

CCASBE 2 (LD) DATA DEFINITIONS -- INITIAL EVALUATION

Item #	Item Description	Yes or No or NA	Item Definition (To score "yes", the item must meet these requirements)
SECTION I: IDENTIFYING INFORMATION			
I.A. Child Information			
1	Child Name, child DOB, Chronological Age, Gender, Race, and/or Ethnicity		Child's name, date of birth, current age, gender, race, and/or ethnicity are indicated (gender, race, and ethnicity) may be addressed under "cultural issues" in item #25.
2	Current Residence (Mailing Address, Phone #, Contact Means)		The address and phone number of the home where the child is living, and where the child and/or family may be contacted at the time of evaluation is documented.
3	Current School (Name of School, Grade)		The name of the school that the child attends (including pre-kindergarten schools) and grade are indicated. If the child's chronological age is between 5-18, and no school is indicated, the reason for the child's lack of school affiliation must be indicated (i.e. home schooling, etc.). May be "N/A" if child is not of school age.
I.B. Family Information			
4	Current Members of family home (Names, Ages, Relationship to Child)		The names, ages, and relationship to the child of the members of the household in which the child is currently living are listed. This item does not include biological parents' name and ages, which is scored under item #5. It must be documented within the evaluation if any of this information is not available at the time of the evaluation and the reason the information is not available.
5	Biological Parents (Name, Age, Living Situation, Marital Status)		The name and age of one or both of the child's biological parents is specified. It is documented whether or not each parent lives in the home with the child, and whether or not the parents live with one another or separately. There is also clear evidence of the parent's marital status. It must be documented within the evaluation if this information is not available at the time of the evaluation and the reason the information is not available.
6	Step-Parents (Name, Age, Living Situation, Marital Status)		The name and age of the child's step-parent(s) is specified. It is documented whether or not step-parent(s) lives in the home with the child, and whether or not the step-parent(s) live with the biological parent to whom they are married, or separately. It must be documented within the evaluation if any of this information is not available at the time of the evaluation and the reason the information is not available. Select "N/A" if the child does not have step parents.

7	Siblings and/or half-siblings not living in the household with child (Name, Age, Relationship, Living Situation, Degree of Contact)		The name, age, relationship, and living situation of each sibling and/or half-sibling and the degree to which they have contact with the child is indicated. It will be assumed that there are no more siblings/half-siblings than those mentioned. It must be documented within the evaluation if any of this information is not available at the time of the evaluation and the reason the information is not available. Select "N/A" if the child does not have siblings and/or half-siblings or have no siblings living outside the household.
8	Current Custody Arrangements (Legal Guardianship - Contact person/agency, phone #)		Name and phone number of individual(s)/agency that has legal custody of the child if other than biological/adoptive parents (CYS, family members) as well as a description of the nature of the individual(s) relationship to the child. Select "N/A" if biological/adoptive parents have custody of the child.
9	Any other specialized needs in family members		It is noted whether or not family members have any specialized needs, and/or any services provided to family members, such as receiving counseling or having significant medical issues, or if there have been recent traumatic family events, etc.
I.C. Community			
10	Current Involvement in specific child-serving systems		Discussion of involvement, or lack of involvement, with child-serving systems , which may (but not necessarily or exclusively) include the following: MH/MR, CYS, D&A, Private Behavioral Health Service Providers, Probation, Early Intervention, Head Start, Pediatrician, PCP, etc. The reason for the involvement should be clear.
SECTION II: REASON FOR REFERRAL/RELEVANT INFORMATION			
II.A. Reason for Evaluation			
11	Referring Agency/Individual		Nature of relationship of the referring individual/agency to child (neighbor, pastor/priest, PCP, etc.). If the referring individual is a mental or physical health professional, the individual's name is included.
12	What are the evaluation questions to assess? (e.g.: Is the child at risk for a higher level of medically necessary care?)		The question(s) to be assessed is stated (e.g. Is the child at risk for placement or a higher level of medically necessary care?).

