

## Ohio Comprehensive Child and Adolescent Needs and Strengths Assessment

Assessment Date:	Type: <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Change in Circumstance <input type="checkbox"/> Discharge			
<b>ASSESSOR INFORMATION</b>				
Assessor ID		Assessor Name		Praed Certification No.
Praed Agency Name		Provider Type		Medicaid Provider ID
<b>CHILD/YOUTH INFORMATION</b>				
First, Middle and Last Name			Date of Birth	Case Number
Address Line 1	Address Line 2	City	State	Zip Code
Residence County	Eligibility County	Medicaid ID	Social Security Number	
Gender	Ethnicity	Race	Grade	
<b>CAREGIVER INFORMATION</b>				
First, Last Name	Relationship	Email	Phone Number	
First, Last Name	Relationship	Email	Phone Number	
First, Last Name	Relationship	Email	Phone Number	
First, Last Name	Relationship	Email	Phone Number	
Agency Name (if in Child Welfare custody):				
<p>Please Check All that Apply:</p> <p>There is no possible community living arrangement for the youth that is willing and able to support the intensive community treatment (e.g., wraparound) for the youth given their current needs.</p> <p>Youth was unsuccessful in intensive community treatment.</p> <p>Youth is in custody of, or on parole with, the Department of Youth Services.</p>				

For the **Strengths**, use the following categories and action levels:

- 0 – Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
- 1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
- 2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
- 3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

**STRENGTHS DOMAIN (Ages 6+)**

Items	0	1	2	3		0	1	2	3
Family Strengths									
Interpersonal					Community Life				
Optimism					Relationship Permanence				
Educational Setting					Resilience				
Vocational					Resourcefulness				
Talents and Interests					Cultural Identity				
Spiritual/Religious					Natural Supports				
					Youth Involvement in Care				

Please write a rationale for Centerpiece ('0') and Useful ('1') Strengths, as well as Strengths to Build ('2' or '3').

For the **Needs Domains**, use the following categories and action levels:

- 0 – No evidence of any needs; no need for action.
- 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

**LIFE FUNCTIONING DOMAIN (Ages 6+)**

Items	0	1	2	3		0	1	2	3
Family Functioning					Sexual Development		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Situation					Sleep				
Social Functioning					School Attendance				
Recreational					School Behavior				
<i>Developmental/Intellectual (A)</i>					School Achievement				
Legal					Decision Making				
Medical/Physical					Basic Activities of Daily Living				

**A. DEVELOPMENTAL NEEDS MODULE** (To complete when the Developmental/Intellectual item is rated '1', '2' or '3'.)

<i>Cognitive</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Sensory</i>
<i>Developmental</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Motor</i>
<i>Communication</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please write a rationale for any item in the Life Functioning Domain and related modules rated actionable ('2' or '3').

<b>BEHAVIORAL/EMOTIONAL NEEDS DOMAIN (Ages 6+)</b>									
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Psychosis (Thought Disorder)					Anger Control				
Impulsivity/Hyperactivity					Substance Use (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention/Concentration					Autism Spectrum (D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression					Eating Disturbances				
Anxiety					Attachment Difficulties				
Oppositional Behavior					Behavioral Regressions				
Conduct (Antisocial Behavior)					Somatization				
Adjustment to Trauma (B)									
<b>B. TRAUMATIC STRESS SYMPTOMS MODULE (To complete when the Adjustment to Trauma item is rated '1', '2' or '3'.)</b>									
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Emotional and/or Phys. Dysregulation					Avoidance				
Intrusions/Re-experiencing					Numbing				
Traumatic Grief & Separation					Dissociation				
Hyperarousal									
<b>C. SUBSTANCE USE DISORDER MODULE (To complete when the Substance Use item is rated '1', '2' or '3'.)</b>									
Please Note: When the Substance Use item is rated '1', '2' or '3' the youth may require an ASAM assessment. Please complete an ASAM assessment or refer the youth for an ASAM assessment to determine Medicaid medical necessity for SUD services.									
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Severity of Use					Recovery Support in Community				
Duration of Use					Acute Intoxication				
Stage of Recovery					Withdrawal History				
Peer Influences					Withdrawal Risks				
Parental/CG Influences					Awareness of Relapse Triggers				
Environmental Influences			<input type="checkbox"/>	<input type="checkbox"/>					
<b>D. AUTISM SPECTRUM MODULE (To complete when the Autism Spectrum item is rated '1', '2' or '3'.)</b>									
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Regulatory: Body Ctrl/Emotional Ctrl					Restricted Interests				
Repetitive Behaviors					Sensory Responsiveness				
Please write a rationale for any item in the Behavioral/Emotional Needs Domain and related modules rated actionable ('2' or '3').									

