**Date of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client age\_\_\_\_\_\_\_\_\_\_\_**

**Persons and resources utilized in this assessment:**

**Who referred the client and why?**

# **Presenting problem**:

# Family and Support Network:

Include family members and natural supports who will be involved in treatment. Identify who live in the home and quality of relationship with the client.

#

# Onset of symptoms:

Previous attempts to solve problems and their results:

[ ] **individual therapy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]  **mark if service was helpful**

[ ] **family therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **by client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **psychiatric hospitalization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

 **number of times hospitalized in past two years \_\_\_\_\_\_\_**

[ ] **self-help group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **substance abuse treatment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **no previous attempts reported**

# Desired results of treatment-readiness for change:

**Does the family want change? \_no \_yes:**

**Does the client want change: \_no \_yes:**

Risk assessment**:**

 **Suicidal behavior:** [ ] **yes** [ ] **no Access to weapons:** [ ] **yes** [ ] **no**

**Homicidal behavior:** [ ] **yes** [ ]  **no Potentially aggressive pets:** [ ] **yes** [ ] **no**

**Anger management issues:** [ ]  **yes** [ ] **no Illegal activities in home:** [ ] **yes** [ ] **no**

 **Self-abuse:** [ ] **yes** [ ] **no Family violence:** [ ]  **yes** [ ] **no**

 **Is client currently at risk of harm toward self or others?** [ ] **yes** [ ]  **no**

**If yes include an explanation of behavior and a safety plan with this assessment.**

# Screenings:

 **Has the client been screened for ADHD**?

 [ ] yes [ ] no

 **Has the client been screened for Depression?**

[ ]  **yes** [ ]  **no**

**Has the client been screened for Substance Abuse?**

[ ]  **yes** [ ]  **no**

Trauma:  **Does the client have a history of traumatic experience? \_\_no \_\_yes**

**\_\_\_ physical abuse \_\_\_ physical neglect \_\_\_ sexual abuse \_\_\_ emotional abuse**

**\_\_\_ witnessed abuse \_\_\_ family violence \_\_\_ community violence \_\_\_ own violence**

**\_\_\_ murder of family member or friend \_\_\_ suicide of family member or friend**

**\_\_\_ adopted \_\_\_illness of parent \_\_\_change in primary caregiver \_\_\_ pregnancy**

**\_\_\_ death of loved one \_\_\_ foster care \_\_\_incarcerated parent \_\_\_multiple moves**

**\_\_\_ other:**

# Health

 **Height and Weight:**

**Prenatal exposure to \_\_cigarettes \_\_ drugs \_\_alcohol \_\_ violence \_\_ no report/unknown**

 **Developmental milestones: \_\_ normal range \_\_ delays \_\_\_ early \_\_unknown**

 **Chronic illness: \_\_ yes \_\_no Surgeries: \_\_yes \_\_\_no**

 **Immunizations up to date: \_\_\_ yes \_\_ no Head injury: \_\_\_ yes \_\_\_not reported**

 **Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Medications

 **\_\_ no history of psychotropic medications**

**\_\_ prescribed psychotropic medications**

 **Meds are taken as prescribed \_\_ yes \_\_ no**

**\_\_ prescribed medications for health care**

**\_\_ No known allergies to medications**

**\_\_ known allergies to medications are as follows:**

**Prescribed type and benefit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Bio-rhythms

 **Sleep: \_\_normal range \_\_ inadequate \_\_\_ excessive**

 **Diet: \_\_ healthy diet \_\_over eats \_\_ under eats \_\_ unhealthy diet**

 **Exercise: \_\_\_ prefers activity \_\_\_prefers passive activities \_\_\_ other:**

# Substance Use

 **Cigarette/tobacco use: \_\_\_ yes, recent \_\_\_ past use \_\_ no history**

 **Substance use: \_\_\_ yes, recent \_\_\_ past use \_\_ no history**

 **Alcohol use: \_\_\_ yes, recent \_\_\_ past use \_\_ no history**

 **comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Sexuality

 **Gender Expression: \_\_male \_\_ female \_\_ transgender**

 **Sexual Orientation: \_\_ heterosexual \_\_ homosexual \_\_bisexual \_\_asexual \_\_ undetermined**

 **Puberty Onset: \_early \_late \_normal range \_\_ no onset**

 **Sexually active: \_\_unknown \_\_\_ no \_\_\_ yes**

 **Access to birth control: \_\_ yes \_\_ no \_\_ not applicable**

# Education

 **Performance: \_\_ on grade level \_\_ below grade level \_\_ advanced \_\_low grades**

 **Learning disabilities: \_\_\_ yes \_\_\_ none reported \_\_ wants an evaluation**

 **\_\_\_has an IEP \_\_\_utilizes accommodations \_\_\_\_ truancy/attendance**

**\_\_\_\_ suspension/disciplines \_\_\_alternate placements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Language and Communication