II.B Relevant Information		Yes or No or NA	
13	Child characteristics/talents/abilities which are considered strengths		Child characteristics/talents/abilities which are considered strengths are identified. For instance, the child's strengths may be thought of in terms of situations, times, and places when the child functions effectively without support. These strengths may also include interests, skills, activities and competencies, most significant/most valued accomplishment (past or current), strengths as an individual, ways of relaxing and having fun, and ways of calming self down when upset or angry.
14	Family Strengths		Family's (i.e., immediate biological/adoptive family, and/or step parents/siblings and siblings that live in the child's family home) strengths and resources are identified. Some things that may be included: Inter-relationship between family members and family members' ability to support each other and the child in coping with the child's emotional disturbance may also be addressed. Closest adults within immediate family (and reasons), most significant/most valued accomplishments of family (past or current), strengths as a family, ways of relaxing and having fun as a family (including common interests and activities), ways of calming family down when upset or angry, and closest supports within family may be included.
15	Access to extended family		Description of any contact (or lack thereof) between the child and his/her extended family (any family other than the immediate family (may include grandmother, cousin, uncle, step parents/siblings and half siblings that do NOT live in the child's family home, etc.). Does NOT include child's biological parents, even if the child does not reside with them and/or the biological parents who do not have legal custody. May also include the extent to which this is supportive to the child.
16	Natural Supports/Community Involvement		Any natural/community supports current or previously used by the child/family, such as YMCA, Big Brothers, 4-H, etc. Clubs and organizations joined, including membership in a church/synagogue and community organizations must be included. It must be noted if the child/family has limited natural/community involvement.

II.C. Current Concerns		Yes or No or NA	
17	Child Symptoms/Behaviors		A description of the child's symptoms/behaviors is documented, and should include a brief statement of the precipitating event that led to the referral as well as an indication of age of onset.
18	Reaction/Responses by Family/Community		The impact of reactions or responses to the child's symptoms/behaviors are documented, and may include a brief statement of the precipitating event that led to the referral.
II.D. Relevant Psychosocial History			
19	Developmental Milestones		A statement regarding the child's developmental history, which should include pregnancy, delivery, and neo natal period.
20	Early Family History		Information is provided regarding the early family history from the first 5 years of child's life. This may include early family composition (including relevant extended family), early family relationships, strengths/concerns. For a child in substitute care, foster family and natural family included.
21	History of Trauma and Neglect		It is indicated whether or not there is a known history of neglect, physical abuse, or sexual abuse.
22	History of Psychiatric Symptoms and Behaviors		At minimum must include history of suicidality/homicidality and substance abuse (or documentation of no evidence of suicidality/homicidality and substance abuse).
23	History of Peer Relationships		A history of peer relationships, such as patterns of peer relationships in the neighborhood and school, predominant age of peers (such as same-age, older, younger), and gender of relationships, etc. This item may also include lack of opportunity for peer involvement. .
24	Leisure Activities		Use of leisure time, such as play, interests, hobbies, predominant activities with peers, etc., or lack thereof.

25	Cultural Issues (as relevant)		A statement that speaks to the child's cultural backgrounds, culture may include any of a vast structure of behaviors, ideas, attitudes, values, habits, customs, language, ethnicity, religion, age group, sexual orientation, geographic region (such as Appalachia), peer group etc. The impact of Ethnicity is addressed by defining it's possible impact within diagnostic and treatment issues or documentation that there is a lack of ethnic issues. Ethnicity is defined as a category of language, values, heritage, rituals or traditions that establish a distinct, subgroup within the broader category of race and culture, i.e. Hispanic, Jewish, Italian, etc. It must be documented within the evaluation if this information is not available at the time of evaluation and the reason the information is not available.
26	Economic Issues (as relevant)		Economic issues are addressed in terms of resources and specific stressors, as relevant.
27	Family Psychiatric History		Family history of psychiatric disorder or lack thereof, as relevant.
28	Legal History		A statement of legal history (or lack thereof) which may include adjudications delinquent or dependent, other indicators such as probation, incarceration, pending charges, placement in juvenile facility, etc. If there is no information in the evaluation that pertains to the child's involvement in the legal system, it will be assumed that there is none to report, and this item can be scored "N/A" .
II.E Interventions/Treatment to Date and Response to Interventions/Treatment		Yes or No or NA	
29	Psychological, Behavioral, and Psychiatric Interventions/Treatment to Date		A treatment history that describes specific mental health or behavioral health rehabilitation services previously provided to the child including, but not limited to, inpatient psychiatric hospitalization, outpatient clinic services, psychiatric partial hospitalization, family-based mental health services, medications, residential treatment facility services, drug and alcohol services, mental retardation services, behavioral health rehabilitation services i.e. TSS and Mobile Therapy is documented, or a statement indicating that no interventions have been tried to date is included.
30	Response to Interventions/Treatment		If the child received treatment, the child's response to treatment is indicated. A description of any adverse effects that occurred during or as a result of intervention is described. NA if # 29 is NO

