

CHILD AND ADOLESCENT NEEDS AND STRENGTHS - NY (CANS-NY)

New York State Version of CANS

Manual

**Praed Foundation
Copyright 1999, 2011**

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

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:

John S. Lyons, Ph.D.,
Endowed Chair of Child & Youth Mental Health Research
University of Ottawa
Children's Hospital of Eastern Ontario
401 Smyth Road, R1118
Ottawa, ON
613-864-4940
jlyons@uottawa.ca

Praed Foundation
550 N. Kingsbury Street #101
Chicago, IL 60654
www.praedfoundation.org
praedfoundation@yahoo.com

HISTORY OF CANS

The CANS originated from Dr. John Lyons and his work in modeling decision-making for psychiatric services. In order to assess appropriate use of psychiatric hospital and residential treatment services, Dr. Lyons developed the Childhood Severity of Psychiatric Illness (CSPI). This measure was developed to assess those dimensions crucial to good clinical decision-making for expensive mental health service interventions and formed the basis for the development of the CANS. The CSPI tool demonstrated its utility in informing decision making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy-to-use yet provides comprehensive information regarding clinical status.

The CANS built upon the methodological approach for the CSPI but expands the assessment to include a broader conceptualization of needs and the addition of an assessment of strengths – both family/caregiver and child/youth looking primarily at the 30-day period prior to administration of the CANS. It is a tool developed with the primary objectives of permanency, safety, and improved quality of life. The CANS has two broad applications. It provides for a structured assessment of children along a set of dimensions relevant to service planning and decision-making and it provides information regarding the child and family's service needs for use in system planning and/or quality assurance monitoring. The CANS is designed to be used

either as a **prospective** assessment tool for decision support and planning on both an individual or system's level or as a **retrospective** assessment tool for use in the design of high quality systems of services to inform a variety of quality assurance initiatives. This information can be used to design and develop community-based, family-focused systems of services appropriate for the target population and the community. (Lyons, Yeh, Leon, Uziel-Miller & Tracy, 1999). In addition, the CANS assessment tool can be used by care coordinators and supervisors as a quality assurance/monitoring device demonstrating the individual child's progress. It can also be used as a communication tool which provides a uniform language for all child serving entities to discuss the child's needs and strengths. A review of the case record in light of the CANS assessment tool will provide information as to the appropriateness of the individual plan of care and whether individual goals and outcomes are achieved. This flexibility allows for a variety of innovative applications.

The domains and objective dimensions used in the CANS were developed by focus groups with a variety of participants including families, family advocates, and representatives of the provider community, mental health case workers, and child welfare workers.

The CANS is an open domain tool for use by service delivery systems that address the mental health of children, adolescents and their families. Training and certification is required for ethical use of the approach. The copyright (1999) is held by the Buddin Praed Foundation (praedfoundation@yahoo.com) to ensure that it remains free to use.

MEASUREMENT PROPERTIES

Reliability

More than 100,000 professionals around the world have been trained to a reliability criteria for at least 0.70 on a test vignettes using various versions of the CANS. A number of reliability studies with a total sample of more than 300 subjects have been accomplished using the CANS- including studies with a variety of practitioners and researchers. When clinical vignettes are used as the source of ratings, the average reliability across studies is 0.78. When case records or current cases are used as the source of ratings, the average reliability across studies is 0.85. A number of individuals from different backgrounds have been trained to use the CANS reliably including mental health providers, child welfare case workers, probation officers, and family advocates (parents of children with difficulties). A minimum of a bachelor's degree with some training or experience with mental health is needed to use the CANS reliably after training in the CANS. A full discussion of the reliability of the CANS is found in Lyons, JS (2009), a communication theory of measurement for human services, New York: Springer.

Validity

The validity of the CANS has been studied in a variety of ways.. In a sample of more than 1700 cases in 15 different program types across the New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). It has also been used to distinguish needs of children in rural and urban settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service use and costs and to evaluate outcomes of services (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009).

THE NEW YORK STATE CANS

The NYS Office of Mental Health (OMH) and the NYS Office of Children and Families (OCFS) have collaborated with Dr. John Lyons in the development of a comprehensive version of the CANS for New York State, hereafter known as the CANS-NY. The CANS-NY includes a wider range of CANS domains to better identify and address the multi-systems needs of the children served in OMH intensive community-based and residential programs and the OCFS Bridges to Health Medicaid Waiver. The CANS-NY serves as a guide in decision making as well as to service planning specifically for children with behavioral needs, medical needs, mental retardation/developmental disabilities, and juvenile justice involvement. Due to its modular design, the tool can be adapted for local applications without jeopardizing its psychometric properties (i.e., a system may select to use certain modules and not others).

