

| | | | | | |
|--|------|-------|---|-----------------------|--|
| Intensive In-Community Rehabilitation Assessment Service Community Assessment Template Type in bordered cells only. Cell size will increase to accommodate text. | | | Date of Evaluation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div> | | |
| Child's Name: | Last | First | Initial | ABSolute ID No. | |
| Assessor's Name: | Last | First | Initial | Medicaid Provider No. | |

This is not a stand-alone document. This assessment must be attached to the Needs Assessment to be complete and accepted by the CSA.

1. Additional information about the child:

Date of birth:

Child's gender: Female Male

Ethnicity/Race: Language of the home:

2. Information about the child's parent or guardian:

Name:

Last
First
MI

Address:

Street
City
State
Zip

Home Phone: Work Phone: Cell Phone:

3. Additional contacts (minimum 2) providing information for this assessment:

Contact 1:

Last name
First name
Entity, Agency, or Relationship to child
Phone number

Information supplied by contact:

Contact 2:

Last name
First name
Entity, Agency, or Relationship to child
Phone number

Information supplied by contact:

Contact 3:

Last name
First name
Entity, Agency, or Relationship to child
Phone number

Information supplied by contact:

Contact 4:
Last name First name Entity, Agency, or Relationship to child Phone number

Information supplied by contact:

Contact 5:
Last name First name Entity, Agency, or Relationship to child Phone number

Information supplied by contact:

4. Reason for assessment

State purpose of assessment as described by referent and/or youth and family. Provide detail about information and conclusions the assessor is obliged to address.

“ ”

5. Youth’s goal for assessment

Describe what youth hopes to learn, communicate, and/or initiate with this assessment.

“ ”

6. Family/caregiver’s goal for assessment

Describe what family/caregiver hopes to learn, communicate, and/or initiate with this assessment.

“ ”

7. Developmental and Physical Health

7a. Physical Health

Primary Care Physician:
Name Phone Number

7ai: Please describe youth’s current health according to him/her and his/her primary caregiver:

7b. Developmental History

7bi. Pregnancy History

Did mother have access to prenatal care? Yes No Info not available

Was youth exposed to toxins before birth? Yes No Info not available

If yes, specify type (i.e., prescription medications, illegal substances, etc.):

Length of pregnancy: Pre-term Term Post-term

Complications at birth: _____

Temperament as an infant: _____

7bii. Developmental Milestones

Crawling: Within normal limits Not within normal limits

If not within normal limits please explain: _____

Walking: Within normal limits Not within normal limits

If not within normal limits please explain: _____

Speaking single words: Within normal limits Not within normal limits

If not within normal limits please explain: _____

Speaking sentences: Within normal limits Not within normal limits

If not within normal limits please explain: _____

Toilet training: Within normal limits Not within normal limits

If not within normal limits please explain: _____

Separating from caregiver: Within normal limits Not within normal limits

If not within normal limits please explain: _____

7biii. Parental Concerns

Please note any parent/guardian concerns during the 0-5 years:

7c. Significant Developmental Events

7ci. Has the child ever been treated for a serious injury, including a head injury?

Please provide age, intervention, and outcome if appropriate.

Information not available

7cii. Has the child ever been treated for lead poisoning?

Please provide age, intervention, and outcome if appropriate.

Information not available

7ciii. Has the child ever had a seizure or been treated for a seizure?

Please provide age, intervention, and outcome if appropriate.

Information not available

8. Family Functioning

8a. Family activities

Please provide information about the shared activities family members enjoy:

8b. Family values

Please describe values that family members consider especially important:
 For example: loyalty, honesty, education, etc.

8c. Family composition

Please provide information about who lives in the home with youth.

| | | | |
|--|--|---|---|
| Name <input style="width: 90%;" type="text"/> | Relationship to youth <input style="width: 90%;" type="text"/> | Age <input style="width: 80%;" type="text"/> | Gender <input style="width: 80%;" type="text"/> |
| Does this family member have: | Mental health or substance abuse involvement? <input type="checkbox"/> | Legal involvement? <input type="checkbox"/> | Please explain if appropriate: <input style="width: 90%;" type="text"/> |

| | | | |
|--|--|---|---|
| Name <input style="width: 90%;" type="text"/> | Relationship to youth <input style="width: 90%;" type="text"/> | Age <input style="width: 80%;" type="text"/> | Gender <input style="width: 80%;" type="text"/> |
| Does this family member have: | Mental health or substance abuse involvement? <input type="checkbox"/> | Legal involvement? <input type="checkbox"/> | Please explain if appropriate: <input style="width: 90%;" type="text"/> |

