

VERMONT CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

COMPREHENSIVE MULTISYSTEM ASSESSMENT

For Children and Youth 5 Years – 22 Years

Manual



A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the CANS-Comprehensive assessment tool contact:

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INTRODUCTION

The CANS is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the child serving system-child and families. As such, completion of the CANS is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS.

Six Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the child/youth, not the child/youth in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. “2” or “3”).
4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth’s development and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or youth regardless of development age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. The ratings are generally “agnostic as to etiology”. In other words, this is a descriptive tool. It is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any case-effect judgements.
6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child or youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

Action Levels for “Need” Items

0 – No Evidence of Need – This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, “does Johnny smoke weed?” He says he doesn’t, his mother says he doesn’t, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does, and we would certainly no refer him to programming for substance related problems.

1 – Watchful Waiting/Prevention – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behavior is past behavior, and that such behavior may recur under stress, so we would want to keep an eye on it from a preventive point of view.

2 – Action Needed – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth’s or family’s life in a notable way.

3 – Immediate/Intensive Action Needed – This level rating indicates a need that require immediate or intensive effort to address. Dangerous or disabling levels of needs are rate with this level. A child/youth who is no attending school at all or an acutely suicidal youth would be rated with a “3” on the relevant need.

Action Levels of “Strengths” Items

0 – Centerpiece Strength. This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.

1 – Useful Strength. This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of a plan

2 – Identified Strength. This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.

3 – No Strength Identified. This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

This section identifies the behavioral health needs of the child/youth. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In the DSM, diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of “2” or “3” as described by the action levels below.

Question to Consider for this Domain: What are the presenting social, emotional, and behavioral needs of the child/youth?

For the **Behavioral/Emotional Needs Domain**, use the following categories and action levels:

- 0 – No current need; no need for action or intervention
- 1 – History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 – Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 – Problems are dangerous or disabling; requires immediate and/or intensive action.

1	PSYCHOSIS (THOUGHT DISORDER) – This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders. The common symptoms of these disorders include hallucinations (i.e. experiencing things others do not experience), delusions (i.e. a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), disorganized thinking, and bizarre/idiosyncratic behavior.	
Questions to Consider <input type="checkbox"/> Does the child/ Youth exhibit behaviors that are unusual or difficult to understand? <input type="checkbox"/> Does the child/youth engage in certain actions repeatedly? <input type="checkbox"/> Are the unusual behaviors or repeated actions interfering with the child/youth’s functioning?	Ratings & Descriptions	
	0	No current need; no need for action or intervention. No evidence of psychotic symptoms. Both thought processes and content are within normal range.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Evidence of disruption in thought processes or content. Youth may be somewhat tangential in speech or evidence of somewhat illogical thinking (age inappropriate). This also includes youth with a history of hallucinations but none currently. Use this category for youth who are below the threshold for one of the DSM diagnoses listed above.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth’s functioning. Evidence of disturbance in thought process or content that may be impairing the youth’s functioning in at least one life domain. Youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.
	3	Problems are dangerous and disabling; requires immediate and/or intensive action. Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the youth or others at risk of physical harm.
Supplemental Information: While a growing body of evidence suggests that schizophrenia can begin as early as age nine, schizophrenia is more likely to begin to develop during the teenage years. However, young children can have psychotic disorders, most often characterized by hallucinations. Posttraumatic stress disorder secondary to sexual or physical abuse can be associated with visions of the abuser when children are falling asleep or waking up. These occurrences would not be rated as hallucinations unless they occur during normal waking hours.		

2 IMPULSIVITY/HYPERACTIVITY - Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD), Impulse-Control Disorders and mania as indicated in the DSM-5. Children with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire-starting or stealing. Manic behavior is also rated here.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Is the child/youth unable to sit still for any length of time? <input type="checkbox"/> Does the child/youth have trouble paying attention for more than a few minutes? <input type="checkbox"/> Is the child/youth able to control the child/youth's behavior, talking?	0 No current need; no need for action or intervention. No evidence of symptoms of loss of control of behavior.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or evidence of mild levels of impulsivity evident in action or thought that place the youth at risk of future functioning difficulties. The youth may exhibit limited impulse control, e.g., youth may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the youth's functioning in at least one life domain. This indicates a youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A youth who often intrudes on others and often exhibits aggressive impulses would be rated here.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the youth at risk of physical harm. This indicates a youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The youth may be impulsive on a nearly continuous basis. The youth endangers self or others without thinking.
Supplemental Information: This item is designed to allow for the description of the child/youth's ability to control his/her behavior, including impulsiveness, hyperactivity and/or distractibility. If a child has been diagnosed with Attention-Deficit/Hyperactivity Disorder (AD/HD) and disorders of impulse control, this may be rated here. Children and adolescents with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A "3" on this item is reserved for those whose lack of control of behavior has placed them in physical danger during the period of the rating. Consider the child's environment when rating (i.e. bored kids tend to be impulsive kids). AD/HD is characterized by either frequently displayed symptoms of inattention (e.g., difficulty sustaining attention, not seeming to listen when spoken to directly, losing items, forgetful in daily activities, etc.) or hyperactivity or impulsivity (e.g., fidgety, difficulty playing quietly, talking excessively, difficulty waiting his or her turn, etc.) to a degree that it causes functioning problems.	

3 DEPRESSION - Symptoms included in this item are irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This item can be used to rate symptoms of the depressive disorders as specified in DSM-5.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Is child/youth concerned about possible depression or chronic low mood and irritability? <input type="checkbox"/> Has the child/youth withdrawn from normal activities? <input type="checkbox"/> Does the child/youth seem lonely or not interested in others?	0 No current need; no need for action or intervention. No evidence of problems with depression.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in youth's ability to function in at least one life domain.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of disabling level of depression that makes it virtually impossible for the youth to function in any life domain. This rating is given to a youth with a severe level of depression. This would include a youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.
Supplemental information: Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults. It might be somewhat less common among children, particularly young children. The main difference between depression in children and youth and depression in adults is that among children and youth it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression. Children and adults may use illicit drugs or overuse prescription drugs to self-medicate. Ratings on this item can reflect symptoms of DSM-5 Depressive Disorders (Disruptive Mood Dysregulation Disorder, Major Depressive Disorder, Persistent Depressive Disorder (Dysthymia), etc.). A child in the depressive phase of Bipolar Disorder may be rated here.	

4 ANXIETY - This item rates symptoms associated with DSM-5 Anxiety Disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors). Panic attacks can be a prominent type of fear response.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Is the child/youth avoiding normal activities out of fear?	0 No current need; no need for action or intervention. No evidence of anxiety symptoms.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the individual significant distress or markedly impairing functioning in any important context.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the youth's ability to function in at least one life domain.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of debilitating level of anxiety that makes it virtually impossible for the youth to function in any life domain.

Supplemental information: As noted in the DSM-5, Anxiety Disorders share features of excessive fear (i.e. emotional response to real or perceived imminent threat) and anxiety (i.e. anticipation of future threat) and related behavioral disturbances (e.g., panic attacks, avoidance behaviors, restlessness, being easily fatigued, difficulty concentrating, irritable mood, muscle tension, sleep disturbance, etc.) which cause significant impairment of functioning or distress. Anxiety disorders differ from one another in the types of objects or situations that induce fear, anxiety, or avoidance behavior, and the associated cognitive ideation.

5 OPPOSITIONAL (NON-COMPLIANCE WITH AUTHORITY) - This item rates the youth's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the youth.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Have teachers or other adults reported that the child/youth does not follow rules or directions? <input type="checkbox"/> Does the child/youth argue with adults when they try to get them to do something? <input type="checkbox"/> Does the child/youth do things that they have been explicitly told not to do?	0 No current need; no need for action or intervention. No evidence of oppositional behaviors.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the youth's functioning in at least one life domain. Behavior causes emotional harm to others. A youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the youth has severe problems with compliance with rules or adult instruction or authority.

Supplemental Information: Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance with authority rather than inflicting damage and hurting others.

6 CONDUCT - This item rates the degree to which a youth engages in behavior that is consistent with the presence of a Conduct Disorder.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Has the child/youth Ever tortured animals? <input type="checkbox"/> Does the child/youth disregard or is unconcerned about the feelings of others (lack empathy)?	0 No current need; no need for action or intervention. No evidence of serious violations of others or laws.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A youth rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the youth or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.