<b>RISK BEHAVIORS DOMAIN (Ages 6+)</b>														
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Runaway (G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Non-Suicidal Self-Injurious Behavior						Intentional Misbehavior								
Other Self-Harm (Recklessness)						Fire Setting (H)								
Danger to Others (E)						Victimization/Exploitation (I)								
Delinquent Behavior (F)						Sexually Problematic Behavior (J)								
<b>E. DANGEROUSNESS/VIOLENCE MODULE</b> (To complete when the Danger to Others item is rated '1', '2' or '3'.)														
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Historical Risk Factors						Violent Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
History of Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Resiliency Factors								
Emotional/Behavioral Risks						Aware of Violence Potential								
Frustration Management						Response to Consequences								
Hostility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Commitment to Self-Control								
Paranoid Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Treatment Involvement								
Secondary Gains from Anger														
<b>F. JUVENILE JUSTICE MODULE</b> (To complete when the Delinquent Behavior item is rated '1', '2' or '3'.)														
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
History						Peer Influences								
Seriousness						Parental Criminal Behavior								
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Environmental Influences								
Community Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Legal Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>G. RUNAWAY MODULE</b> (To complete when the Runaway item is rated '1', '2' or '3'.)														
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Frequency of Running						Likelihood of Return on Own								
Consistency of Destination						Involvement with Others								
Safety of Destination						Realistic Expectations								
Involvement in Illegal Activities						Planning								
<b>H. FIRE SETTING MODULE</b> (To complete when the Fire Setting item is rated '1', '2' or '3'.)														
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
History						Community Safety								
Seriousness						Response to Accusation								
Planning						Remorse								
Use of Accelerants						Likelihood of Future Fire Setting								
Intention to Harm														
<b>I. COMMERCIAL SEXUALLY EXPLOITED MODULE</b> (To complete when the Victimization/Exploitation item is rated '1', '2' or '3' for youth identified as sexually exploited.)														
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Duration of Exploitation						Exploitation of Others								
Age of Onset - Exploitation						Reproductive Health								
Perception of Dangerousness						Arrests for Loitering/Solicitation								
Knowledge of Exploitation						Exploitation History								
Trauma Bond														
<b>J. SEXUALLY PROBLEMATIC BEHAVIOR MODULE</b> (To complete when the Sexually Problematic Behavior item is rated '1', '2' or '3'.)														
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Hypersexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Sexually Reactive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
High Risk Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Sexual Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Masturbation														
<b>J1. SEXUALLY AGGRESSIVE BEHAVIOR SUB-MODULE</b> (To complete when the Sexual Aggression item is rated '1', '2' or '3'.)														
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Physical Force/Threat						Type of Sex Act								
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Response to Accusation								
Age Differential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Temporal Consistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Relationship						History of Sexually Aggressive Behav.								

Please write a rationale for any item in the Risk Behaviors Domain and related modules rated actionable ('2' or '3').

**CULTURAL FACTORS DOMAIN (All Ages. For Children birth thru age 5, rate this section for the family.)**

Items	0	1	2	3		0	1	2	3
Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditions and Cultural Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cultural Diffs. within the Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write a rationale for any item in the Cultural Factors Domain rated actionable ('2' or '3').

For the **Potentially Traumatic/Adverse Childhood Experiences**, use the following categories and action levels:

No – No evidence of any trauma of this type.

Yes – Child/youth has had experience, or there is suspicion that the child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

**POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES -- LIFETIME EXPOSURE (All Ages)**

	No	Yes		No	Yes
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Witness to Family Violence	<input type="checkbox"/>	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Witness to Community/School Violence	<input type="checkbox"/>	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	War/Terrorism Affected	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Victim/Witness of Criminal Activity	<input type="checkbox"/>	<input type="checkbox"/>
Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>	Parental Criminal Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Natural or Manmade Disaster	<input type="checkbox"/>	<input type="checkbox"/>	Disrupt in Caregiving/Attachment Losses	<input type="checkbox"/>	<input type="checkbox"/>

Please write a rationale for any item rated 'YES'.

EARLY CHILDHOOD DOMAIN (Age birth thru age 5)											
Items	NA	0	1	2	3		NA	0	1	2	3
<i>Challenges</i>							<i>Functioning continued</i>				
Impulsivity/Hyperactivity							Social and Emotional Functioning				
Depression							Developmental/Intellectual				
Anxiety							Medical/Physical				
Oppositional Behav (36 mos+)							<i>Risk Behaviors &amp; Factors</i>				
Aggressive Behav (24 mos+)							Self-Harm (12 months+)				
Attachment Difficulties							Exploited				
Adjustment to Trauma							Sexually Probl Behav (24 mos+)				
Regulatory							Prenatal Care				
Atypical Behaviors							Exposure				
Sleep (12 mos +)							Labor and Delivery				
<i>Functioning</i>							Birth Weight				
Family Functioning							Failure to Thrive				
Early Education											

For the **Early Childhood Strengths**, use the following categories and action levels:

0 – Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.

