

Client Name:		Client ID Number:	
Caregiver Type:	<input type="radio"/> Biological Parent	<input type="radio"/> Foster Parent	Client DOB:
	<input type="radio"/> Adoptive Parent	<input type="radio"/> Other	Clinician/Staff ID:
	<input type="radio"/> Other Family Member (non-foster status)		SubUnit:
Date of Assessment:		Current Primary Dx (ICD code):	
Assessment Type: <input type="radio"/> Initial <input type="radio"/> Reassessment <input type="radio"/> Discharge		Current Secondary Dx (ICD code):	

CHILD BEHAVIORAL/EMOTIONAL NEEDS				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
1. Psychosis (Thought Disorder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Adjustment to Trauma <sub>1</sub>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Substance Use <sub>2</sub>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):</b>				
Presenting Problems <input type="checkbox"/>				
Psychiatric History <input type="checkbox"/>				
Substance Use Information <input type="checkbox"/>				
History of Self-Injury/Suicide/Violence <input type="checkbox"/>				
Other (Please specify) <input type="checkbox"/>				

STRENGTHS				
0=centerpiece strength	1=useful strength			
2=identified strength	3=no evidence			
	0	1	2	3
20. Family Strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Educational Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Cultural Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Resiliency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Documentation to support ratings of a '0' or '1' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):</b>				
Family History <input type="checkbox"/>				
Social Concerns <input type="checkbox"/>				
Education <input type="checkbox"/>				
Cultural Information <input type="checkbox"/>				
Other (Please specify) <input type="checkbox"/>				

CAREGIVER RESOURCES AND NEEDS				
<input type="radio"/> Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
10. Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Medical/Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):</b>				
Family History <input type="checkbox"/>				
Current Domestic Violence <input type="checkbox"/>				
Other (Please specify) <input type="checkbox"/>				

LIFE FUNCTIONING				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
29. Family Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Developmental/Intellectual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Decision-Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Medical/Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Sexual Development <sub>3</sub>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):</b>				
Family History <input type="checkbox"/>				
Social Concerns <input type="checkbox"/>				
Developmental Milestones <input type="checkbox"/>				
Early Interventions <input type="checkbox"/>				
Medical Tab <input type="checkbox"/>				
Presenting Problems <input type="checkbox"/>				
Gender Identity <input type="checkbox"/>				
Education <input type="checkbox"/>				
Other (Please specify) <input type="checkbox"/>				



CULTURAL FACTORS				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
40. Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Traditions and Rituals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Cultural Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):</b>				
Cultural Information	<input type="checkbox"/>			
Protective Factors	<input type="checkbox"/>			
Other (Please specify)	<input type="checkbox"/>			

RISK BEHAVIORS				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
43. Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Non-Suicidal Self-Injurious Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Other Self-Harm (Recklessness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Sexual Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Delinquent Behavior <sub>4</sub>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Runaway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Intentional Misbehavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):</b>				
High Risk Assessment	<input type="checkbox"/>			
Tarasoff	<input type="checkbox"/>			
History of Self-Injury	<input type="checkbox"/>			
Other (Please specify)	<input type="checkbox"/>			

**FOLLOW-UP ASSESSMENT MODULES (Complete if trigger items are rated a '2' or '3')**

1. TRAUMA MODULE (Follow-up to Item 8)				
No=no evidence of Trauma	Yes=Evidence of Trauma			
	No	Yes		
Sexual Abuse	<input type="radio"/>	<input type="radio"/>		
Physical Abuse	<input type="radio"/>	<input type="radio"/>		
Neglect	<input type="radio"/>	<input type="radio"/>		
Emotional Abuse	<input type="radio"/>	<input type="radio"/>		
Medical Trauma	<input type="radio"/>	<input type="radio"/>		
Natural or Manmade Disaster	<input type="radio"/>	<input type="radio"/>		
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>		
Witness to Community/School Violence	<input type="radio"/>	<input type="radio"/>		
Victim/Witness to Criminal Activity	<input type="radio"/>	<input type="radio"/>		
War/Terrorism Affected	<input type="radio"/>	<input type="radio"/>		
Disruptions in Caregiving/Attachment Losses	<input type="radio"/>	<input type="radio"/>		
Parental Criminal Behavior	<input type="radio"/>	<input type="radio"/>		
<i>Sexual Abuse and Traumatic Stress</i>				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
If the youth has been sexually abused:				
	0	1	2	3
Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic Stress Symptoms:				
	0	1	2	3
Emotional/Physical Dysregulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrusions/Re-Experiencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyperarousal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic Grief/Separation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. SUBSTANCE USE MODULE (Follow-up to Item 9)				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. SEXUALITY MODULE (Follow-up to Item 38)				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
Hypersexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Masturbation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reactive Sexual Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choice of Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Exploitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. JUVENILE JUSTICE MODULE (Follow-up to Item 48)				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Criminal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>