II.F Medical / Medications status of child		Yes or No or NA	
31	All current medications (names, dosage, and schedule)		Names, dosages, and schedules of current medications, or that there are no current medications. May also include information regarding herbal supplements and vitamins. It must be documented within the evaluation if this information is not available at the time of evaluation and the reason the information is not available.
32	Medication History		Medications that have been used in the past (may include current medications, which are scored under item #31). Will be NA if the only medications are current.
33	Medical Conditions		Includes a statement of known allergies OR a lack of allergies OR no known allergies. Illnesses, injuries, chronic conditions, disabilities, and medical conditions, medical hospitalizations (or lack thereof) are specified.
34	Sensory Limitations		It is stated whether or not the child has any sensory limitations, for example auditory, visual or expressive/receptive language deficits.
II.G Education			
35	Current Educational Placement		It is indicated A11 whether the child is in regular education, or is involved in special education. Select N/A if child is not in school.
36	Current Problems Identified within the School		It is indicated within the evaluation whether or not the child recently, or is, currently experiencing problems within the school. . Select N/A if child is not in school.
37	History of Problems Identified within the School		It is indicated within the evaluation whether or not the child has a history of experiencing problems within the school. Select N/A if child is not in school.
38	School environment information		Description of the classroom/school which may include environment, population, class size, teachers, aides, etc. It must be documented within the evaluation if this information is not available at the time of evaluation and the reason the information is not available. Select "N/A" if child is not in school, OR not experiencing problems within the school setting.

39	Special Education--Type of Placement)		N/A if child is in regular education placement. The type of class is specified (Learning Support (LS)/Emotional Support (ES), etc.). Select "N/A" if child is not in school, OR is in regular education placement.
40	IEP Information		N/A if child is in regular education placement or not in school. E43 IEP information is present in the evaluation, or there is documentation of an attempt to obtain this information. This includes speech therapy, OT, PT, and / or behavioral plans, as applicable. It must be documented within the evaluation if this information is not available at the time of evaluation and the reason the information is not available.
41	History of Psychological Assessment in the school setting		A statement that includes the history, or lack thereof, of previous psychological assessment(s) administered in the academic setting. Pertains to a comprehensive assessment and not simply the use of rating scales. It must be documented within the evaluation if an attempt was made to obtain this information or if this information was not available at the time of evaluation.
SECTION III: INTERVIEW/RESULTS OF ASSESSMENT			
III.A. Interview		Yes or No or NA	
42	Participants in interview		Identifies all individuals present at the face-to-face interview and their level of participation.
43	Formal Mental Status Exam		For the mental status examination of children and adolescents, the clinician observes and assesses the following areas (11 out of 13 to score yes): ____ physical appearance; ____ manner of relating to the examiner and parents, including the ease of separation; ____ affect; ____ mood; ____ orientation to time, place, person; ____ motor behavior, including activity level; ____ content and form of thought, including hallucinations, delusions, thought disorder; ____ suicidality or dangerousness to self or others; ____ speech and language; ____ overall intelligence; ____ attention; ____ memory; ____ judgement and insight. Sources: 1. American Academy of Child and Adolescent Psychiatry (AACAP) "Practice Parameters for the Psychiatric Assessment of Children and Adolescents" 2. American Psychological Association/Division 12; http://www.div12.org
44	Observed Strengths		The child's strengths observed at the time of the interview are described.
45	Quality of interaction with interviewer, others present at interview		The child/adolescent's manner of relating to the interviewer and others present at interview is described.
46	Key Issues and Concerns (as identified by child, family/key informants)		Key issues and concerns, as identified by the child and/or family/key adults (or lack thereof) are described.

