float: right;">Criteria</span></p> <p><input type="checkbox"/> 1. Optimal _____</p> <p><input type="checkbox"/> 2. Constructive _____</p> <p><input type="checkbox"/> 3. Incompletely Engaged _____</p> <p><input type="checkbox"/> 4. Non-Collaborative _____</p> <p><input type="checkbox"/> 5. Unengaged _____</p> <p style="text-align: right;"><b>Highest Score of VI-A or VI-B</b> _____</p>
<p><b>Composite Score</b> <span style="float: right;">[            ]</span></p>	<p><b>Level of Care Recommendation</b> <span style="float: right;">[            ]</span></p>