CANS-NY DESCRIPTION AND INSTRUCTIONS

CANS-NY INSTRUCTIONS:

The CANS is different from many other measures in that it is a communimetric tool (rather than psychometric). As such, it is designed to be a strategy within a framework of represented the shared vision of the child/youth serving system. Six principles guide the development and use of the CANS and distinguish it from traditional measures.

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 developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child/youth but would be for an older child/youth or child/youth regardless of developmental 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 cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child/youth’s present circumstances. However, if there is good reason, the action levels can be used to over-ride the 30-day rating period. So unless the item is described differently, the past 30 days is used to define the level of need/strength.

The **CANS-NY** is composed of:

- ❖ **domains** (e.g. Child/Youth Life Functioning),
- ❖ **dimensions** within each domain (e.g. Living Situation is a dimension within the Child/Youth Life Functioning domain) which are rated, and
- ❖ **coding definitions** which define each **rating**.

Each dimension's coding definition (rating) is based on its own 4-point scale between "0"- "3". In addition, in certain instances you will find a rating of "U" for unknown. If "unknown", this should be considered a prompt to obtain this information for a complete picture of the needs and strengths of the child and family. There are also instances when a rating of N/A may be chosen. N/A is used when a child/youth does not meet criteria or the dimension is not applicable.

Within the Child/Youth Life Functioning Domain, there are several dimensions where a rating of one (1) or more directs the CANS administrator to complete additional domains pertaining to Behavioral Health, Medical, Developmental, Trauma or Substance Use. These additional domains provide more detail concerning those areas. **Each rating represents an action level as described below which assists in service planning.**

NEEDS RATING INTENSITY/ACTION LEVEL:

"0" indicates no need and "3" indicates greatest need. Each rating indicates a level of intervention.

For needs, the ratings are:

"0" indicates *no evidence*. No need for action.

"1" indicates *watchful waiting/prevention*. This need should be monitored, or efforts to prevent it from returning or getting worse should be initiated.

"2" indicates *action*. An intervention of some type is required because the need is interfering in some notable way with the individual's, family's or community's functioning.

"3" indicates *immediate/ intensive action*. This need is either dangerous or disabling.

STRENGTHS RATING INTENSITY/ACTION LEVEL:

In order to maximize the ease of use and interpretation, please note that the first two domains pertaining to strengths, *Child/Youth Strengths and Strengths for Primary and Secondary (if indicated) Caregiver* are rated in the opposite logical manner. This is to maintain consistency across the measure so that a low rating of 0 or 1 in any dimension is always considered a positive.

For strengths, the ratings are:

"0" is a *centerpiece strength*. It indicates a strength that is so powerful and important to the person that it can be used as the focal point for a strength-based planning process.

"1" is a *useful strength*. While by no means as powerful as a centerpiece strength, this level indicates a strength that still could be useful for strength-based planning. It is real and ready to be included in the plan.

“2” is an *identified strength*. This is a strength identified as having the potential to develop but is not useful at the present time. Examples are interest in music or a hobby that is not being developed, or a vocational preference that is not being pursued. Strength-building activities would be indicated.

“3” indicates *no strength is identified*. This level indicates that there is no known strength. Strength identification and building are indicated.

The CANS-NY assessment tool is designed to give a profile of the specific current needs and strengths of the child and family. Unless otherwise specified, the CANS is rated based on the past 30 days. Used this way, it is reliable and gives the care coordinator, the family and the agency, valuable information for use in the development and/or review of the individual plan of care and care service decisions. *It is **not** designed to require that you "add up" all of the "ratings" of the elements for an overall score rating.* Totaling the ratings is an option only for evaluation applications.

CANS-NY Timeframes

For OMH: The CANS-NY is completed upon referral, upon the first 30 days, every 180 days thereafter, and when the child/youth is leaving the program. It is also completed on an as needed basis if there is a significant change.

For OCFS: The CANS-NY is completed within the first 30 days of enrollment into the OCFS Bridges to Health Waiver, every 6 months thereafter, and at transition or whenever there is a significant change. The CANS is used to obtain a baseline assessment and inform B2H Waiver services provision.

CODING DEFINITIONS INTRODUCTION

Each rating is coded to a specific definition. The Coding Definitions section describes the behavior or status that the rating represents. This is an essential guide to determining each rating.