**\_\_\_ no needs identified \_\_ hearing needs \_\_\_ vision needs**

 **\_\_English as a second language \_\_translator needed \_\_\_ communication aids**

**\_\_ maladaptive communication skills \_\_ lost or undeveloped expressive skills**

# Vocational/employment

 **\_\_\_\_would benefit from skills training \_\_has career goals**

 **\_\_\_ self-care skills are appropriate to age level \_\_\_ employed**

# Legal

**\_\_ no history \_\_custody order \_\_\_DJJ involvement \_\_\_CDW \_\_\_ DCBS custody \_\_ legal offenses**

# Financial

**\_\_adequate to meet needs of child \_\_\_would benefit from resource assistance \_\_\_ housing needs**

# Social relationships

 **\_\_\_ shows the ability to develop and maintain satisfactory relationships with prosocial peers**

**\_\_\_ shows the ability to develop and maintain satisfactory relationships with adults**

**\_\_\_ would benefit from social skills development**

# Leisure and recreation skills/strengths

 **\_\_ loss of interest \_\_identifies special interests and hobbies:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Culture and Ethnicity

 **\_\_ identifies with majority culture \_\_ identifies with a specific culture or ethnicity:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Spirituality and Religion

 **\_\_ active with a religious organization \_\_\_reports spiritual interests or beliefs**

 **\_\_ not a significant resource or strength**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Community/neighborhood

 **\_\_\_ stable \_\_\_\_ distressed \_\_\_ threatening**

# Diagnosis:

# CASII Level of Care Assessment:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Client Score | Level 0Basic Service for Prevention and Maintenance | Level 1Recovery Maintenance health management | Level 2Out Patient Services | Level 3Intensive OutPatient Services with  | Level 4Intensive Integrated Services Without 24 Hour Psychiatric Monitoring | Level 5Non-secure 24 hour Psychiatric Management | Level 6Secure 24 hour Psychiatric Management |
| I. Risk of Harm |  |  |  2 or less | 2 or less | 3 or less | 3 or less | 4 required admission | 5 required admission |
| II. Functional status |  |  | 2 or less | 2 or less | 3 or less | 3 or less | 4 required admission\* |  5 required admission |
| III. Co-Occurrence |  |  | 2 or less | 2 or less | 3or less | 3 or less | 4 required admission\* | 5 required admission |
| IV. Recovery Environmental Stress |  |  | Sum of Level of Stress and Sum of Level  | Sum of Level of Stress and Sum of Level  | Sum of Level of Stress and Sum of Level  | 3 or 4 | 4 or more | 4 or more |
| Recovery Environmental Support |  |  | of Support is Equal to 4 or less | of Support is Equal to 5 or less | of Support is Equal to 5 or less | 3 or less | 4 or more | 4 or more |
| V. Resiliency and Response to Services |  |  | 2 or less | 2 or less | 3 or less | 3 or 4 | 3 or more |  4 or more |
| VI. Involvement in Services: Child or Adolescent |  | Use the higher | 2 or less | 2 or less | 3 or less | 3 or 4 | 3 or more | 4 or more |
| Involvement in Services: Parent and/or Primary Care taker |  | of these two subscales- do not use both scores) | 2 or less | 2 or less | 3 or less | 3 or 4 | 3 or more | 4 or more |
| Composite Rating |  | 7 to 9 | 10 to 13 | 14 to 16 | 17 to 19 | 20 to 22 | 23 to 27 | 28 or more |
| **Level of Care Indicated** |  |  |  |  |  |  |  |  |

\*unless sum of level of stress and level of support equals 2

Reasons for Deviation from CASII-derived level of care recommendation:

**Does this client meet the criteria for SED?** [ ] **yes** [ ] **no**

**Does this client meet the criteria for case management services?** [ ] **yes** [ ] **no**

# Provider summary and recommendations for care:

# Treatment Plan and Service Referrals:

|  |  |  |
| --- | --- | --- |
| **Problems** | **Goals** | **Interventions and modalities**  |
|  |  | **☐medication therapy ☐case management services ☐community support associate ☐substance abuse treatment☐group therapy ☐self-help groups☐psychological testing☐art therapy☐individual therapy☐family therapy** **☐crisis planning** |

**Provider signature and credentials with NPI# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**