| | | | |
|--|--|---|---|
| Name <input style="width: 90%;" type="text"/> | Relationship to youth <input style="width: 90%;" type="text"/> | Age <input style="width: 80%;" type="text"/> | Gender <input style="width: 80%;" type="text"/> |
| Does this family member have: | Mental health or substance abuse involvement? <input type="checkbox"/> | Legal involvement? <input type="checkbox"/> | Please explain if appropriate: <input style="width: 90%;" type="text"/> |

| | | | |
|--|--|---|---|
| Name <input style="width: 90%;" type="text"/> | Relationship to youth <input style="width: 90%;" type="text"/> | Age <input style="width: 80%;" type="text"/> | Gender <input style="width: 80%;" type="text"/> |
| Does this family member have: | Mental health or substance abuse involvement? <input type="checkbox"/> | Legal involvement? <input type="checkbox"/> | Please explain if appropriate: <input style="width: 90%;" type="text"/> |

| | | | |
|--|--|---|---|
| Name <input style="width: 90%;" type="text"/> | Relationship to youth <input style="width: 90%;" type="text"/> | Age <input style="width: 80%;" type="text"/> | Gender <input style="width: 80%;" type="text"/> |
| Does this family member have: | Mental health or substance abuse involvement? <input type="checkbox"/> | Legal involvement? <input type="checkbox"/> | Please explain if appropriate: <input style="width: 90%;" type="text"/> |

8d. Extended family members and supports

| Name | Relationship with youth | Contact number |
|--|--|--|
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |

8e. Significant family events

Please provide information about losses, significant achievements, relocations, separations, etc.

| Event | Youth's age at time of event | Youth's response to event |
|--|--|--|
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |

| | | |
|--|--|--|
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8f. Immigration and Acculturation

Please detail significant immigration events, particularly separations and reunions. Describe youth and family's experience of the acculturation process.

9. DYFS Involvement

9a. Is the family involved with DYFS?

Yes, currently "open" with DYFS.
 Yes, but not "open" at this time.
 Family has never been involved

9b. Who is the most recent caseworker?

| Name | DYFS Office | Phone number | Date of last contact |
|-------|-------------|--------------|----------------------|
| _____ | _____ | _____ | _____ |

9c. Has the youth ever been removed from the home?

Yes No

If yes, where has the youth been placed? (check all that apply)

Relative home
 Foster home
 Treatment home
 Group home
 Residential Treatment Center
 Shelter

Total number of placements: _____

9d. Significant events

Please note any significant events that occurred while youth was in placement:
For example: change in legal status, hospitalization, exposure to abuse/neglect, etc.

10. Social and Educational Functioning

10a. Social functioning

10ai. Describe youth's relationships with parents/guardians:

10aai. Describe youth's relationships with siblings:

10aiii. Describe youth's relationships with authority figures:

For example: teachers, pastors, coaches, etc.

10aiv. Describe youth's relationships with peers:

Include number of friends, ages and gender, closeness.

10b. Educational functioning

10bi. Detail current school functioning:
Include level of inclusion, activities, favorite subject, etc.

10bii. Detail past school functioning:
Include difficult and/or repeated grades, periods of suspension, periods of "home instruction," etc.

10biii. Detail Child Study Team involvement:

10biv. Classification _____ Child Study Team Case Manager: _____

10bv. Child's Full Scale IQ _____ Date of IQ: _____ Test Performed by: _____

10bvi. If Full Scale IQ is below 70, has youth ever been referred to the Division of Developmental Disabilities?
 Yes No
Name/Title of referring individual: _____

11. Legal Involvement/History

11a. **Current Legal Charges**
 Yes No Please explain: _____

11b. **Prior Legal Charges**
 Yes No Please explain: _____

11c. **Probation Officer**
 Yes No Name: _____

11d. **Parole Officer**
 Yes No Name: _____

11e. **Current Incarceration/Detention**
 Yes No
If yes:
Date admitted: _____ Facility: _____

11f. **Previous Incarceration/Detention**
 Yes No
If yes:

Dates of term:

| |
|--|
| |
| |

Facility:

| |
|--|
| |
| |

12. Treatment History

Document the history of all treatments past and present:

12a. Behavioral health treatment

12ai. List past and present treatment youth has participated in:

| Type of treatment | Agency/provider | Dates (or estimation) of service | Estimated helpfulness of treatment and reason for termination |
|-------------------|-----------------|----------------------------------|---|
| | | | |
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12a.ii. Barriers to behavioral health treatment:

Be specific about challenges that impact(ed) treatment: transportation, finances, negative rapport, lack of involvement, other disruptions, etc.

12b. Medication therapies

12bi. List medications tried in the past:

| Medication | Dosage | Frequency | Youth's age and response to medication | Reason for changing or terminating medication |
|------------|--------|-----------|--|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

12b.ii. Barriers to previous medication use:

Be specific about challenges that impact(ed) effective medication-use: finances, negative rapport with prescriber, compliance issues, allergies, etc.