7 ADJUSTMENT TO TRAUMA - This item is used to describe the youth who is having difficulties adjusting to a traumatic experience, as defined by the youth. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Has the child/youth experienced trauma? <input type="checkbox"/> How is it connected to the current issue(s)? <input type="checkbox"/> What are the child/youth's coping skills?	0 No current need; no need for action or intervention. No evidence that youth has experienced a traumatic life event, OR youth has adjusted well to traumatic/adverse experiences.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. The youth has experienced a traumatic event and there are some changes in his/her behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with youth's functioning in at least one life domain
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

Supplemental Information: This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

8

ANGER CONTROL - This item captures the youth's ability to identify and manage anger when frustrated.

Questions to Consider

- Does the child/youth get upset or frustrated easily?
- Does the child/youth overreact if someone criticizes or rejects the child/youth?
- Does the child/youth seem to have dramatic mood swings?

Ratings & Descriptions

- | | |
|----------|--|
| 0 | No current need; no need for action or intervention. No evidence of any anger control problems. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
History, suspicion of, or evidence of some problems with controlling anger. Youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Youth's difficulties with controlling anger are impacting functioning in at least one life domain. Youth's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth's temper or anger control problem is dangerous. Youth frequently gets into fights that are often physical. Others likely fear the youth. |

Supplemental Information: Everyone gets angry at times. This item is intended to identify individuals who are more likely than average to become angry and lose control in such a way that it leads to problems with functioning. A '3' describes an individual whose anger has put him/herself or others in physical peril within the rating period.

9

SUBSTANCE USE - This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by a youth. This rating is consistent with DSM-5 Substance-Related and Addictive Disorders. This item does not apply to the use of tobacco or caffeine.

Questions to Consider

- Has the child/youth used alcohol or drugs on more than an experimental basis?
- Do you suspect that the child/youth may have an alcohol or drug use problem?
- Has the child/youth been in a recovery program for the use of alcohol or drugs?

Ratings & Descriptions

- | | |
|----------|---|
| 0 | No current need; no need for action or intervention. Youth has no notable substance use difficulties at the present time. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Youth has a substance use problem that consistently interferes with the ability to function optimally but does not completely preclude functioning in an unstructured setting. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the youth. |

Questions to Consider

Ratings & Descriptions

- | | |
|---|--|
| 0 | No current need; no need for action or intervention. No evidence of eating disturbances |
| 1 | <p>Identified need requires monitoring, watchful waiting, or preventive activities.</p> <p>Mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.</p> |
| 2 | <p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.</p> <p>Clear evidence of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are following by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). Food hoarding also would be rated here.</p> |
| 3 | <p>Problems are dangerous or disabling; requires immediate and/or intensive action.</p> <p>Eating disturbance is disabling. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).</p> |

LIFE FUNCTIONING DOMAIN

Life domains are the different arenas of social interaction found in the lives of children, youth, and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

Question to Consider for this Domain: How is the individual functioning in individual, family, peer, school, and community realms?

For **Life Functioning Domain**, use the following categories and action levels:
 0 No current need; no need for action or intervention.

- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

Please rate the highest level from the past 30 days unless otherwise indicated

11	<p>FAMILY FUNCTIONING - This rates the youth's relationships with those who are in his/her family. It is recommended that the description of family should come from the youth's perspective (i.e. who the youth describes as his/her family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the youth is still in contact. Foster families should only be considered if they have made a significant commitment to the youth. For youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, take into account the relationship the youth has with his/her family as well as the relationship of the family as a whole.</p> <p>NOTE: This item has also been called Family, Family Relationships.</p>	
<p>Questions to Consider</p> <p><input type="checkbox"/> Is there conflict in the family relationship that requires resolution?</p> <p><input type="checkbox"/> Are supports required to restore or develop positive relationship in the family?</p>	<p>Ratings & Descriptions</p>	
	<p>0</p>	<p>No current need; no need for action or intervention.</p> <p>No evidence of problems in relationships with family members, and/or youth is doing well in relationships with family members.</p>
	<p>1</p>	<p>Identified need requires monitoring, watchful waiting, or preventive activities.</p> <p>History or suspicion of problems. Youth might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with youth. Arguing may be common but does not result in major problems</p>
	<p>2</p>	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.</p> <p>Youth is having problems with parents, siblings and/or other family members that are impacting the youth's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed</p>
	<p>3</p>	<p>Problems are dangerous or disabling; requires immediate and/or intensive action.</p> <p>Youth is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.</p>

12 **LIVING SITUATION-** This item refers to how the youth is functioning in the current living arrangement, which could be with a relative, in a foster home, long term residential setting, etc. This item should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> How has the child/youth been behaving and getting along with others in the current living situation?	0 No current need; no need for action or intervention. No evidence of problem with functioning in current living environment. Youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.
	1 Identified need requires monitoring, watchful waiting, or preventative activities. Youth experiences mild problems with functioning in current living situation. Caregivers express some concern about youth's behavior in living situation, and/or youth and caregiver have some difficulty dealing with issues that arise in daily life.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has moderate to severe problems with functioning in current living situation. Youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Youth and caregivers have difficulty interacting effectively with each other much of the time.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has profound problems with functioning in current living situation. Youth is at immediate risk of being removed from living situation due to problematic behaviors OR youth is homeless.

13 **DEVELOPMENTAL/INTELLECTUAL** - This item describes the youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental (motor, social and speech) or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning. NOTE: This item has also been called Developmental Functioning.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Has the child/youth reached appropriate developmental milestones <input type="checkbox"/> Has anyone ever mentioned that the child/youth may have developmental problems? <input type="checkbox"/> Does the child youth have a diagnosis of IDD or ASD? <input type="checkbox"/> Has the child been diagnosed with a physical or mental condition so severe that it there is a high probability of resulting in an intellectual disability?	0 No current need; no need for action or intervention. No evidence of challenges related to a developmental delay and/or youth has no developmental areas of concern or intellectual disability.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. There are concerns about possible challenges related to developmental delay. Youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has mild challenges related to developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional difficulties in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder, and or Autism Spectrum Disorder (ASD). (If available, FSIQ 55-69.) IDD and/or ASD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has severe challenges related to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

