

COMMUNITY SERVICES REVIEW PROFILE - CHILDREN

1. GENERAL REVIEW INFORMATION

0. Record Number: _____
1. Child's Name: _____
2. District/County: _____ / _____ (residence)
3. Counselor/Caseworker: _____
 Provider: _____
4. Review Date: ____/____/____
5. Reviewer: _____
 Shadow: _____
6. Number of persons interviewed:

2. CURRENT PLACEMENT

7. Child's placement (*check only one item*)
- Family biological/adoption home
- Kinship/relative home
- Foster home
- Therapeutic foster home
- Shelter care
- Group home
- Independent living
- Detention/jail
- Hospital/MHI
- Residential treatment center
- Juvenile institution
- Adult correction facility
- Other: _____

3. CO-OCCURRING CONDITIONS

- Identify the co-occurring conditions (*check all that apply*):
8. Autism Spectrum Disorder
9. Behavioral Disorder (of a serious nature or degree)
10. Chronic Health Impairment
11. Deaf/Blindness
12. Degenerative Disease
13. Mental Illness
14. Mental Retardation
15. Neurological Impairment/Seizure Disorder
16. Orthopedic Impairment
17. Sensory Impairment
18. Specific Learning Disability
19. Substance Abuse/Addiction
20. Other: _____
21. NONE

4. DEMOGRAPHIC AND SERVICE INFORMATION

- | | | | | | |
|--|---|--|--|--|--|
| <p>22. Child's Age</p> <p><input type="checkbox"/> 0 - 4 yrs</p> <p><input type="checkbox"/> 5 - 9 yrs</p> <p><input type="checkbox"/> 10 - 13 yrs</p> <p><input type="checkbox"/> 14 + yrs</p> | <p>24. Child's Ethnicity</p> <p><input type="checkbox"/> Euro-American</p> <p><input type="checkbox"/> African-American</p> <p><input type="checkbox"/> Latino-American</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Asian-American</p> <p><input type="checkbox"/> Pacific Is. American</p> <p><input type="checkbox"/> Other: _____</p> | <p>25. Language</p> <p>Spoken at Home</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Other: _____</p> | <p>26. Case Open</p> <p><input type="checkbox"/> 0 - 3 mos.</p> <p><input type="checkbox"/> 4 - 6 mos.</p> <p><input type="checkbox"/> 7 - 9 mos.</p> <p><input type="checkbox"/> 10 - 12 mos.</p> <p><input type="checkbox"/> 13 - 18 mos.</p> <p><input type="checkbox"/> 19 - 36 mos.</p> <p><input type="checkbox"/> 37+ mos.</p> | <p>27. Placement Changes</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> 1-2 placements</p> <p><input type="checkbox"/> 3-5 placements</p> <p><input type="checkbox"/> 6-9 placements</p> <p><input type="checkbox"/> 10+ placements</p> | <p>28. CALOCUS Level of Care:</p> <p><input type="checkbox"/> 0. Basic services (prevention)</p> <p><input type="checkbox"/> 1. Recovery maintenance & health management</p> <p><input type="checkbox"/> 2. Outpatient services</p> <p><input type="checkbox"/> 3. Intensive out-patient services</p> <p><input type="checkbox"/> 4. Intensive integrat. serv. w/o psych. monitoring</p> <p><input type="checkbox"/> 5. Non-secure, 24-hr serv. w/psych. monitoring</p> <p><input type="checkbox"/> 6. Secure, 24-hr services w/ psychiatric mgt.</p> |
|--|---|--|--|--|--|

5. DEMOGRAPHIC AND SERVICE INFORMATION

29. **Educational Placement or Situation:** (*check all that apply*)
- Regular K-12 Ed. Adult basic/GED Day treatment program
- Full inclusion Alternative Ed. Supported work
- Part-time Sp. Ed. Vocational Ed. Completed/graduated
- Self-cont. Sp. Ed. Expelled/Suspen. Dropped-Out
- Other: _____
30. **Child's Grade Level and Reading Level:** (*insert number in box provided*)
- Grade Level Assigned: Current Reading Level:
31. **Other Agencies Involved:** (*check all that apply*)
- Child welfare Juvenile justice Developmental disabilities
32. **Number of Psychotropic Medications Prescribed:** (*check only one item*)
- No psych meds 2 psych meds 4 psych meds
- 1 psych med 3 psych meds 5+ psych meds
33. **Level of Functioning (CGAF):** (*check only one item*)
- [See CSR Protocol, page 13 for Children's Global Assessment of Functioning]
- In level 1-5 In level 6-7 In level 8-10 NA (under age 5)