DATA ENTRY AND INFORMATION MANAGEMENT

For OCFS, the CANS instrument is entered into the "CANS B2H Scores and Analysis Two Most Recent CANS B2H Administrations" portion of the Individualized Health Plan (IHP) (OCFS-8017). The CANS is then used to support the Child Assessment and B2H Services sections of the IHP.

For OMH, data from the CANS-NY must be entered into the OMH CAIRS. This data informs other information management programs and is used in outcome measurement.

CANS-NY AND SERVICE PLANNING

The CANS – NY is administered during the initial enrollment process and periodically throughout program participation. Ratings of 2 or 3 indicate the need to have a goal addressing the corresponding element at some point (see below) in the child/youth's Service Plan/Individualized Health Plan. The reduction over time in the 2's and 3's in the CANS – NY assessment indicate that the child/youth's goals are being achieved

For OMH Programs Using the CANS:

Dimensions with ratings of 2 or 3 in the Risk Factors Domain must be addressed immediately with a corresponding goal and service in the child’s plan. In the remaining domains, any dimension that puts a child at risk that is rated 2 or 3 must also be addressed with a goal and service immediately. Other dimensions with rating of 2 or 3 may or may not be immediately addressed. If these are deferred for a later time, the reasons for deferral as well as how each will be addressed in the future must be discussed in the plan’s narrative section. This is true also for identified needs that another agency/system is or will be addressing. For additional information on service planning and the CANS-NY for the OMH Home and Community Based Waiver, go to <http://www.omh.ny.gov/omhweb/guidance/hcbs/>

For OCFS B2H Waiver: The score ratings (0-3) in the CANS-NY are used to support the Child Assessment section of the Individualized Health Plan (OCFS-8017) as strengths, needs, risk factors and preferences. CANS scores are also used to support the need for waiver services in that section of the IHP. Again, those elements with a rating of 2 or 3 in the Risk Factors, Problem Presentation and/or Child Functioning domains must relate to a corresponding service in the child/youth’s Individualized Health Plan. Any changes between CANS must also be recorded on the CANS “B2H Scores and Analysis” section of the IHP.

CANS-NY INTERVIEW GUIDE INTRODUCTION

The CANS-NY includes an interview format which may be used as a guideline in soliciting the required information for completing the CANS-NY. This is found on the on-line CANS training site.

EFFECTIVE COMMUNICATION WITH FAMILIES USING THE CANS

Mary Beth Rautkis, Ph.D.

Communication happens — even when you are not communicating verbally, you are communicating through your body posture, gestures, eye contact, etc. The CANS is at the heart, a communication tool, and how you communicate when you are working through the CANS is as important as the words on the printed page. Remember, this is not a “form” to be completed, but the reflection of a story that needs to be heard.

This section of the manual is about communicating—it applies to the CANS, but it can also be a model for any kind of situation when you need to get and to give information.

Establishing a Level of Comfort

At a very basic level, people need to feel comfortable in order to share information and there are ways to promote a feeling of comfort.

Eye contact

Different cultures and subcultures, even different individuals, have different standards for good eye contact. Try to be sensitive to their level of comfort with eye contact. Eye contact is not staring — it is moving your eyes from the pages to the persons face in a way that feels comfortable for you and for the person you are talking with. You will know if someone is uncomfortable with eye contact — they will not meet your gaze, may look at a point above your head, shift their body etc. It is important to respect this and to shift your gaze to the paper or to another place. If you feel that the individual is comfortable with eye contact, then try to arrange the chairs or table so that you can comfortably move your eyes from the pages to the person that you are talking with.

Personal space

Similarly, people have different degrees of comfort with personal space. You will know what the right distance is—people will let you know verbally or nonverbally if you are in their personal space. Again, it is important to respect these boundaries.

Physical environment

Sometimes this is not within your control, but both of you should be comfortable and able to talk. If the environment is less than ideal, try to find out what would increase the comfort level. For example, in a crowded space you could ask, “Are you comfortable with this sitting arrangement?”

Self-awareness

When you are uncomfortable, chances are you are communicating that to the other person. You may fidget, shift, not make eye contact, etc. Someone can only be comfortable if you are comfortable. If you are feeling a sense of discomfort, take a few seconds to think about why that is. Is it the information that you are receiving? Is it the physical space? Make an effort to find out where your discomfort is coming from and think about how you can make the situation less uncomfortable.