14	SELF CARE/DAILY LIVING – This item rates the child/youth’s ability to engage in developmentally appropriate self-care activities.										
Questions to Consider <input type="checkbox"/> Does the child have a diagnosed developmental or medical condition with a high probability of delay? <input type="checkbox"/> Are there concerns about receptive or expressive language? <input type="checkbox"/> Are there concerns about safety and supervision related to activities of daily living?	<table border="1"> <thead> <tr> <th colspan="2">Ratings & Descriptions</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td>No current need; no need for action or intervention. Child’s self-care and daily living skills appear developmentally appropriate.</td> </tr> <tr> <td style="text-align: center;">1</td> <td>Mild concern regarding child/youth’s self-care. Requires monitoring, watchful waiting or preventative activities. Child occasionally requires excessive verbal prompting for self-care tasks or daily living skills, but generally does not interfere with daily functioning.</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth’s functioning. Child requires assistance beyond what is developmentally appropriate (excessive verbal, or physical prompting) on self-care tasks or caregiver/attendant care on one self-care task (e.g. eating, bathing, dressing or toileting). Self-care issues impact child/youth’s daily functioning (Ex: bullied due to hygiene.)</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Problems are dangerous or disabling; requires immediate and/or intensive action. Child requires caregiver/attendant care on more than one of the self-care tasks (eating, bathing, dressing and/or toileting, etc.)</td> </tr> </tbody> </table>	Ratings & Descriptions		0	No current need; no need for action or intervention. Child’s self-care and daily living skills appear developmentally appropriate.	1	Mild concern regarding child/youth’s self-care. Requires monitoring, watchful waiting or preventative activities. Child occasionally requires excessive verbal prompting for self-care tasks or daily living skills, but generally does not interfere with daily functioning.	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth’s functioning. Child requires assistance beyond what is developmentally appropriate (excessive verbal, or physical prompting) on self-care tasks or caregiver/attendant care on one self-care task (e.g. eating, bathing, dressing or toileting). Self-care issues impact child/youth’s daily functioning (Ex: bullied due to hygiene.)	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child requires caregiver/attendant care on more than one of the self-care tasks (eating, bathing, dressing and/or toileting, etc.)
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15	MEDICAL/PHYSICAL - This rating describes both health problems and chronic/acute physical conditions or impediments.										
Questions to Consider <ul style="list-style-type: none"> • Does the child/youth have anything that limits the child/youth’s physical activities? • How much does this interfere with the child/youth’s life? 	<table border="1"> <thead> <tr> <th colspan="2">Ratings & Descriptions</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td>No current need; no need for action or intervention. No evidence that the youth has any medical or physical problems, and/or the youth is healthy.</td> </tr> <tr> <td style="text-align: center;">1</td> <td>Identified need requires monitoring, watchful waiting, or preventative activities. Youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth’s functioning. Youth has serious medical or physical problems that require medical treatment or intervention. Or youth has a chronic illness or a physical challenge that requires ongoing medical intervention.</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to youth’s safety, health, and/or development.</td> </tr> </tbody> </table> <p>Supplemental Information: Most transient, treatable conditions would be rated as a ‘1.’ Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a ‘2.’ The rating ‘3’ is reserved for life threatening medical conditions.</p>	Ratings & Descriptions		0	No current need; no need for action or intervention. No evidence that the youth has any medical or physical problems, and/or the youth is healthy.	1	Identified need requires monitoring, watchful waiting, or preventative activities. Youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth’s functioning. Youth has serious medical or physical problems that require medical treatment or intervention. Or youth has a chronic illness or a physical challenge that requires ongoing medical intervention.	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to youth’s safety, health, and/or development.
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16	<p>SEXUAL DEVELOPMENT - This item looks at broad issues of sexual development including developmentally inappropriate sexual behavior or sexual concerns, and the reactions of others to any of these factors. The youth's sexual orientation, gender identity or expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.</p> <p>NOTE: This item has also been called Sexual.</p>								
<p>Questions to Consider</p> <p><input type="checkbox"/> Are there concerns about the child/youth's healthy sexual development?</p> <p><input type="checkbox"/> Is the child/youth sexually active?</p> <p><input type="checkbox"/> Does the child/youth have less/more interest in sex than other same age peers?</p>	<p style="text-align: center;">Ratings & Descriptions</p> <table border="1"> <tr> <td style="text-align: center; vertical-align: top;">0</td> <td>No current need; no need for action or intervention. No evidence of issues with sexual development.</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">1</td> <td>Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of problems with sexual development but does not interfere with functioning in other life domains. May include the youth's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">2</td> <td>Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Moderate to serious problems with sexual development that interferes with the youth's life functioning in other life domains.</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">3</td> <td>Problems are dangerous or disabling; requires immediate and/or intensive action. Severe problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.</td> </tr> </table>	0	No current need; no need for action or intervention. No evidence of issues with sexual development.	1	Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of problems with sexual development but does not interfere with functioning in other life domains. May include the youth's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Moderate to serious problems with sexual development that interferes with the youth's life functioning in other life domains.	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Severe problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.
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17	<p>SLEEP - This item rates the youth's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.</p> <p>NOTE: This item has also been called Sleeping.</p>								
<p>Questions to Consider</p> <p><input type="checkbox"/> Is the child/youth often sleepy during the day?</p> <p><input type="checkbox"/> Does the child/youth have frequent nightmares or difficulty sleeping?</p> <p><input type="checkbox"/> How many hours does the child/youth sleep each night?</p>	<p style="text-align: center;">Ratings & Descriptions</p> <table border="1"> <tr> <td style="text-align: center; vertical-align: top;">0</td> <td>No current need; no need for action or intervention. Youth gets a full night's sleep each night.</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">1</td> <td>Identified need requires monitoring, watchful waiting, or preventive activities. Youth has some problems sleeping. Generally, youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">2</td> <td>Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth is having problems with sleep. Sleep is often disrupted, and youth seldom obtains a full night of sleep.</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">3</td> <td>Problems are dangerous or disabling; requires immediate and/or intensive action. Youth is generally sleep deprived. Sleeping is almost always difficult, and the youth is not able to get a full night's sleep.</td> </tr> </table>	0	No current need; no need for action or intervention. Youth gets a full night's sleep each night.	1	Identified need requires monitoring, watchful waiting, or preventive activities. Youth has some problems sleeping. Generally, youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth is having problems with sleep. Sleep is often disrupted, and youth seldom obtains a full night of sleep.	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Youth is generally sleep deprived. Sleeping is almost always difficult, and the youth is not able to get a full night's sleep.
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18	DECISION MAKING - This item describes the youth's age-appropriate decision-making process and understanding of choices and consequences . NOTE: This item has also been called Judgement.										
Questions to Consider <input type="checkbox"/> How is the child/youth's judgment and ability to make good decisions? <input type="checkbox"/> Does the child/youth typically make good choices?	<table border="1"> <thead> <tr> <th colspan="2">Ratings & Descriptions</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td>No current need; no need for action or intervention. No evidence of problems with judgment or decision making that result in harm to development and/or well being.</td> </tr> <tr> <td style="text-align: center;">1</td> <td>Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of problems with judgment in which the youth makes decisions that are in some way harmful to the youth's development and/or well-being.</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Problems with judgment in which the youth makes decisions that are in some way harmful to the youth's development and/or well-being. As a result, more supervision is required than expected for the youth's age</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Problems are dangerous or disabling; requires immediate and/or intensive action. Youth makes decisions that would likely result in significant physical harm to self or others. Therefore, youth requires intense and constant supervision, over and above that expected for the youth's age.</td> </tr> </tbody> </table>	Ratings & Descriptions		0	No current need; no need for action or intervention. No evidence of problems with judgment or decision making that result in harm to development and/or well being.	1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of problems with judgment in which the youth makes decisions that are in some way harmful to the youth's development and/or well-being.	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Problems with judgment in which the youth makes decisions that are in some way harmful to the youth's development and/or well-being. As a result, more supervision is required than expected for the youth's age	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Youth makes decisions that would likely result in significant physical harm to self or others. Therefore, youth requires intense and constant supervision, over and above that expected for the youth's age.
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19	SOCIAL FUNCTIONING - This item rates social skills and relationships. It includes age appropriate behavior and the ability to make and sustain relationships. Social functioning is different from Interpersonal (Strengths) in that functioning is a description of how the youth is doing currently. Strengths are longer-term assets.										
Questions to Consider <input type="checkbox"/> Do same age peers like spending time with the child/youth? <input type="checkbox"/> Do you feel that the child/youth can act appropriately in social settings? Is the youth currently experiencing conflict in their social relationships?	<table border="1"> <thead> <tr> <th colspan="2">Ratings & Descriptions</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td>No current need; no need for action or intervention. No evidence of problems and/or youth has developmentally appropriate social functioning.</td> </tr> <tr> <td style="text-align: center;">1</td> <td>Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of problems in social relationships. Youth is having some difficulty interacting with others and building and/or maintaining relationships.</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth is having some problems with social relationships that interfere with functioning in other life domains.</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Problems are dangerous or disabling; requires immediate and/or intensive action. Youth is experiencing significant disruptions in social relationships. Youth may have no friends or have constant conflict in relations with others or have maladaptive relationships with others. The quality of the youth's social relationships presents imminent danger to the youth's safety, health, and/or development.</td> </tr> </tbody> </table>	Ratings & Descriptions		0	No current need; no need for action or intervention. No evidence of problems and/or youth has developmentally appropriate social functioning.	1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of problems in social relationships. Youth is having some difficulty interacting with others and building and/or maintaining relationships.	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth is having some problems with social relationships that interfere with functioning in other life domains.	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Youth is experiencing significant disruptions in social relationships. Youth may have no friends or have constant conflict in relations with others or have maladaptive relationships with others. The quality of the youth's social relationships presents imminent danger to the youth's safety, health, and/or development.
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20	SCHOOL BEHAVIOR - This item rates the behavior of the youth in school or school-like settings.										
Questions to Consider <input type="checkbox"/> How is the child/youth behaving in school? <input type="checkbox"/> Has the child/youth had any detentions or suspensions? <input type="checkbox"/> Has the child/youth needed to go to an alternative placement?	<table border="1"> <thead> <tr> <th colspan="2">Ratings & Descriptions</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td>No current need; no need for action or intervention. No evidence of behavioral problems at school, OR youth is behaving well in school.</td> </tr> <tr> <td style="text-align: center;">1</td> <td>Identified need requires monitoring, watchful waiting, or preventive activities. Youth is behaving adequately in school although some behavior problems exist. Behavior problems may be related to either relationship with either teachers or peers.</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth's behavior problems are interfering with functioning at school. The youth is disruptive and may have received sanctions including suspensions.</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Problems are dangerous or disabling; requires immediate and/or intensive action. Youth is having severe problems with behavior in school. The youth is frequently or severely disruptive. School placement may be in jeopardy due to behavior.</td> </tr> </tbody> </table>	Ratings & Descriptions		0	No current need; no need for action or intervention. No evidence of behavioral problems at school, OR youth is behaving well in school.	1	Identified need requires monitoring, watchful waiting, or preventive activities. Youth is behaving adequately in school although some behavior problems exist. Behavior problems may be related to either relationship with either teachers or peers.	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth's behavior problems are interfering with functioning at school. The youth is disruptive and may have received sanctions including suspensions.	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Youth is having severe problems with behavior in school. The youth is frequently or severely disruptive. School placement may be in jeopardy due to behavior.
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21

