

Ohio Brief 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			
ASSESSOR INFORMATION				
Assessor ID	Assessor Name		Praed Certification No.	
Praed Agency Name	Provider Type		Medicaid Provider ID	
CHILD/YOUTH INFORMATION				
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	
CAREGIVER INFORMATION				
First and Last Name	Relationship	Email	Phone Number	
First and Last Name	Relationship	Email	Phone Number	
First and Last Name	Relationship	Email	Phone Number	
First and Last Name	Relationship	Email	Phone Number	
Agency Name (if in Child Welfare custody):				
Please Check All that Apply:				
<input type="checkbox"/> 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.				
<input type="checkbox"/> Youth was unsuccessful in intensive community treatment.				
<input type="checkbox"/> Youth is in custody of, or on parole with, the Department of Youth Services.				

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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		NA	0	1	2	3
Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical/Physical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sleep		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decision Making		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14+: Medication Adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN (Ages 6+)										
Items	0	1	2	3		NA	0	1	2	3
Psychosis (Thought Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger Control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Use ¹		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disturbances		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attachment Difficulties		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral Regressions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct (Antisocial Behavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Somatization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14+: Interpersonal Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write a rationale for any item in the Behavioral/Emotional Needs Domain rated actionable ('2' or '3').
 1 -- For Substance Use, please describe the substance type, severity and duration of substance use, and impact of peer, parental and/or environmental influences on use of substances.

RISK BEHAVIORS DOMAIN (Ages 6+)										
Items	0	1	2	3		0	1	2	3	
Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Runaway ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Suicidal Self-Injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intentional Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Self-Harm (Recklessness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Danger to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victimization/Exploitation ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Delinquent Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexually Problematic Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Please write a rationale for any item in the Risk Behaviors Domain rated actionable ('2' or '3').
 2 – For Runaway, please describe frequency of running and the child/youth's destination when on the run.
 3 – For Victimization/Exploitation (Sexual Exploitation), please consider this item in relation to the Runaway item.

EARLY CHILDHOOD DOMAIN (Birth thru age 5)

Items	NA	0	1	2	3		NA	0	1	2	3
<i>Challenges</i>						<i>Risk Behaviors & Factors</i>					
Impulsivity/Hyperactivity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Harm (12 mos+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exploited		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexually Problematic Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional (36 mos+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prenatal Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive Behaviors (24 mos+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exposure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment Difficulties		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Labor and Delivery		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustment to Trauma		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth Weight		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failure to Thrive		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atypical Behaviors		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strengths</i>					
Sleep (12 mos+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Strengths		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Functioning</i>						Interpersonal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Functioning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural Supports		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Education		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resiliency (Persistence & Adapt.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and Emotional Functioning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relationship Permanence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental/Intellectual		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playfulness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Physical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Please write a rationale for any item in the Early Childhood Domain 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
Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cultural Differences 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)

Items	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 to Criminal Acts	<input type="checkbox"/>	<input type="checkbox"/>
Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>	Disrupt in Caregiving/Attachment Losses	<input type="checkbox"/>	<input type="checkbox"/>
Natural or Manmade Disaster	<input type="checkbox"/>	<input type="checkbox"/>	Parental Criminal Behavior	<input type="checkbox"/>	<input type="checkbox"/>

Please write a rationale for any item in Potentially Traumatic/Adverse Childhood Experiences domain above rated 'YES'.

CAREGIVER RESOURCES & NEEDS DOMAIN (All Ages)

Please Note: This domain should be completed for the child/youth's current primary caregiver only.

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.

Caregiver Resources & Needs: Primary Caregiver

Items	0	1	2	3		0	1	2	3
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caregiver Post-traumatic Reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marital/Partner Viol. In the Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Relationship to the System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Please write a rationale for any item in the Caregiver Resources & Needs Domain rated actionable ('2' or '3').