12b.iii. List current medications:

| Medication | Dosage | Frequency | Youth's response to medication |
|------------|--------|-----------|--------------------------------|
| | | | |
| | | | |
| | | | |

| | | | |
|--|--|--|--|
| | | | |
| | | | |

12biv. Barriers to current medication use:

Be specific about challenges that impact(ed) effective medication-use: finances, negative rapport with prescriber, compliance issues, allergies, etc.

12c. Substance abuse therapies

12ci. List past and present substance abuse treatment youth has participated in:

| Type and goal of treatment | Agency/provider | Dates of treatment | Estimated helpfulness of treatment and reason for termination |
|----------------------------|-----------------|--------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

12cii. Barriers to substance abuse treatment:

Be specific about challenges that impact(ed) treatment; transportation, finances, negative rapport, lack of involvement, other disruptions, etc.

12d. Out-of-home Placements

12di. List out-of-home placements below:

| Agency/Provider | Type and goal of treatment | Dates (or estimation) of service | Estimated helpfulness of treatment and reason for discharge |
|-----------------|----------------------------|----------------------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

12dii. Barriers to successful out-of-home care:

Be specific about challenges that impact(ed) treatment: transportation, finances, negative rapport, lack of involvement, other disruptions, etc.

13. Youth's present challenges

13a. What are present challenges for the youth?

| Challenge |
|-----------|
| 1 _____ |
| 2 _____ |

Is this challenge a reason for current assessment?

Yes

Yes

| | | | | | |
|---|--|--|--------------------------|--|-----|
| 3 | | | <input type="checkbox"/> | | Yes |
| 4 | | | <input type="checkbox"/> | | Yes |
| 5 | | | <input type="checkbox"/> | | Yes |

13b. What strategies have been attempted for the above 5 challenges?

| | Strategy attempted: | Family/youth's estimation of helpfulness of strategy: |
|---|---------------------|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

14. Mental Status

14a. General Presentation

14ai. Grooming

| | | | | | |
|--------------------------|-------------|--------------------------|---------|--------------------------|---------|
| <input type="checkbox"/> | Appropriate | <input type="checkbox"/> | Careful | <input type="checkbox"/> | Unkempt |
|--------------------------|-------------|--------------------------|---------|--------------------------|---------|

14a.ii. Eye Contact

| | | | | | |
|--------------------------|-------------|--------------------------|----------|--------------------------|-----------|
| <input type="checkbox"/> | Appropriate | <input type="checkbox"/> | Avoidant | <input type="checkbox"/> | Extensive |
|--------------------------|-------------|--------------------------|----------|--------------------------|-----------|

14a.iii. Motor Activity

| | | | | | |
|--------------------------|------------|--------------------------|----------|--------------------------|---------|
| <input type="checkbox"/> | Controlled | <input type="checkbox"/> | Agitated | <input type="checkbox"/> | Fidgety |
| <input type="checkbox"/> | Slow | | | | |

14b. Speech

14bi. Volume

| | | | | | |
|--------------------------|-------------|--------------------------|------|--------------------------|-----------|
| <input type="checkbox"/> | Appropriate | <input type="checkbox"/> | Loud | <input type="checkbox"/> | Whispered |
|--------------------------|-------------|--------------------------|------|--------------------------|-----------|

14b.ii. Rate and Quantity

| | | | | | |
|--------------------------|-------------|--------------------------|-----------|--------------------------|------------|
| <input type="checkbox"/> | Appropriate | <input type="checkbox"/> | Rapid | <input type="checkbox"/> | Slow |
| <input type="checkbox"/> | Garrulous | <input type="checkbox"/> | Talkative | <input type="checkbox"/> | Responsive |
| <input type="checkbox"/> | Taciturn | <input type="checkbox"/> | Mute | | |

14b.iii. Quality

| | | | | | |
|--------------------------|---------------|--------------------------|-----------|--------------------------|------------|
| <input type="checkbox"/> | Even | <input type="checkbox"/> | Emotional | <input type="checkbox"/> | Monotonous |
| <input type="checkbox"/> | Stereotypical | <input type="checkbox"/> | Measured | <input type="checkbox"/> | Echolalia |
| <input type="checkbox"/> | Hesitant | <input type="checkbox"/> | Slurred | <input type="checkbox"/> | Mumbled |
| <input type="checkbox"/> | Stuttering | <input type="checkbox"/> | Accented | | |

14c. Rapport with Assessor

| | | | | | |
|--------------------------|---------|--------------------------|----------------|--------------------------|-----------------|
| <input type="checkbox"/> | Playful | <input type="checkbox"/> | Easily engaged | <input type="checkbox"/> | Slow to warm up |
|--------------------------|---------|--------------------------|----------------|--------------------------|-----------------|

