



**GENESEE COUNTY COMMUNITY  
MENTAL HEALTH PIHP  
PROCEDURE MANUAL**

Date Issued: 10-01-2008

Date Revised:

<b>SUBJECT:</b> CGAS and PIR-GAS Scoring Procedures		<b>PAGE: 1</b>
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<b>Relates To Policy:</b>	<b>01-400-93</b>	

**I. AFFECTED DEPARTMENTS:**

Access	<input checked="" type="checkbox"/>	Utilization Management	<input checked="" type="checkbox"/>
Child and Family Services	<input checked="" type="checkbox"/>	External Provider Network	<input checked="" type="checkbox"/>
Quality Management	<input checked="" type="checkbox"/>		

**II. PURPOSE:**

To define requirements and procedures for administering the PIR-GAS and CGAS.

**III. PROCEDURE:**

A. Applicable populations

The PIR-GAS (Parent-Infant Relationship Global Assessment Scale, Attachment A) and CGAS (Child Global Assessment Scale, Attachment B) are required for the following populations:

- Infants age 0-4 receiving case management, support coordination, Wraparound, or Home-Based services: PIR-GAS
- Children age 5-7 receiving case management, support coordination, Wraparound, or Home-Based services: CGAS

B. Timeframe for administration

PIR-GAS and CGAS are required to be completed by the primary clinician

1. at the time of preplanning for each new IPOS;
2. at discharge;

When a discharge is completed after the last clinical contact with the consumer, the measure should be completed and **dated as of the last date of contact**.

C. Data entry

CMH staff enters the measures on the Intranet. Go to Database Applications, then Outcomes/LOF, then PIR-GAS or CGAS.

Contract providers enter data on the OPSC. Open the consumer's record. Click on Work with Outcome Information, then on PIR-GAS or CGAS.

**IV. DEFINITIONS:**

*PIR-GAS* - Parent-Infant Relationship Global Assessment Scale

*CGAS* - Child Global Assessment Scale

**V. TRAINING AND DISSEMINATION:**

Initial email to supervisors and contract providers. Inclusion in new employee Performance Indicators training. Annual review at Quality Oversight Council.

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Attachment A: **PIR-GAS**  
Age 0-4

<b>Score range</b>	<b>Criteria</b>
91-100	Relationships in this range are functioning exceptionally well. They are not only mutually enjoyable and unusually conflict free, but they are also growth promoting for both partners' development.
81-90	Relationships in this range of functioning evidence no significant psychopathology. They are characterized by interactions that are frequently reciprocal and synchronous and are reasonably enjoyable. The developmental progress of the partners is not impeded in any way by the patterns of the relationships, which is "good enough" for both partners.
71-80	Relationships in this range are functioning less than optimally in some way. The disturbance lasts from a few days to a few weeks. For example: an infant with a minor physical illness sleeps poorly for several nights, exhausting his parents; or parents moving into a new house are less attentive to their infant, who is less able to self-regulate in the unfamiliar new surroundings.
61-70	Relationships in this range of functioning are strained in some way but are still largely adequate and satisfying to the partners. The disturbance is not pervasive across a large number of domains, but instead, limited to one or two problematic areas. Further, the dyad seems likely to negotiate the challenge successfully and the pattern not to be enduring. The disturbance lasts no longer than a month. Caregivers may be stressed by the perturbation, but they are generally not over concerned about the changed relationship pattern, instead considering within the range of expectable responses that are likely to be relatively short-lived. For example: A toddler develops food refusal for the first time following the birth of a new sibling.
51-60	Relationships in this range of functioning are more than transiently affected, but they still maintain some flexibility and adaptive qualities. One or both partners may be experiencing some distress in the context of the relationship, and the developmental progress of the dyad seems likely to be impeded if the pattern does not improve. Caregivers may or may not be concerned about the disturbed relationship pattern, but overt symptoms resulting from the disturbance in either partner are unlikely. For example: A child is distressed frequently when her mother ignores her cues to slow down during feedings and face-to-face interactions. Other domains of functioning show no interaction problems nor child distress.
41-50	Relationships in this range of functioning appear to place the dyad at significant risk for dysfunction. The relationship's adaptive qualities are beginning to be overshadowed by problematic features of the relationship. Although not deeply entrenched, the patterns appear more than transient and are beginning to adversely affect the subjective experience of one or both partners. For example: Parent and child engage in excessive teasing and power struggles in multiple domains including feeding, dressing, and bedtime. Although parent and child attempt pleasurable interactions, they often go too far, leaving one or both partners distressed.
31-40	Relationships in this range of functioning are characterized by relatively stable, maladaptive interactions and distress in one or both partners within the context of the relationship. Rigidly maladaptive interactions, particularly if they involve distress in one or both partners, are the hallmark of disordered relationships. Although generally conflicted, interactions in disordered relationships may instead be grossly inappropriate developmentally without overt conflicts. For example: A depressed parent repeatedly seeks comfort from his or her infant, actively recruiting caregiving behavior from the child.
21-30	Relationships in this range of functioning are severely compromised. One or more likely both partners are significantly distressed by the relationship itself. Maladaptive interactive patterns are rigidly entrenched, appear to be relatively impervious to change, and seem to be of relatively long duration, although the onset may be insidious. A significant proportion of interactions is almost always conflicted. For example: A father and his toddler frequently interact in a conflicted manner. The father sets no limits until he becomes enraged and then he spansks the toddler vigorously. The toddler is provocative, and the father feels angry with him all the time.
1-20	Relationships in this range of functioning are dangerously disorganized. Interactions are disturbed so frequently that the infant is in imminent danger of physical harm.

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Attachment B: CGAS  
Age 5-17

Score range	Criteria
91-100	Superior functioning in all areas (at home, at school and with peers), involved in a range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.). Likable, confident, "everyday" worries never get out of hand. Doing well in school, no symptoms
81-90	Good functioning in all areas. Secure in family, school and with peers. There may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g. mild anxiety associated with an important exam, occasional "blow ups" with siblings, parents or peers).
71-80	No more than slight impairment in functioning at home, at school, or with peers. Some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, deaths, births of a sib) but these are brief and interference with functioning is transient. Such children are only minimally disturbing to others who are not considered deviant by those who know them.
61-70	Some difficulty in a single area, but generally functioning pretty well, (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work, mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self doubts). Has some meaningful interpersonal relationships. Most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.
51-60	Variable functioning with sporadic difficulties or symptoms in several but not all social areas. Disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not those who see the child in other settings.
41-50	Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
31-40	Major impairment in functioning in several areas and unable to function in one of these areas, i.e., disturbed at home, at school, with peers, or in the society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent. Such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).
21-30	Unable to function in almost all areas, e.g., stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in reality testing OR serious impairment in communication (e.g., sometimes incoherent or inappropriate).
11-20	Needs considerable supervision to prevent hurting other or self, e.g., frequently violent, repeated suicide attempts OR to maintain personal hygiene OR gross impairment in all forms of communication, e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
1-10	Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.