Giving an Overview

Most people like to have a little overview of what will happen in the time you will be spending together and why you will be working together — what will come out of your time together. So, a simple statement like this would be a good way to start: “We’ve been spending some time together talking about (child/youth’s name) and now I’d like us to organize or fit this information together in a way that will help us to come up with a plan that meets your child/youth’s and family’s needs, and that also builds on his/her strong points. We’re going to do this together by using something called the Child and Adolescent Needs and Strengths (we sometimes call it the CANS). You may have looked through this because it is in your family handbook. This helps us to see if you feel something is not a need, if something should be watched, if it should be addressed, and if it should be addressed right now. It also helps us to see if something is a strong point that we can build on, or if it is something that can be built on to become a strong point. It may take us about 45 minutes. Would you like to do the writing or would you like me to?”

Sometimes the **CANS** will just happen “organically”. That is, you will have a “**CANS** moment” — a time when it just makes sense to start it. That’s great and sometimes the best exchange of information happens when it is unplanned. However, before you whip out the **CANS** and sharpen your pencil, be sure to ask the parent, or do a little introduction: “You know what, this is really great information and I’d like us to start writing it down. I’d like to show you something. This is the **CANS**. . .”

Order of CANS Items

The **CANS** is organized into parts: you can start with any of the domains— for instance, Child/Youth Life Functioning, Child/Youth Strengths, or Strengths and Needs Domain for Primary Caretaker. This is your judgment call. Sometimes people need to talk about needs before they can acknowledge strengths. Sometimes after talking about strengths, then they can better explain the needs. Trust your judgment and when in doubt, always ask—“We can start by talking about what you feel that you and your child/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?”

It is also a good idea to know the **CANS**. If you are constantly flipping through the pages, or if you read verbatim without shifting your eyes up, it can feel more like an interview than a conversation. A conversation is more likely to give you good information, so have a general idea of the items.

Also, some people may “take off” on a topic. The great thing about the **CANS** is that you can follow their lead. So, if they are talking about anger control and then shift into something like--- “You know, he only gets angry when he is in Mr. S’s classroom”, you can follow that and ask some questions about situational anger. So that you are not searching and flipping through papers, have some idea of what page that item is on.

Making the Best Use of the CANS

To increase family involvement, and understanding, encourage the family to look over the **CANS** prior to the time you sit down to fill it out. The best time is your decision — you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process.

A copy of the completed **CANS** should be provided to each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

Listening Using the CANS

Listening is the most important skill that you bring to the **CANS**. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

Use nonverbal prompts and minimal verbal prompts.

Use head nodding, smiling and brief “yes...”, “and...”—things that encourage people to continue.

Be nonjudgmental and avoid giving personal advice.

You may find yourself thinking “if I were this person, I would do X” or “that’s just like my situation, and I did X”. But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.

Be empathetic.

Empathy is being warm and supportive and acknowledging the feelings of another. It is understanding another person from their own point of reference. You demonstrate empathetic listening when you smile, nod, and maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the person you are talking to that you are with them.

Be comfortable with silence.

Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask, “Does that make sense to you?” Or, “Do you need me to explain that in another way?”

Paraphrase and clarify—avoid interpreting.

Interpretation is when you go beyond the information given and infer something in a person's unconscious motivations, personality, etc. The **CANS** is not a tool to come up with causes. Rather, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying, "Ok, it sounds like X, is that right? Would you say that is something that you feel needs to be watched, or is help needed?"

Redirect the conversation to parents' own feelings and observations

Often people will make comments about other people's observations such as, "Well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their own observations: "So your mother feels that when he does X, that is obnoxious. What do YOU think?" The **CANS** is a tool to organize all points of observation, The idea is to use the **CANS** to create a shared vision. That might require compromises among partners including parents and youth but also clinicians and other professionals.

Acknowledge feelings.

People will be talking about difficult things and it is important to acknowledge that. A simple acknowledgement such as, "I hear you saying that it can be difficult when . . ." or "I can understand how difficult that must be..." demonstrates empathy.

Wrapping It Up

At the end of the **CANS**, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their child/youth, and if there is anything that they would like to add. This is a good time to see if there is anything "left over" — feelings or thoughts that they would like to share with you.

Take time to summarize with the family the areas of strengths and of needs. Help them to get a "total picture" of their child/youth and family, and offer them the opportunity to change any ratings as you summarize or give them the "total picture".

Take a few minutes to talk about what the next steps will be. Now that you have the information organized into a framework, it is time to move into the next stage — planning.

