



Client Assignment and Registration System
Texas Department of Mental Health and Mental Retardation

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|---|-----------------------------------|---|---------------------------------|--------------------------|---|
| CARE - CEA | | Child & Adolescent Evaluation Assessment | | (Action Code 160) | Rev. 9/1/01 |
| Last Name/ | <input type="text"/> | Client ID | <input type="text"/> | | |
| Suffix | <input type="text"/> | Local Case Number | <input type="text"/> | | |
| First Name | <input type="text"/> | Component | <input type="text"/> | | |
| Middle Name | <input type="text"/> | Form Date | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Action | Add <input type="checkbox"/> | Change <input type="checkbox"/> | Delete <input type="checkbox"/> | | |
| Type of Assessment | | | | | |
| Intake <input type="checkbox"/> | Update <input type="checkbox"/> | Termination <input type="checkbox"/> | | | |
| Intake/Update Information | | | | | |
| Referral Source _____ | | At Risk of Removal From | | | |
| At Risk of Placement (Y/N) _____ | | Preferred Child Care (Y/Blank) _____ | | | |
| Placement Criteria Met? (Y/N) _____ | | ED (In Special Education?) (Y/N) _____ | | | |
| Early Intervention (EI) (Y/Blank) _____ | | | | | |
| CBCL/YSR/TRF Scores | | | | | |
| Score Type | CBCL <input type="checkbox"/> | YSR <input type="checkbox"/> | Date Completed | ____ - ____ - ____ | |
| (Check One) | CBCL 2-3 <input type="checkbox"/> | TRF <input type="checkbox"/> | | | |
| Total | ____ | Internalizing | ____ | Externalizing | ____ |
| GAF | ____ | Med/CHIP Eligibility & Enrollment (M/E/C/N/I) | ____ | | |
| Level | ____ | M = Medicaid eligible and enrolled | | | |
| Wrap-around? (Y/N) _____ | | E = Medicaid eligible and not enrolled | | | |
| | | C = CHIP eligible and not enrolled | | | |
| | | N = Not eligible for Medicaid or CHIP | | | |
| | | I = CHIP enrolled/insured | | | |
| Community Functioning and Problem Behavior Rating Scales | | | | | |
| Current | Past | | Current | Past | |
| <input type="checkbox"/> | <input type="checkbox"/> | MH or SA Treatment (0 to 5) | <input type="checkbox"/> | <input type="checkbox"/> | Juvenile Justice Involvement (0 to 5) |
| <input type="checkbox"/> | <input type="checkbox"/> | Danger to Others (0 to 5) | <input type="checkbox"/> | <input type="checkbox"/> | Family Problems (0 to 5) |
| <input type="checkbox"/> | <input type="checkbox"/> | School Problems (0 to 5) | <input type="checkbox"/> | <input type="checkbox"/> | Danger to Self (0 to 5) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alcohol or Drug Use (0 to 5) | | | Current Caregiver Capacity _____ (0 to 5) |
| Termination Information | | | | | |
| Interagency Contact? (Y/Blank) _____ | Services Complete? (Y/N) _____ | Goals Met? (Y/N) _____ | | | |
| Completed By: _____ | Date: _____ | | | | |

Instructions for the Child and Adolescent Evaluation Assessment Form (CARE-CEA)

The Child and Adolescent Evaluation Assessment form is intended to provide information about important behaviors the child has shown at the time of three separate assessments: intake, update, and termination.

Identifying Information: Complete the identifying information at the top of the form. The component code is the 3-digit TXMHMR code for your center. The local case number is a maximum of 10 characters. The form date is the date the evaluation assessment is completed.

Action Code: Use “Add” to add a new Evaluation Assessment form for the first time. Use “Change” to change or add to information on a form that has been previously submitted for data entry. When using “Change” you must enter the identifying information and assessment date exactly as it appeared on the form to be changed, then enter the correct information. Use “Delete” to delete a previously submitted form that was wrong and you want to take it out of the computer system altogether. When using “Delete” you must enter the identifying information exactly as it appeared on the erroneous form. Therefore:

- When you want to submit the Evaluation Assessment for the first time, use “Add”.
- If you want to add to or change data on an Evaluation Assessment form that was previously submitted, use “Change”.