SCHOOL ACHIEVEMENT - This item rates the youth's grades or level of academic achievement.**Questions to Consider**

- How are the child/youth's grades?
- Is the child/youth having difficulty with any subjects?
- Is the child/youth at risk for failing any classes or repeating a grade?

Ratings & Descriptions

- | | |
|----------|---|
| 0 | No current need; no need for action or intervention.
No evidence of issues in school achievement and/or youth is doing well in school. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Youth is doing adequately in school although some problems with achievement exist. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Youth is having moderate problems with school achievement. The youth may be failing some subjects. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth is having severe achievement problems. The youth may be failing most subjects or has been retained (held back) a grade level. Youth might be more than one year behind same-age peers in school achievement. |

22

SCHOOL ATTENDANCE - This items rates issues of attendance. If school is not in session, rate the last 30 days when school was in session.**Questions to Consider**

- Does the child/youth have any difficulty Attending school?
- Is the child/youth on time to school?
- How many times a week is the child/youth absent?
- Once the child/youth arrives at school, does the child/youth stay for the rest of the day?

Ratings & Descriptions

- | | |
|----------|---|
| 0 | No current need; no need for action or intervention.
Youth attends school regularly. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Youth has a history of attendance problems, OR youth has some attendance problems but generally goes to school. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Youth's problems with school attendance are interfering with academic progress. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth is generally absent from school. |

STRENGTHS DOMAIN

This domain describes the assets of the child/youth that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a child/youth's strengths while also addressing his or her behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on the child/youth's needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the 'best' assets and resources available to the child/youth are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

Question to Consider for this Domain: What child/youth strengths can be used to support a need?

For **Strengths items** the following action levels are used:

- 0** - indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan
- 1** - indicates a domain where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.
- 2** - indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.
- 3** - indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

23	<p>FAMILY STRENGTHS - This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the youth's perspective (i.e., who the youth describes as family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the youth is still in contact.</p> <p>NOTE: This item has also been called: Family, Family Support, Family Environment.</p>
<p>Questions to Consider</p> <p><input type="checkbox"/> Does the child/youth have good relationships with any family member?</p> <p><input type="checkbox"/> Is there potential to develop positive family relationships?</p> <p><input type="checkbox"/> Is there a family member that the child/youth can go to in time of need for support? That can advocate for the child/youth?</p>	<p>Ratings & Descriptions</p> <p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the youth and is able to provide significant emotional or concrete support. Youth is fully included in family activities.</p> <p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the youth and is able to provide limited emotional or concrete support.</p> <p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.</p> <p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Family needs significant assistance in developing relationships and communications, or youth has no identified family. Youth is not included in normal family activities</p>

24

INTERPERSONAL - This item is used to identify a youth's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a youth can have social skills but still struggle in his or her relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

NOTE: This item has also been called Interpersonal Skills, Social Connectedness.

Questions to Consider	Ratings & Descriptions
<p>Consider</p> <p><input type="checkbox"/> Does the child/youth have the trait ability to make friends?</p> <p><input type="checkbox"/> Do you feel that the child/youth is pleasant and likable?</p> <p><input type="checkbox"/> Do adults or same age peers like the child/youth?</p>	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Significant interpersonal strengths. Youth has well-developed interpersonal skills and healthy friendships.</p>
	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Youth has good interpersonal skills and has shown the ability to develop healthy friendships.</p>
	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of observable interpersonal skills or healthy friendships at this time and/or youth requires significant help to learn to develop interpersonal skills and healthy friendships.</p>

25

OPTIMISM - This rating should be based on the child's sense of him/herself in his/her own future. This is intended to rate the child's positive future orientation.

Questions to Consider	Ratings & Descriptions
<p>Consider</p> <p><input type="checkbox"/> Does the child/youth have a generally positive outlook on things; have things to look forward to?</p> <p><input type="checkbox"/> Is the child/youth forward looking/sees themselves as likely to be successful?</p>	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child has a strong and stable optimistic outlook on his/her life.</p>
	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child is generally optimistic.</p>
	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child has difficulties maintaining a positive view of him/herself and his/her life. Child may vary from overly optimistic to overly pessimistic.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Child has difficulties seeing any positives about him/herself or his/her life.</p>

26 **EDUCATIONAL SETTING** - This item is used to evaluate the nature of the school's relationship with the youth and family, as well as, the level of support the youth receives from the school. Rate according to how much the school is an effective partner in promoting youth's functioning and addressing youth's needs in school.
NOTE: This item has also been called Educational, Educational Environment.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Is the school an active partner in the child/youth's education? <input type="checkbox"/> Has there been at least one year in which the child/youth did well in school?	NA Youth is not in school.
	0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. The school works closely with the youth and family to identify and successfully address the youth's educational needs.
	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. School works with the youth and family to address the youth's educational needs.
	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. The school is currently unable to adequately address the youth's academic or behavioral needs.
	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of the school working to identify or successfully address the youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the youth's needs and/or there is no school to partner with at this time.

Supplemental Information: This rating refers to the strengths of the school system or the child's preschool setting, and may or may not reflect any specific educational skills possessed by the child/youth. A rating of '0' would be given if the school is an active participant with the child/youth and family. A rating of '2' would be given if the school is not able to address the child/youth's needs despite an IEP, etc.

27 **TALENTS AND INTERESTS** - This item refers to hobbies, skills, artistic interests and talents that are positive ways that young people can spend their time, and also give them pleasure and a positive sense of self.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> What does the child/youth do with free time? <input type="checkbox"/> What does the child/youth enjoy doing? <input type="checkbox"/> Is the child/youth engaged in any prosocial activities? <input type="checkbox"/> What are the things that the child/youth does particularly well?	0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Youth has a talent that provides pleasure and/or self-esteem. Youth with significant creative/artistic/athletic strengths would be rated here.
	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Youth has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a youth with a notable talent. For example, a youth who is involved in athletics or plays a musical instrument would be rated here.
	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Youth has expressed interest in developing a specific talent, interest or hobby even if that talent has not been developed to date, or whether it would provide with any benefit.
	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of identified talents, interests or hobbies at this time and/or youth requires significant assistance to identify and develop talents and interests.

28

SPIRITUAL/RELIGIOUS - This item refers to the youth's experience of receiving comfort and support from religious or spiritual involvement. Spirituality can include any activities that are concerned with the spirit or soul, such as being in nature, poetry, mindfulness, prayer, meditation, or anything that connects the youth to something beyond the physical or material world. This item rates the presence of beliefs that could be useful to the youth.

Questions to Consider	Ratings & Descriptions
Consider <input type="checkbox"/> Does the child/youth have spiritual beliefs that provide comfort? <input type="checkbox"/> Is child/youth interested in exploring spirituality?	0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Youth is involved in and receives comfort and support from spiritual and/or religious beliefs, practices. Youth may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort the youth in difficult times.
	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or spiritual community. Youth may pray occasionally when feeling anxious or find comfort in the belief that a loved one or pet is in an after-life when experiencing a loss, but does not utilize this strength beyond significant events.
	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Youth has expressed some interest in spiritual or religious belief and practices. Youth may attend religious activities at their caregiver's request but not engaged on their own volition or tried mindfulness techniques in school or is aware that walking in nature makes them feel better but requires assistance to utilize these skills regularly or effectively.
	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of identified talents, interests or hobbies at this time and/or youth requires significant assistance to identify and develop talents and interests.

