**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

**Level of Care Summary**

Level 0. Basic Services-Prevention and Health maintenance- These are the basic services everyone should have available

* Prevention services
* Crisis services
* Most services are provided in the community- non clinical.
* **Score 0 to 9**

Level 1 Recovery Maintenance and Health Management

* Services may be provided in the community or the place of residence.
* Clinical Services: up to two hours per month, and usually not less than one hour every three months
* Service types: individual or group supportive therapy
* Client’s stepping down to this level may have routine case management and medication therapy
* Support services are natural supports in the community
* **Score 10 to 13** and sum of Level of Stress and Level of Support is 4 or less.

Level 2 Low Intensity Community Based Services

* Services may be provided in the community or place of residence
* Clinical Services: up to two hours per week but usually not less than one hour every two weeks
* Service types: individual, group, and family therapy- Case management is NOT required at this level
* Support service are generally natural supports in the community
* Medication and other therapies should be made available as needed
* **Score 14 to 16** and sum of Level of Stress and Level of Support is 5 or less. The Treatment and Recovery History is best at a 2 or less and the Engagement and Recovery Status is best at 2 or less.

Level 3 Intensive Out-Patient Therapy Services.

* Services may be provided in the community or place of residence
* Clinical Services: up to three days per week and about two to three hours per day
* Service Types: individual, group, family therapy, rehabilitative services (CSA), case management
* Medication and other forms of therapy should be available if needed
* Support services are recommended with case management to help develop care team and access supports
* **Score 17 to 19** and sum of Level of Stress and Level of Support is 5 or less. The Treatment Recovery History score is best at a 2 and Engagement recovery status is best at 3 or less.

Level 4 Intensive Integrated Services without 24 hour monitoring

* Services may be provided in a clinic or by wrapping services around the client in the community
* Clinical Services: available to client and family at times that meet their needs, evenings and weekends as many days per week as needed.
* Service types: medication services (self/family-administered), individual, group, and family therapy, wrap around/ skills based services (CSA, OT, etc.), case management services, school based, Individual Service Plan
* Crisis Stabilization Services
* **Score 20 to 22**. In some cases a rating of 4 or more in the Stress level score could be manage if the Support Scale is a 1.

Level 5 Non-secure 24 hour Services with Psychiatric Management

* Services are provided in a residential community setting- non hospital, residential treatment center or therapeutic foster care.
* Clinical Services: Psychiatric care available 24 hours day
* Service types: onsite nursing care for medication therapy as needed, individual, group, and family therapy available seven days a week, rehabilitative services, supervision of daily activities
* **Score 23 to 27**. A rating of 4 for Risk of Harm, Functional Status, or Co-morbidity qualifies for this level of care even if combined score is lower. This level is indicated if the client has a rating of a 3 or higher on one of the following scales: Self Harm, Functional Status, Co-morbidity AND a rating of a 3 or higher in the Treatment Recovery history or the Engagement and Recovery Status.

Level 6 Secure 24 hour Medically Managed In-patient Care

* Services are traditionally provided in a hospital setting that is locked and secure
* Clinical Services: Services are available 24 hours a day, seven days a week
* Service types: Psychiatric, medical, nursing, individual, group and family therapy, medication therapy, support to carry out activities of daily living, crisis care such as seclusion or restraint
* **Score 28 or more**. A rating of 5 for Risk of Harm, Functional Status or Co-Morbidity qualifies for this level of care even if combined score is lower.

Please understand that this is an assessment for determining services for the Seriously Emotionally Disturbed client. Clients may seek treatment for life transition and other problems that do not register a significant score. These clients are still eligible for traditional out-patient therapy of individual or family therapy one hour a week, each week or less. These scores are guidelines. Please use your clinical judgement when the scores do not match your professional opinion regarding the intensity of services and level of care.

**Reason for Deviation from CASII derived level of care recommendations:**

**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# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**