III.B. Results of Psychological Assessment			
47	Objective or self-report measures (e.g. Conners, Achenbach Scales, CANS)		If objective and/or self-report measures are used, this information is reported and integrated with existing interview and archival data. Select " N/A " for evaluations that do not include objective or self-report measures.
SECTION IV: DISCUSSION/DIAGNOSIS/RECOMMENDATIONS			
IV.A. Discussion			
48	Overview of strengths, summary of concerns		An overview of child and/or family strengths, which includes a statement about degree of self-care, and a summary of concerns are documented.
49	Comprehensive clinical conceptualization		A comprehensive clinical conceptualization is documented. The clinical symptoms support the diagnosis and recommendations. This may include a description of the probable course of symptoms over time with and without treatment.
50	Available or untapped natural supports/community resources		Available natural supports/community resources, or lack thereof, are described and documented within the recommendations.
51	Explanation of the medically necessary Intervention.		Must provide the rationale for the type/level of service recommended. (Should be informed by CASSP Principles. Should consider full array of services available). Medical Necessary Intervention is described. Full array of services include, but are not limited to, the following: Intensive Outpatient Care, Psychiatric Assessment/Medications, Intensive Case Management, Medical Assessment, Family Based MH Services, BHRS, Respite Care, CYS Involvement, RTF, Psychiatric Inpatient, Traditional Outpatient Care, Medical Management, Partial, JPO, D & A Services, Early Intervention, After-school and other community-based programs, IEP School Based Resources, OVR or other prevocational supports, Resource Coordination, Targeted Case Management, Intellectual and Developmental Disability Services (IDD). Must include brief an explanation why other least restrictive / least intrusive services are not clinically indicated.
IV.B. Diagnosis			
52	Diagnosis from DSM-5		DSM-5 has moved to a nonaxial documentation of diagnosis (formerly Axes I, II, and III), with separate notations for important psychosocial and contextual factors (formerly Axis IV) and disability (formerly Axis V) – taken from p. 16 of the DSM 5 section on the Multiaxial System. Diagnosis code 799.59 Unspecified Neurocognitive Disorder (reference page 643 - DSM-5) should not be used if behavioral health treatment interventions are recommended

IV.C. Recommendations		Yes or No or NA	
53	Specific Level of Care recommended		The level of care is specified, such as BHRS, Family Based, Outpatient, RTF, etc., or none. Credit may be given if evaluation mentions wraparound or a combination of BSC, MT, and TSS. If there are no behavioral health treatment recommendations, select "N/A" .
54	Proposed Frequency and Intensity of BHRS		If BHRS is recommended, the frequency and intensity of the recommended services is indicated. The specific services recommended are listed, such as Behavioral Specialist Consultant (BSC), Mobile Therapist (MT), and Therapeutic Staff Support (TSS). Specific hours of service delivery and location for each service should be indicated. If there are no BHRS recommendations, select "NA."
55	Active Family Participation		Evidence of documentation that there is active participation of family caregivers in all aspects of treatment. It is the responsibility of the evaluator to discuss this principle as related to the child and family during the interview.
56	Goal for Each Service		Treatment recommendations, and the goals for each service recommended in the evaluation are clearly stated. If there are no behavioral health treatment recommendations, select "N/A" .
57	Natural Supports/Community Resources		Natural Supports/community resources of potential benefit to the child and family are identified. If no community resources are listed, there must be an explanation of why, and must be addressed in treatment recommendations.
58	Psychiatric Consultation		If there are psychiatric treatment referrals/recommendations, the services are stated and a rationale is included. If there are no psychiatric treatment recommendations, select "N/A" .
59	Psychotropic Medications Recommendations (names, dosage, schedule)		If a psychiatrist is conducting the evaluation, and there are psychotropic medications recommended, the names, dosages, and schedules of those medications are stated. If there are no psychotropic medications recommended, AND no psychiatric referral is given, select "N/A" . For an evaluation not conducted by a psychiatrist, select "NA."
60	Ancillary Services		If ancillary services are recommended (neurological/psychological testing, speech therapy, etc.), those services are specified. If there are no ancillary services recommended, select "N/A" .
61	Discharge Recommendations,		Discharge recommendations, progress towards discharge and discharge readiness . Specific gains / behavioral changes reflecting identified needs from assessment. What needs to be accomplished for the level of care to be no longer medically necessary. What is the recommended discharge level of care. Simply stating "meets treatment goals" is not acceptable.