1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

Strengths	0	1	2	3		0	1	2	3
<b>Items</b>									
Family Strengths					Resiliency (Persistence & Adaptab.)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal					Relationship Permanence				
Natural Supports					Playfulness				

Please write a rationale for any item in the Early Childhood Domain rated actionable ('2' or '3').

**TRANSITION AGE YOUTH DOMAIN (Ages 14+)**

For the **Transition Age Youth Needs Domain**, use the following categories and action levels:

0 – No evidence of any needs; no need for action.

1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.

3 – Need is dangerous or disabling; requires immediate and/or intensive action.

Items	N/A	0	1	2	3		0	1	2	3
<i>Behavioral/Emotional Needs</i>							<i>Functioning continued</i>			
Interpersonal Problems							Medication Adherence			
<i>Functioning</i>							Intimate Relationships			
<i>Independent Living Skills (K)</i>							Transportation			
<i>Parental/Caregiving Roles (L)</i>							Educational Attainment			
<i>Job Functioning (M)</i>										

**K. INDEPENDENT ACTIVITIES OF DAILY LIVING MODULE (To complete when the Independent Living Skills item is rated '1', '2' or '3'.)**

Items	0	1	2	3		0	1	2	3
<i>Meal Preparation</i>						<i>Money Management</i>			
<i>Shopping</i>						<i>Communication Device Use</i>			
<i>Housework</i>						<i>Housing Safety</i>			

<b>L. PARENTING/CAREGIVING MODULE</b> (To complete when the Parental/Caregiving Roles item is rated '1', '2' or '3'.)											
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>				<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Knowledge of Needs					Organization						
Supervision					Marital/Partner Viol. In the Home						
Involvement with Care											
<b>M. VOCATIONAL/CAREER MODULE</b> (To complete when the Job Functioning item is rated '1', '2' or '3'.)											
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>				<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Career Aspirations					Job Performance						
Job Attendance					Job Relations			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please write a rationale for any item in the Transition Age Youth Domain and related modules rated actionable ('2' or '3').											

**CAREGIVER RESOURCES & NEEDS DOMAIN (All Ages)**  
 Caregivers can include parents, kin, state authorities (if applicable) and informal supports. Please note that the primary caregiver should be rated in the appropriate section below.

0 – No current need; no need for action. This may be a resource for the child/youth.  
 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.  
 2 – Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.  
 3 – Need prevents the provision of care; requires immediate and/or intensive action.

<b>Caregiver Information: Primary Caregiver</b>											
<b>First Name:</b>	<b>Last Name:</b>				<b>Relationship:</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>				<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Supervision					Substance Use						
Involvement with Care					Developmental						
Knowledge					Safety						
Organization					Family Stress						
Social Resources					Caregiver Post-traumatic Reactions						
Residential Stability					Marital/Partner Viol. In the Home						
Medical/Physical					Family Relationship to the System						
Mental Health					Legal Involvement						
Please write a rationale for any item in the Caregiver Resources & Needs Domain rated actionable ('2' or '3').											

Caregiver Information					
First Name:	Last Name:				Relationship:
	0	1	2	3	
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Use
Involvement with Care					Developmental
Knowledge					Safety
Organization					Family Stress
Social Resources					Caregiver Post-traumatic Reactions
Residential Stability					Marital/Partner Viol. In the Home
Medical/Physical					Family Relationship to the System
Mental Health					Legal Involvement
Please write a rationale for any item in the Caregiver Resources & Needs Domain rated actionable ('2' or '3').					

Caregiver Information					
First Name:	Last Name:				Relationship:
	0	1	2	3	
Supervision					Substance Use
Involvement with Care					Developmental
Knowledge					Safety
Organization					Family Stress
Social Resources					Caregiver Post-traumatic Reactions
Residential Stability					Marital/Partner Viol. In the Home
Medical/Physical					Family Relationship to the System
Mental Health					Legal Involvement
Please write a rationale for any item in Caregiver Resources & Needs Domain rated actionable ('2' or '3').					



Caregiver Information													
First Name:	Last Name:				Relationship:								
	0	1	2	3	0	1	2	3	0	1	2	3	
Supervision					Substance Use								
Involvement with Care					Developmental								
Knowledge					Safety								
Organization					Family Stress								
Social Resources					Caregiver Post-traumatic Reactions								
Residential Stability					Marital/Partner Viol. In the Home								
Medical/Physical					Family Relationship to the System								
Mental Health					Legal Involvement								
Please write a rationale for any item in the Caregiver Resources & Needs Domain rated actionable ('2' or '3').													