6. DEMOGRAPHIC AND SERVICE INFORMATION

- Special Procedures Used in Past 30 Days:** (*check all that apply*)
34. Voluntary Time Out
35. Loss of Privileges via a Point & Level System
36. Disciplinary Consequences for Rule Violation
37. Room Restriction
38. Exclusionary Time Out
39. Seclusion/Locked Room
40. Take-Down Procedure
41. Physical Restraint (hold, 4-point, cuffs)
42. Emergency Medications
43. Medical Restraints
44. 911 Emergency Call: EMS
45. 911 Emergency Call: Police
46. Other: _____
47. NONE
48. **Residential Placement in past 30 days, if different from current placement:** (*check only one*)
- Family/Adoptive Home
- Kinship/Relative Home
- Foster Home (regular or therapeutic)
- Private Residential Facility
- Group Home
- Residential Treatment Center
- Youth Services Facility
- Hospital/Institution
- Other: _____
- Not Applicable

7. LENGTH OF STAY IN CURRENT PROGRAM PLACEMENT

49. **Months in Current Program Placement:** (*check only one item*)
- 0 - 3 mos. 10 - 12 mos. 19 - 36 mos.
- 4 - 6 mos. 13 - 18 mos. 37+ mos.
- 7 - 9 mos.

COMMUNITY SERVICES REVIEW PROFILE - CHILDREN

Page 2: Child's Name: _____ Reviewer: _____ Date: ___/___/___

8. INDICATORS OF CURRENT CHILD AND FAMILY STATUS

STATUS INDICATOR ZONES	IMPROVE		REFINE		MAINTAIN		NA
	1	2	3	4	5	6	
COMMUNITY LIVING							
1. Safety* of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Home & school placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Caregiver support of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Satisfaction w/ services/results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH & WELL-BEING							
6. Health/physical well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Functional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DEVELOPING LIFE SKILLS							
8. Academic status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Responsible behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Lawful behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. OVERALL CHILD STATUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. INDICATORS OF RECENT PROGRESS

CHANGE OVER TIME	1 2		3 4		5 6		NA
1. Symptom reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Beh. improvement (resiliency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. School/work progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Risk reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Transition progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Meaningful relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. OVERALL PATTERN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. INDICATORS OF CURRENT PRACTICE PERFORMANCE

PERFORMANCE INDICATOR ZONES	IMPROVE		REFINE		MAINTAIN		NA
	1	2	3	4	5	6	
PLANNING TREATMENT							
1. Child & family engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Cultural accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Service team formation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Service team functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Functional assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Long-term guiding view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Individualized resiliency plan (IRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Goodness-of-service fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PROVIDING TREATMENT							
9a. Resource avail: unique/flex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9b. Resource avail: unit/placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Treatment implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Emergent/urgent response cap.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Special procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Family support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANAGING TREATMENT							
15. Service coordination & continuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Tracking & adjustments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. OVERALL PRACTICE PERFORM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. SIX-MONTH PROGNOSIS

Based on review findings, over the next six months the child's situation is likely to:

- Improve**
 Continue—status quo
 Decline/deteriorate

12. REVIEW OUTCOME CATEGORY

(See Overall Child/Family Status and Overall Practice Performance):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Outcome 1
4, 5, or 6 status
and
4, 5, or 6 perf | <input type="checkbox"/> Outcome 2
1, 2, or 3 status
and
4, 5, or 6 perf | <input type="checkbox"/> Outcome 3
4, 5, or 6 status
and
1, 2, or 3 perf | <input type="checkbox"/> Outcome 4
1, 2, or 3 status
and
1, 2, or 3 perf |
|--|--|--|--|