29

COMMUNITY CONNECTIONS - This item reflects the youth's connection to people, places or institutions in the community. This connection is measured by the degree to which the youth is involved with institutions of that community which might include (but are not limited to) community centers, little league teams, jobs, after-school activities, religious groups, etc. Connections through specific people (e.g., friends and family) could be considered an important community connection, if many people who are important to the youth live in the same neighborhood.

Note: This item has also been called Community, Community Connection.

Questions to Consider	Ratings & Descriptions
Consider <input type="checkbox"/> Does the child/youth feel like they are part of a community? <input type="checkbox"/> Are there activities that the child/youth does in the community?	0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Youth is well integrated into his/her community. The youth is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Youth is somewhat involved with his/her community. This level can also indicate a youth with significant community ties although they may be relatively short term.
	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Youth has an identified community but has only limited, or unhealthy, ties to that community.
	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of an identified community of which youth is a member at this time.

30 **RELATIONSHIP PERMANENCE** - This rating refers to the stability of significant relationships in the child or youth's life that provide an emotionally secure living arrangement. This likely includes family members but may also include other individuals.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Has anyone consistently been in the child/youth's life since birth? <input type="checkbox"/> Are there other significant adults in the child/youth's life?	0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Mild level of instability in significant relationships. This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year), OR the child has experienced some transition among adult figures but has a stable relationship with one parent.
	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Moderate level of instability in significant relationships. This may be characterized by frequent transition of adults in and out of the home, with minimal attention to the child's needs in the process, frequent changes in caretaker for the child, or other instability through factors such as divorce, moving, removal from home, and death.
	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. This level indicates a child who does not have any stability in significant relationships and/or their basic dependency needs are unmet. Independent living or adoption must be considered.

31 **RELATIONSHIP PERMANENCE** - This rating refers to the stability of significant relationships in the child or youth's life that provide an emotionally secure living arrangement. This likely includes family members but may also include other individuals.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Who does the child/youth consider to be a support? <input type="checkbox"/> Does the child/youth have non-family members in their life that are positive influences?	0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Youth has significant natural supports that contribute to helping support the youth's healthy development.
	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Youth has identified natural supports that provide some assistance in supporting the youth's healthy development.
	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Youth has some identified natural supports however the youth is not actively contributing to the youth's healthy development.
	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Youth has no known natural supports (outside of family and paid caregivers).

32

RESILIENCY - This rating should be based on the youth's ability to identify and use internal strengths in managing their lives and in times of need or to support their own development. This rating assesses a child/adolescent's ability to "bounce back" from or overcome adversity in his/her life.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Is the child/youth able to recognize the child/youth's skills as strengths?	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Youth is able to both identify and use strengths to better oneself and successfully manage difficult challenges. The youth expresses confidence in being able to handle the challenges adversity brings or has demonstrated an ability to do so over time.</p>
<input type="checkbox"/> Is the child/youth able to use the child/youth's strengths to problem solve and address difficulties or challenges?	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Youth is to identify most of one's strengths and is able to partially utilize them. The youth is able to handle the challenges adversity brings in specific situations or at certain time periods in life, or has examples when the youth was able to do so.</p>
	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Youth is able to identify strengths but is not able to utilize them effectively. A youth currently has limited confidence in the ability to overcome setbacks.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Youth is not yet able to identify personal strengths and has no known evidence of being able to overcome adverse life situations. A youth who currently has no confidence in the ability to overcome setbacks should be rated here.</p>

33

CHILD INVOLVEMENT WITH CARE - This item refers to the child's participation in efforts to address his/her identified needs.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Is the child at an appropriate age to participate in planning their care?	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child is knowledgeable of needs and helps direct planning to address them.</p>
<input type="checkbox"/> Is the child in mandated treatment or engaging willingly?	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child is knowledgeable of needs and participates in planning to address them.</p>
<input type="checkbox"/> Is the child developmentally/cognitively able to participate in the planning of their care?	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child is at least somewhat knowledgeable of needs but resistant to participate in plans to address them. Child lacks insight into their own needs and requires more knowledge to effectively participate in care.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Child is neither knowledgeable about needs nor willing to participate in any process to address them.</p>

34

CULTURAL IDENTITY - Cultural identify refers to the child's view of self as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, sexual orientation or gender identity and expression (SOGIE).

NOTE: This item was previously located in the Cultural Factors or Acculturation Domain.

Questions to

Consider

Does the child/youth identify with any racial/ethnic/cultural group?
 Does the child/youth find this group a source of support?

Ratings & Descriptions

- | | |
|----------|--|
| 0 | Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
The youth has defined a cultural identity and is connected to others who support the youth's cultural identity. |
| 1 | Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
The youth is developing a cultural identity and is seeking others to support the youth's cultural identity. |
| 2 | Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
The youth is searching for a cultural identity and has not connected with others. |
| 3 | An area in which no current strength is identified; efforts are needed to identify potential strengths.
The youth does not express a cultural identity. |

CAREGIVER RESOURCES & NEEDS

DOMAIN

This section focuses on the resources and needs of the caregiver to successfully support the child or youth. If there are multiple caregivers these items should be rated based on the impact on the child/youth. For example, if one caregiver struggles with organization but another is very organized and maintains the appointments so there is no impact to the child, then Caregiver Organization is not a need to be addressed. If the child/youth is in a foster care or out-of-home placement, please rate the identified parent(s), other relative(s), adoptive parent(s), or caretaker(s) who is planning to assume custody and/or take responsibility for the care of this child/youth.

Question to Consider for this Domain: What are the resources and needs of the child/youth's caregiver(s)?

35	CAREGIVER SUPERVISION - This item rates the caregiver's capacity to provide the level of monitoring and discipline needed by the youth. Discipline is defined in the broadest sense and includes all of the things that parents/caregivers can do to promote positive behavior with their children.	
Questions to Consider <input type="checkbox"/> How does the caregiver feel about their ability to keep an eye on and discipline the child/youth? <input type="checkbox"/> Does the caregiver need some help with these issues?	Ratings & Descriptions	
	0	No current need; no need for action or intervention. No evidence caregiver needs help or assistance in monitoring or disciplining the youth, and/or caregiver has good monitoring and discipline skills.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver generally provides adequate supervision but is inconsistent. Caregiver may need occasional help or assistance.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.
	3	Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select N/A). OR Youth is legally emancipated Caregiver is unable to monitor or discipline the youth. Caregiver requires immediate and continuing assistance. Youth is at risk of harm due to absence of supervision or monitoring. OR youth does not have an identified caregiver.
	NA	Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select N/A). OR Youth is legally emancipated

36 CAREGIVER INVOLVEMENT WITH CARE - Please rate the highest level from the past 30 days. This rating should be based on the level of involvement the caregiver has in the planning and provision of intervention and support services for the child .