Indifferent

Avoidant

Rejecting

14d. Mood

Happy

Elevated

Sad

Expansive

Uncomfortable

Neutral

14e. Affect

Appropriate

Inappropriate

Restricted

Blunted

Flat

Labile

14f. Hallucinations

None

Auditory

Visual

Olfactory

Gustatory

Tactile

Somatic

Mood-congruent

Mood-incongruent

Comforting

Discomforting

14g. Thought Process

Focused

Easily distracted

Redirectable

Reality intact

Magical thinking

Concrete thinking

Abstract thinking

Hypochondria

Obsessive

Compulsive

Logical thinking

Illogical thinking

Coherent

Incoherent

Loose

14gi. Delusions

None

Mood-congruent

Mood-incongruent

Paranoid

Persecutory

Grandeur

Referential

Self-accusatory

14h. Impulse Control

Controlled with prompt/cues/support

Over-controlled

Minimal control

If minimum control, does it pose a risk to:

Self

Others

14j. Cognition

14ji. Orientation

Person

Place

Time

14jii. Judgment

Age-appropriate

Fair

Poor

14jiii. Insight

Well-developed

Moderate

Limited

14k. Preoccupations

14ki. Suicidal Ideation

| | | |
|--|--|---|
| <input type="checkbox"/> Ideation history | <input type="checkbox"/> Viable plan | <input type="checkbox"/> Current ideation |
| <input type="checkbox"/> Settling of affairs | <input type="checkbox"/> Previous attempt/s (please detail below) | <input type="checkbox"/> Available means (please detail below) |
| | <input type="text"/> | <input type="text"/> |

14kii. Hostile Intent

| | | |
|--|---|---|
| <input type="checkbox"/> Previous intimidation | <input type="checkbox"/> Viable plan | <input type="checkbox"/> Current intent |
| | <input type="checkbox"/> History of violence (please detail below) | <input type="checkbox"/> Available means (please detail below) |
| | <input type="text"/> | <input type="text"/> |

15. Needs Assessment Domains

For each of the following domains on the Needs Assessment, provide a detailed narrative accounting of any "2" and/or "3."

15a. Child Behavioral/Emotional Needs

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Element(s) | Rationale |

15b. Child Risk Factors

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Element(s) | Rationale |

15c. Life Domain Functioning

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Element(s) | Rationale |

15d. Caregiver Needs

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Element(s) | Rationale |

15e. Caregiver Strengths

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Element(s) | Rationale |

16. Diagnostic Impressions

16a. Axis I

16b. Axis II

16c. Axis III

16d. Axis IV

16e. Axis V

17. Summary and Recommendations

17a. Describe the youth’s understanding of and concern about the challenges described in item 13a.

17ai. Describe the youth’s recommended strategies for change:

17b. Describe the family’s understanding of and concern about the challenges described in item 13a.

17bi. Describe the family’s recommended strategies for change:

17c. Describe Assessor’s formulation of youth and family’s present challenges, vulnerabilities, strengths and emerging strengths

Be sure to fully synthesize youth’s and family’s responses to items 17a and 17b, Needs Assessment findings, information from additional contacts, treatment experiences, and other significant information.

17d. Finally, use the table below to illustrate treatment recommendations and objectives

Assessors are expected to make recommendations for treatment from the full spectrum of services, for example; case management, BA, IIC, outpatient individual, group family intensive, or partial care, out-of-home care, etc.

| Focus of intervention: | Recommended treatment modality | Concrete and specific objective: |
|------------------------|--------------------------------|----------------------------------|
| Best served by/with: | To facilitate: | |
| Best served by/with: | To facilitate: | |
| Best served by/with: | To facilitate: | |

| | | | | |
|--|-------------------------|--|-------------------|--|
| | Best served by/with: | | To facilitate: | |
| | Best served by/with: | | To facilitate: | |

18. Signature(s)

| | | | |
|--------------------------|----------------|-----|------|
| | Date Signed: | | |
| Signature of Assessor | | | |
| | Month | Day | Year |
| | | | |
| Type of Clinical License | License Number | | |

19. Attachments to file

Attach to the completed assessment any documentation that is of such relevance and importance that it is to be placed in the child or family/guardian’s record. At a minimum, attachments must include:

1. The Needs Assessment you conducted on the child, family, or guardian.
2. Collateral information you collected.
3. Release of Information as appropriate

20. Submission of Completed Forms

Autofax the completed Clinical Assessment Template with the completed Needs Assessment on which it is based to DCBHS’ Contracted Systems Administrator (CSA) at 1-609-689-6781.