You might close with a statement such as: "OK, now the next step is a "brainstorm" where we take this information that we've organized and start writing a plan — it is now much clearer which needs must be met and what can be built. So let's start . . ."

Use this page for any notes you may additionally want to add (optional).

CANS - NY Ratings Sheet

Child/Youth's Name (print): _____

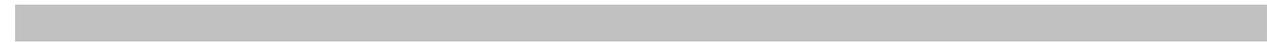
DOB: _____ Gender: _____ Race/Ethnicity: _____

Client ID Number (CIN): _____

Primary Language: _____

Address: _____

City _____ State _____ Zip _____



Is this the initial CANS: (circle one) Yes No

CANS Completion Date: _____

Waiver Type (check one):

B2HSED - B2HDD - B2HMedF - OMH HCBS

CANS Administrator (print): _____

Phone number: _____

Agency: _____



For OCFS - Foster Care Status (check one):

In Care - Trial Discharge - Discharge to Parent

Discharge to Adoption - Discharge to Permanent Resource



DOMAINS

CHILD/YOUTH STRENGTHS DOMAIN: Note: 0=Strength

	0	1	2	3	N/A		0	1	2	3
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Educational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Vocational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Resiliency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STRENGTHS AND NEEDS DOMAIN FOR *PRIMARY CAREGIVER*

Instructions for OMH Providers

Check one perspective to identify the **primary caregiver** and complete this domain. If the youth is his/her own primary caregiver, check and complete for his/her perspective. Please note: *Paid staff persons* in residential programs such as Community Residences and Residential Treatment Facilities are not considered caregivers.

PERSPECTIVE (check one):

Biological Parent(s) _____
 Adoptive Parent(s) _____
 Kinship Family _____

Permanency Plan Family _____
 Youth is Her/His Own Caregiver _____
 Foster or Foster Congregate Care _____

Instructions for OCFS B2H Providers

The Strengths and Needs Domain for the Primary Caregiver is completed from the *perspective of the permanency plan caregiver*. When a child is his/her own medical consentor, this domain is also completed from the child's perspective. In addition, where there is more than one family/caregiver (from separate households) who is involved with the child/youth, *but who is not the permanency plan caregiver*, the Strengths and Needs Domain for the Second Caregiver Involvement must be completed. Completing the Strengths and Needs Domain for the Second Caregiver Involvement allows for determination of service needs when there is more than one caregiver household who requires B2H Waiver services (e.g., when the child is in a pre-adoptive home as the permanency plan, but biological family remains involved).

PERSPECTIVE:

Birth Family _____
 Adoptive _____
 Step-Parent _____
 Youth is Own Medical Consentor _____

Kinship Foster Family _____
 Non-Kinship Foster Family _____
 Group Home Shift Staff _____
 Other _____

STRENGTHS DOMAIN**Note: In this category, 0=strength**

	0	1	2	3
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NEEDS DOMAIN**Note: 0=no evidence of need**

	0	1	2	3
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acculturation: Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STRENGTHS AND NEEDS DOMAIN FOR SECOND CAREGIVER INVOLVEMENT (SI)**Instructions for OMH Providers**

If there is current or planned involvement with the child/youth from a **second perspective that is not the primary caregiver**, check that second perspective and complete this domain for that perspective. Be sure you have also completed the proceeding domain for the person identified as the primary caregiver.

PERSPECTIVES:

Biological Parent(s) _____
 Adoptive Parent(s) _____
 Kinship Family _____

Permanency Plan Family _____
 Youth is Her/His Own Caregiver _____
 Foster or Foster Congregate Care _____

Instructions for OCFS B2H Providers

In addition to the Strengths and Needs Domain for the *Primary* Caregiver, when there is more than one family/caregiver (from separate households) who is involved with the child/youth, but *who is not the permanency plan caregiver*, the Strengths and Needs Domain for the Second Caregiver Involvement must be completed. Completing the Strengths and Needs Domain for Second Caregiver Involvement allows for determination of service needs when there is more than one caregiver household who requires B2H Waiver services (e.g., when the child is in a pre-adoptive home as the permanency plan, but biological family remains involved).