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> How involved are the caregivers in services for the child/youth? <input type="checkbox"/> Is the caregiver an advocate for the child/youth? <input type="checkbox"/> Would the caregiver like any help to become more involved?	0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Caregiver(s) is actively involved in the planning and provision of services and is able to act as an effective advocate for child.
	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Caregiver is open to receiving support, education, and information, but may not be actively involved in the planning at this time.
	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Caregiver(s) is inconsistent in following through with participating in services and/or interventions intended to assist their child.
	3 Caregiver(s) is unable or unwilling to participate in planning of supports and interventions, or is not visiting child in foster care, group home or residential care. OR youth does not have an identified caregiver.
	NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select N/A). OR Youth is legally emancipated

37 CAREGIVER KNOWLEDGE - This item identifies the caregiver’s knowledge of the youth’s strengths and needs, and the caregiver’s ability to understand the rationale for the treatment or management of these problems.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Does the caregiver understand the child/youth’s current mental health diagnosis and/or symptoms? <input type="checkbox"/> Does the caregiver’s expectations of the child/youth reflect an understanding of the child/youth’s mental or physical challenges?	0 No current need; no need for action or intervention. No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the youth's psychological strengths and weaknesses, talents and limitations.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver, while being generally knowledgeable about the youth, has some mild deficits in knowledge or understanding of the youth's psychological condition, talents, skills and assets.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver does not know or understand the youth well and significant deficits exist in the caregiver's ability to relate to the youth's problems and strengths.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has little or no understanding of the youth's current condition. Caregiver’s lack of knowledge about the youth’s strengths and needs place the youth at risk of significant negative outcomes. OR youth does not have an identified caregiver
	NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select N/A). OR Youth is legally emancipated

Supplemental Information: This item is perhaps the one most sensitive to issues of cultural awareness. It is natural to think that what you know, someone else should know and if they don’t then it’s a knowledge problem. In order to minimize the cultural issues, it is recommended thinking of this item in terms of whether there is information that can be made available to the caregivers so that they could be more effective

38

CAREGIVER ORGANIZATION – This item identifies the caregiver’s ability to organize the household to support needed services.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Do caregivers need or want help with managing their home? <input type="checkbox"/> Do they have difficulty getting to appointments or managing a schedule? <input type="checkbox"/> Do they have difficulty getting their youth to appointments or school?	0 No current need; no need for action or intervention. Caregiver(s) is well organized and efficient.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver(s) has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver(s) has moderate difficulty organizing and maintaining household to support needed services.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver(s) is unable to organize household to support needed services. OR youth does not have an identified caregiver.
	NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select N/A). OR Youth is legally emancipated

39

CAREGIVER NATURAL SUPPORTS - This item rates the social assets (extended family) and resources that the caregiver can bring to bear in addressing the multiple needs of the youth and family.

NOTE: This item has also been called Social Resources/Natural Supports.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Does family have extended family or friends who provide emotional support? <input type="checkbox"/> Can they call on social supports to watch the child/youth occasionally?	0 No current need; no need for action or intervention. Caregiver has significant social and family networks that actively help with caregiving.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has some family or friend or social network that actively helps with caregiving.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Work needs to be done to engage family, friends or social network in helping with caregiving.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has no family or social network to help with caregiving. OR youth does not have an identified caregiver.
	NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select N/A). OR Youth is legally emancipated

40

RESIDENTIAL STABILITY- This item rates the housing stability of the caregiver(s) and does not include the likelihood that the child or youth will be removed from the household.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Is the family's current housing situation stable? <input type="checkbox"/> Are there concerns that they might have to move in the near future? <input type="checkbox"/> Has family lost their housing?	0 No current need; no need for action or intervention. Caregiver has stable housing with no known risks of instability.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has moved multiple times in the past year. Housing is unstable.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action Family is homeless or has experienced homelessness in the recent past. OR youth does not have an identified caregiver.
	NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select N/A). OR Youth is legally emancipated

41

CAREGIVER PHYSICAL HEALTH - This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit his or her ability to parent the youth. This item does not rate depression or other mental health issues.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> How is the caregiver's health? <input type="checkbox"/> Does the caregiver have any health problems that limit their ability to care for the family?	0 No current need; no need for action or intervention No evidence of medical or physical health problems. Caregiver is generally healthy.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has medical/physical problems that interfere with the capacity to parent the youth.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has medical/physical problems that make parenting the youth impossible at this time. OR youth does not have an identified caregiver.
	NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select N/A). OR Youth is legally emancipated

42 CAREGIVER MENTAL HEALTH - This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to youth.

Questions to Consider	Ratings & Descriptions
<p>□Do caregivers have any mental health needs that make parenting difficult?</p> <p>□Is there any evidence of transgenerational trauma that is impacting the caregiver's ability to give care effectively?</p>	<p>0 No current need; no need for action or intervention. No evidence of caregiver mental health difficulties.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities.</p> <p>There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</p> <p>Caregiver's mental health difficulties interfere with his or her capacity to parent.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action.</p> <p>Caregiver has mental health difficulties that make it impossible to parent the youth at this time. OR youth does not have an identified caregiver.</p>
	<p>NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select N/A). OR Youth is legally emancipated</p>

43 CAREGIVER SUBSTANCE USE - This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the youth.

Questions to Consider	Ratings & Descriptions
<p>□Do caregivers have any substance use needs that make parenting difficult?</p>	<p>0 No current need; no need for action or intervention.</p> <p>No evidence of caregiver substance use issues.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities.</p> <p>There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in his/her ability to parent.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</p> <p>Caregiver has some substance abuse difficulties that interfere with his or her capacity to parent.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action.</p> <p>Caregiver has substance abuse difficulties that make it impossible to parent the youth at this time. OR youth does not have an identified caregiver.</p>
	<p>NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select N/A). OR Youth is legally emancipated</p>

44	CAREGIVER DEVELOPMENTAL - This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to parent.	
Questions to Consider <input type="checkbox"/> Does the caregiver have developmental challenges that make parenting/caring for the child/youth difficult?	Ratings & Descriptions	
	0	No current need; no need for action or intervention. No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has developmental challenges that interfere with the capacity to parent the youth.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has severe developmental challenges that make it impossible to parent the youth at this time. OR youth does not have an identified caregiver.
	NA	Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select N/A). OR Youth is legally emancipated

45	CAREGIVER SAFETY - This item describes the caregiver's ability to maintain the youth's safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed youth.	
Questions to Consider <input type="checkbox"/> Is the caregiver able to protect the child/youth from harm in the home? <input type="checkbox"/> Are there individuals living in the home or visiting the home that may be abusive to the child/youth?	Ratings & Descriptions	
	0	No current need; no need for action or intervention. No evidence of safety issues. Household is safe and secure. Youth is not at risk from others.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Household is safe but concerns exist about the safety of the youth due to history or others who might be abusive.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Youth is in some danger from one or more individuals with access to the home.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Youth is in immediate danger from one or more individuals with unsupervised access. OR youth does not have an identified caregiver.
	NA	Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select N/A). OR Youth is legally emancipated

***All referrants are legally required to report suspected child abuse or neglect.**

46	CAREGIVER FINANCIAL RESOURCES - Please rate the highest level from the past 30 days. This rating refers to the financial and material resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family	
Questions to Consider <input type="checkbox"/> Is it challenging to pay for things like housing, heat, groceries, and clothing? <input type="checkbox"/> Are expenses harder during certain times of the month? Or during certain times of the year? <input type="checkbox"/> Are you behind on mortgage or rent?	Ratings & Descriptions	
	0	No current need; no need for action or intervention. Caregiver(s) has the financial resources necessary to meet the child's needs.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver(s) has the necessary financial resources to address the child's basic needs, however, some limitations exist (such as expenses for extracurricular activities, etc.)
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver(s) has financial difficulties that limit his/her ability to meet significant family needs.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver(s) has severely limited resources that are available to assist in the care and treatment of the child. OR youth does not have an identified caregiver.
	NA	Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select N/A). OR Youth is legally emancipated

Cultural Factors

47	LANGUAGE - This item looks at whether the youth and family need help with communication to obtain the necessary resources, supports and accommodations (e.g., translator). This item includes spoken, written, and sign language, as well as issues of literacy.	
Questions to Consider <input type="checkbox"/> What language does the family speak at home? <input type="checkbox"/> Is there a child/youth interpreting for the family in situations that may compromise the child/youth or family's care? <input type="checkbox"/> Does the child/youth or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?	Ratings & Descriptions	
	0	No current need; no need for action or intervention. No evidence that there is a need or preference for an interpreter and/or the youth and family speak and read the primary language where the youth or family lives.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Youth and/or family speak or read the primary language where the youth or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Youth and/or significant family members do not speak the primary language where the youth or family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Youth and/or significant family members do not speak the primary language where the youth or family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

48

TRADITIONS AND RITUALS - This item rates the youth and family's access to and participation in cultural tradition, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, Dia de los Muertos, Yom Kippur, Quinceanera, etc. This also may include daily activities that are culturally specific (e.g., wearing a hijab, praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> What holidays does the child/youth celebrate? <input type="checkbox"/> What traditions are important to the child/youth? <input type="checkbox"/> Does the child/youth Fear discrimination for practicing the child/youth's traditions and rituals?	0 No current need; no need for action or intervention. Youth and/or family are consistently practice their chosen traditions and rituals consistent with their cultural identity.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Youth and/or family are generally practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Youth and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.