Type of Assessment: Indicate the type of Evaluation Assessment as Intake, Update, or Termination.

Intake/Update Information:

- Referral Source: Enter the code of the source that first prompted or suggested the referral (1=Family/Self, 2=School, 3=Juvenile Probation, 4=TYC, 5=CPS, 6=From another division within the center - MR/SA/Emergency Services, 7=TDMHMR facility, 8=Other, 9=Unknown).
- At Risk of Placement: Enter “Y” if the child meets **one** of the following: 1) history of residential/hospital placement for mental health treatment; 2) the LAR/caregiver considers residential/hospital placement for mental health treatment a solution; or 3) the child is returning from residential/hospital placement for mental health treatment. Enter “Y” if the child meets **at least two** of the following: 1) history of school truancies; 2) history of serious alcohol/drug use; 3) history of serious behavioral problems at school; 4) history of delinquent behaviors in the community; 5) history of serious parental/caregiver rejections; and 6) history of serious behavioral problems at home.
- Placement Criteria Met: Enter “Y” only if placement by an agency for purposes of mental health treatment is imminent or if the LAR is prepared to relinquish custody of the child to CPS for purposes of obtaining placement for mental health treatment.
- Early Intervention (0 through 6): Enter “Y” if the center is serving this population whether the center is one of the funded EI sites or not. Do **NOT** enter ECI children.
- At Risk of Removal from Preferred Child Care: Enter “Y” only if the LAR/primary caregiver has been approached by the child care provider regarding placement of the child in an alternative child care setting; or the child has previously been removed from the preferred child care setting because of problem behaviors; or the mental health center will be providing services to prevent this removal.
- ED (In Special Education?): Enter “Y” only if the child is designated special education by the school because of emotional disturbance.

CBCL/YSR/TRF Scores:

- Indicate the score type in the appropriate check box (CBCL, CBCL 2-3, YSR, or TRF).
- Enter the date the CBCL/YSR/TRF was completed by the informant in Date Completed.
- For all children and adolescents (including children ages 2 or 3), enter the CBCL/YSR/TRF scores for Total, Internalizing, and Externalizing.

GAF, Wraparound, Level, and Medicaid/CHIP Eligibility:

- Enter the child's GAF score (from AXIS V of the DSM-IV).
- Enter Y (Yes) or N (No) for wrap-around. Only use the wrap-around designation if the child meets the following criteria:
A wrap-around child is a child: (1) who is Level 2 or Level 3 and (2) whose placement by an agency in residential treatment or a psychiatric hospital is imminent or who is returning from one of these two placements and (3) whose treatment is planned, updated, and monitored through a Child and Family Team composed of at least 50% non-agency individuals, including at a minimum the child, family member/s, and another individual/s who agree/s to participate in the plan and whom the child and family have selected.
- Enter the child's Level (0, 1, 2, 3, or A) as defined in the FY01 Performance Contract.
- Enter the child's Medicaid/CHIP eligibility and enrollment status: “M”=Medicaid eligible and enrolled; “E”=Medicaid eligible and not enrolled (below 133% of federal poverty level for ages 0 through 6 and below 100% for ages 7 through 17); “C”=CHIP eligible and not enrolled (between 100% and 200% of the federal poverty level); “N”=Not eligible for Medicaid or CHIP; children who are not citizens; children whose family income is above 200% of federal poverty level; and children for whom family income is unavailable (e.g., youth served in detention, youth requesting services without parental involvement, etc.); and “I”=CHIP enrolled/insured.

Community Functioning and Problem Behavior Rating Scales:

See the Community Functioning and Problem Behavior Rating Scales in each specified area for the anchors for the 0 – 5 Likert scale.

Termination Information:

- Indicate Y (Yes) if there was Interagency Contact or leave blank if not.
- Enter “Y” after Services Complete? only if the child/family completed services as designated in the treatment plan.
- Enter “Y” after Goals Met? only if the child/family substantially met the treatment goals designated in the treatment plan.

Completed By: Indicate who completed the form by entering the correct name and form completion date.