49

CULTURAL STRESS - This item identifies circumstances in which the youth and family's cultural identity is met with hostility or other problems within his/her environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the youth and his/her family). Racism, negativity toward sexual orientation, gender identity and expression (SOGIE) and other forms of discrimination would be rated here.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> What does the family believe is their reality of discrimination? <input type="checkbox"/> How do they describe discrimination or oppression? <input type="checkbox"/> Does this impact their functioning as both individuals and as a family? <input type="checkbox"/> How does the caregiver support the child/youth's identity and experiences if different from the caregiver's own	0 No current need; no need for action or intervention. No evidence of stress between the youth's cultural identity and current living situation.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Some mild or occasional stress resulting from friction between the youth's cultural identity and current living situation.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. Youth needs support to learn how to manage culture stress.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Youth needs immediate plan to reduce culture stress.

RISK BEHAVIORS DOMAIN

This section focuses on behaviors that can get children and youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window.

Question to Consider for this Domain: Does the child/youth's behavior put the child/youth at risk for serious harm?

50	SUICIDAL THOUGHTS/BEHAVIOR - This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of a child or youth to end one's life. A rating of '2' or '3' would indicate the need for a safety plan. Notice the specific time frames for each rating.	
Questions to Consider <input type="checkbox"/> Has the child/youth ever talked about a wish or plan to die or to kill the child/youth's self? <input type="checkbox"/> Has the child/youth ever attempted suicide?	Ratings & Descriptions	
	0	No evidence of any needs. No evidence of suicidal ideation
	1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.
	2	Action or intervention is required to ensure that the identified need is addressed. Recent ideation or gesture. OR current ideation with no intent or plan.
	3	Intensive and/or immediate action is required to address the need or risk behavior. Current suicidal ideation and intent OR command hallucinations that involve self-harm.

51	NON-SUICIDAL SELF-INJURIOUS BEHAVIOR - This rating includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the youth (e.g., cutting, carving, burning self, face slapping, head banging, etc.). NOTE: This item has also been called Self-Mutilation.	
Questions to Consider <input type="checkbox"/> Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)? <input type="checkbox"/> Does the child/youth ever purposely hurt oneself (e.g., cutting)?	Ratings & Descriptions	
	0	No evidence of any needs. No evidence of any forms of self-injury.
	1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. A history or suspicion of self-injurious behavior.
	2	Action or intervention is required to ensure that the identified need is addressed. Engaged in self-injurious behavior (cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
	3	Intensive and/or immediate action is required to address the need or risk behavior. Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the youth's health at risk.

52

OTHER SELF-HARM/RECKLESSNESS - This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child/youth or others in some jeopardy. Suicidal or self-injurious behaviors are not rated here.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Does the child/youth act without thinking? <input type="checkbox"/> Has the child/youth ever talked about or acted in a way that might be dangerous to the child/youth's self? (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?	0 No evidence of any needs. No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.
	1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm.
	2 Action or intervention is required to ensure that the identified need is addressed. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places child/youth in danger of physical harm
	3 Intensive and/or immediate action is required to address the need or risk behavior. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places child/youth at immediate risk of death.
Supplemental Information: Any behavior that the youth engages in that has significant potential to place him/her in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g., reckless driving, subway surfing, unprotected sex, substance use, etc.). If the youth frequently exhibits significantly poor judgment that has the potential to place her/himself in danger, but has yet to actually do so, a rating of '1' might be used to indicate the need for prevention. A rating of '3' is used for a youth that has placed him/herself in significant physical jeopardy during the rating period.	

53

DANGER TO OTHERS - This item rates the child or youth's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate the need for a safety plan. Reckless behavior that may cause physical harm to others is not rated on this item.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Has the child/youth ever injured another person on purpose? <input type="checkbox"/> Does the child/youth get into physical fights? <input type="checkbox"/> Has the child/youth ever threatened to kill or seriously injure others?	0 No evidence of any needs. No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
	1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.
	2 Action or intervention is required to ensure that the identified need is addressed. Occasional or moderate level of aggression towards others. Youth has made verbal threats of violence towards others.
	3 Intensive and/or immediate action is required to address the need or risk behavior. Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Youth is an immediate risk to others.

54 **SEXUALLY PROBLEMATIC/HARMFUL BEHAVIOR** - Sexually problematic/harmful behavior includes developmentally inappropriate sexual behavior that is interfering with the child's ability to function or is putting child or others at risk of harm.

Questions to Consider	Ratings & Descriptions
	<p>0 No evidence of any needs. No evidence of any history of sexually harmful or problematic behavior.</p>
	<p>1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History of sexually problematic behavior, but not in past year, OR current mild level of sexually inappropriate behavior such as occasional inappropriate sexual talk, excessive masturbation or poor boundaries relative to developmental age.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed. Presence of concerning, age inappropriate sexualized behaviors that are causing problems with life functioning. Frequent disrobing would be rated here only if it was sexually provocative. Also frequent inappropriate touching, frequent sexualized language, problematic use of pornography, inappropriate use of the internet for sexualized chat/exchanging of photos, or other sexualized behaviors that are a cause for concern would be rated here.</p>
	<p>3 Intensive and/or immediate action is required to address the need or risk behavior.</p>

55 **RUNAWAY** - This item describes the risk of running away or actual runaway behavior.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Has the child/youth ever run away from home, school, or any other place? <input type="checkbox"/> How long did the child/youth stay away? <input type="checkbox"/> How was the child/youth found? <input type="checkbox"/> Does the child/youth ever threaten to run away?	<p>0 No evidence of any needs. Youth has no history of running away or ideation of escaping from current living situation.</p>
	<p>1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. Youth has no recent history of running away but has not expressed ideation about escaping current living situation. Youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed. Youth has run from home once or run from one treatment setting. Also rated here is a youth who has runaway to home (parental or relative).</p>
	<p>3 Intensive and/or immediate action is required to address the need or risk behavior. Youth has run from home and/or treatment settings in the recent past and present an imminent flight risk. A youth who is currently a runaway is rated here.</p>

56

INTENTIONAL MISBEHAVIOR (SOCIAL BEHAVIOR)

This item describes intentional behaviors that a child/youth engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the child/youth lives) that put the child/youth at some risk of consequences. It is not necessary that the youth be able to articulate that the purpose of their misbehavior is to provide reactions/consequences to rate this item. There is always, however, a benefit to the child/youth resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., child/youth feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for child/youth who engage in such behavior solely due to developmental delays.

Questions to Consider

- Has the child/youth ever run away from home, school, or any other place?
- How long did the child/youth stay away?
- How was the child/youth found?
- Does the child/youth ever threaten to run away?

Ratings & Descriptions

- | | |
|----------|--|
| 0 | No evidence of any needs.
Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences. |
| 1 | Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
Mild level of social behaviors that force adults to administer consequences to the child/youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level. |
| 2 | Action or intervention is required to ensure that the identified need is addressed.
Child/youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences is causing problems in the child/youth's life. |
| 3 | Intensive and/or immediate action is required to address the need or risk behavior.
Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g. expulsion from school, removal from the community). |

57

DELINQUENT/CRIMINAL BEHAVIOR – This rating includes behaviors (operating without owner's consent, breaking and entering, assault, sexual offenses) that resulted in a legal charge, adjudication, conviction or diversion.**Questions to Consider****Ratings & Descriptions**

- | | |
|----------|---|
| 0 | No evidence of any needs.
Youth has no current evidence and no history of delinquent/criminal behavior. |
| 1 | Need that requires monitoring, watchful waiting, or preventive action.
History of delinquency/criminal behavior, but no illegal acts in past 30 days |
| 2 | Action or intervention is required to ensure that the identified need is addressed.
Recent acts of delinquent/criminal behaviors. |
| 3 | Intensive and/or immediate action is required to address the need or risk behavior.
Severe acts of delinquent/criminal behavior that places others at risk of significant loss or injury or place youth at risk of justice system involvement/response. |

FIRE SETTING

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Has the child/youth ever played with matches, or set a fire? If so, what happened? <input type="checkbox"/> Did the fire setting behavior destroy property or endanger the lives of others?	0 No evidence of any needs. Youth has no current evidence and no history of fire setting behaviors.
	1 Need that requires monitoring, watchful waiting, or preventive action. History of fire setting but not in the past six months.
	2 Action or intervention is required to ensure that the identified need is addressed. Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months.
	3 Intensive and/or immediate action is required to address the need or risk behavior. Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house.)

TRANSITION AGED YOUTH MODULE

The following items are required for youth 14 years, 6 months and older.

HOUSING STABILITY - This item is used to describe whether or not the youth has a stable place to live

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Is the youth aging out of DCF custody? <input type="checkbox"/> What informal support networks exist for this youth where they may live? <input type="checkbox"/> Has this youth been found eligible for Developmental Services or CRT as an adult? Is it suspected they may be eligible for either of these services?	0 Individual is in stable housing with no known risks of instability.
	1 Individual is currently in stable housing but there are significant risks of housing disruption (e.g., loss of job).
	2 Individual has moved frequently or has very unstable housing.
	3 Individual is currently homeless.

60 **INDEPENDENT LIVING SKILLS** - This item is used to describe the youth's ability to take responsibility for and also manage him/herself in an age appropriate way.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Has the youth now received personal care services or have they received them in the past? <input type="checkbox"/> What information about independent living (budgeting, grocery shopping, getting to appointments) does this youth need? <input type="checkbox"/> Has this youth experienced challenges in decision-making?	<p>0 No evidence of any deficits or barriers in demonstrating developmentally appropriate responsibility or anything that could impede the development of skills to maintain one's own home and/or this level indicates a person who is fully capable of independent living.</p> <p>1 This level indicates a person with mild impairment of independent living skills. These problems are generally addressable with training or supervision.</p> <p>2 This level indicates a person with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing him- or herself when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.</p> <p>3 This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment.</p>

61 **TRANSPORTATION** - This item is used to rate the level of transportation required to ensure that the individual could effectively participate in his/her own treatment and in other life activities. Only unmet transportation needs should be rated here.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Does this youth have a driver's license, or have they taken driver's education? <input type="checkbox"/> Do they have access to their own vehicle or are they dependent on others for transportation? <input type="checkbox"/> Is public transportation available where this youth lives? <input type="checkbox"/> Can this youth independently take public transportation?	<p>0 No evidence of any unmet transportation needs.</p> <p>1 The individual has occasional unmet transportation needs (e.g., appointments). These needs would be no more than weekly.</p> <p>2 The individual has frequent transportation needs (e.g., daily to work or therapy).</p> <p>3 The individual requires daily transportation</p>

JOB FUNCTIONING/VOCATIONAL**Questions to Consider**

- Does this youth require extra time when learning new skills? How do they manage their time?
- Does the youth need one-on-one support when completing job or vocational tasks?
- Has there been any kind of vocational assessment to determine the youth's strengths, interests and skills?

Ratings & Descriptions

- | | |
|----------|---|
| 0 | No evidence of any problems in work environment. OR if youth is not eligible for employment they have clear and feasible career plans. |
| 1 | Youth has some mild problems work (e.g. tardiness, conflict). OR if youth is not eligible/not currently seeking employment, youth has career aspirations and some plans to meet them. |
| 2 | Youth has severe problems at work in terms of attendance, performance or relationships. OR if youth is not eligible/not currently seeking employment youth has some career aspirations and needs assistance planning toward them. |
| 3 | Youth may have recently lost job. Youth is not currently working nor recently employed. OR if youth is not eligible/not currently seeking employment youth currently has no career plans or aspirations |

PARENTING/CAREGIVER ROLES - This item is intended to rate the individual in any caregiver role. For example, an individual with a son or daughter or an individual responsible for a younger sibling, parent, or grandparent would be rated here. Include pregnancy as a parenting role.**Questions to Consider**

- Has this youth received any kind of parenting education, instruction and/or support?
- Does this youth understand child development and the responsibilities of parenting?
- What education and dialogue have occurred regarding planning for a family?

Ratings & Descriptions

- | | |
|----------|---|
| 0 | Individual is not a parent or in any other care-giving role and/or there is no evidence the individual functions inappropriately in a parenting role. |
| 1 | The individual has responsibilities as a parent or caregiver and occasionally experiences difficulties with this role. |
| 2 | The individual has responsibilities as a parent or caregiver, and either the individual is struggling with these responsibilities, or, these issues are currently interfering with the individual's functioning in other life domains. |
| 3 | The individual has responsibilities as a parent or caregiver and is currently unable to meet these responsibilities. Or, these responsibilities make it impossible for the individual to function in other life domains. The individual has the potential to abuse or be neglectful in his/her parenting. |

64

MEDICATION ADHERENCE - This item focuses on the individual's level of willingness or ability to collaborate and participate in taking prescribed medications.

Questions to Consider

- Is the youth able to read and comprehend prescriptions?
- Do they understand what they are taking medication for?
- Do they require supervision in order to take prescribed medication?
- Are there any safety issue with relying on this youth to take their own medications?

Ratings & Descriptions

- | | |
|----------|--|
| 0 | This level indicates a youth who is not currently on any medication and there is no evidence of unwillingness or noncompliance to taking medications as prescribed and without reminders. OR youth collaborates with taking medication as prescribed. |
| 1 | This level indicates a person who usually collaborates and will take prescribed medications routinely, but who sometimes needs reminders to take medication regularly. Also, a history of inability or unwillingness to take medication as prescribed, but no current problems would be noted here. |
| 2 | This level indicates a person who is periodically unable or unwilling to collaborate or take medication as prescribed. This person may be resistant to taking prescribed medications or may tend to overuse their medications. They might adhere to prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication following the prescribed dose or protocol. |
| 3 | This level indicates a person who does not collaborate and has refused to take prescribed medications during the past 30-day period. A person who has abused their medications to a significant degree (i.e., overdosing or over using medications to a dangerous degree) would be noted here. |

65

EDUCATIONAL ATTAINMENT - This item rates the degree to which the individual is making progress toward or has completed his/her planned education.

Questions to Consider

- Has this youth required educational support services from their school in order to attain their education goals?
- Has there been an evaluation for special education?
- If the youth has an IEP does it include a transitional plan?

Ratings & Descriptions

- | | |
|----------|--|
| 0 | No evidence of need in working towards completing youth's planned educational goal and/or individual has achieved all educational goals. |
| 1 | Individual has set educational goals and is currently making progress towards achieving them. |
| 2 | Individual has set educational goals but is currently not making progress towards achieving them. |
| 3 | Individual has no educational goals and lack of educational attainment interferes with individual's lifetime vocational functioning. |

66

FINANCIAL RESOURCES - This item is used to evaluate whether the youth has sufficient financial resources to support him/herself with respect to stated goals. This question is specific to the youth as the caregiver financial resources will be rated in the caregiver section.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Does the youth receive social security or other benefits due to a disability? <input type="checkbox"/> Does the youth have access to Section 8 housing? <input type="checkbox"/> Does the youth have a checking account? <input type="checkbox"/> Are there concerns about financial literacy or budgeting?	0 No evidence of financial difficulties and/or individual has financial resources necessary to meet needs.
	1 Mild difficulties. Individual has financial resources necessary to meet basic needs with careful budgeting.
	2 Moderate difficulties. Individual has financial difficulties that limit his/her ability to meet needs. (e.g. occasionally cannot make bill payments or can pay bills but does not have any funds left over for additional needs/emergencies that arise)
	3 Severe difficulties. Individual is experiencing financial hardship that prevents them from living independently. (e.g. can't pay bills, purchase groceries, etc.)

67

SUPPORT NETWORK - This item describes the youth's informal supports including neighbors, family, friends, mentor, supervisor at job.

Questions to Consider	Ratings & Descriptions
<input type="checkbox"/> Does the youth have a place to go on holidays? <input type="checkbox"/> Does the youth have identified natural supports? <input type="checkbox"/> What activities does the youth take part in during their free time?	0 No evidence of youth needing help to utilize their support network. Has significant support network.
	1 Youth identifies having access to a healthy support network, but the supports are relatively new to them (within the past 3 months).
	2 Youth identifies limited access to a support network.
	3 Youth cannot identify any support network.