PERSPECTIVE:

Birth Family _____
 Adoptive _____
 Step-Parent _____
 Youth is Own Medical Consenter _____

Kinship Foster Family _____
 Non-Kinship Foster Family _____
 Group Home Shift Staff _____
 Other _____

STRENGTHS DOMAIN

Note: In this category, 0=strength

	0	1	2	3
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NEEDS DOMAIN

Note: In this category, 0=no evidence of need

	0	1	2	3
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acculturation: Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD/YOUTH LIFE FUNCTIONING DOMAIN

	0	1	2	3	NA
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Family	<input type="radio"/>				
Acculturation: Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Knowledge of Sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Job Functioning	<input type="radio"/>				
School Behavior	<input type="radio"/>				
School Achievement	<input type="radio"/>				
School Attendance	<input type="radio"/>				
JJ /Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Developmental	<input type="radio"/>				
Medical Health	<input type="radio"/>				
Behavioral Health	<input type="radio"/>				
Adj. to Trauma	<input type="radio"/>				
Substance Exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Substance Use	<input type="radio"/>				

If child/youth has a rating of “1” or greater in the behavioral health, developmental, or medical health, or substance use dimension, *complete the corresponding Behavioral Health, Developmental, Medical Health, or Substance Use Domain.*

** If child/youth has a rating of “1” or higher in the adjustment to trauma dimension AND is enrolled in an OMH program, complete the Adjustment to Trauma Domain.*

CHILD/YOUTH RISK BEHAVIORS DOMAIN

	0	1	2	3
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Injurious Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquent Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD/YOUTH BEHAVIORAL HEALTH DOMAIN

Complete this module if the child/youth has a rating of '1' or greater in the Behavioral Health dimension in the Child/Youth Life Functioning Domain.

	0	1	2	3
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsive/Hyper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD/YOUTH DEVELOPMENTAL DOMAIN

Complete this module if the child/youth has a rating of '1' or greater in the developmental dimension in the Child/Youth Life Functioning Domain.

	0	1	2	3		0	1	2	3
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Developmental Delay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sensory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD/YOUTH MEDICAL HEALTH DOMAIN

Complete this module if the child/youth has a rating of '1' or greater in the medical health dimension in the Child/Youth Functioning Life Domain.

	0	1	2	3
Life Threatening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Complexity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impairment in Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensity of Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational Complexity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD/YOUTH ADJUSTMENT TO TRAUMA

Complete this module if the child/youth has a rating of '1' or greater in the adjustment to trauma dimension in the Child/Youth Life Functioning Domain.

	0	1	2	3
Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional/Verbal Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness or Victim of Criminal Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affect Dysregulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-experiencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somatization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD/YOUTH SUBSTANCE USE DOMAIN

Complete this module if the child/youth has a rating of '1' or greater in the substance use dimension in the Child/Youth Life Functioning Domain.

	0	1	2	3
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use this page for any notes you may additional want to add (not required).

CODING DEFINITIONS FOR THE RATINGS

Note: Rate each for the prior 30 days unless otherwise specified.

CHILD/YOUTH STRENGTHS DOMAIN

Check	FAMILY <i>This item describes to degree to which positive and supportive relationships exist within the family</i>
0	Family has strong relationships and excellent communication.
1	Family has some good relationships and good communication.
2	Family needs some assistance in developing relationships and/or communication.
3	Family needs significant assistance in developing relationships and communication or child/youth has no identified family.

Check	INTERPERSONAL <i>This item describes the ability to make and maintain positive relationships.</i>
0	Child/Youth has well-developed interpersonal skills and friends.
1	Child/Youth has good interpersonal skills and has shown the ability to develop healthy friendships.
2	Child/Youth needs assistance in developing good interpersonal skills and/or healthy friendships.
3	Child/Youth needs significant help in developing interpersonal skills and healthy friendships.

Check	RELATIONSHIP STABILITY <i>This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.</i>
0	This level indicates a child/youth who has 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.
1	This level indicates a child/youth who has had stable relationships but there is some concern about instability in the near future due to such things as transitions or illness.
2	This level indicates a child/youth who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death within the past year.
3	This level indicates a child/youth who does not have stability in relationships.

Check	OPTIMISM <i>Please rate the highest level from the past 30 days.</i>
0	Child/Youth has a strong and stable optimistic outlook on his/her life.
1	Child/Youth is generally optimistic.
2	Child/Youth has difficulties maintaining a positive view of him/herself and his/her life; child/youth may vary from overly optimistic to overly pessimistic.
3	Child/Youth has difficulties seeing any positives about him/herself or his/her life.

Check	PROBLEM SOLVING <i>This rating should be based on the individual's ability to identify and use external/environmental strengths in managing his/her life.</i>
0	Child/Youth is quite skilled at finding the necessary resources required to aid him/her in managing challenges.
1	Child/Youth has some skills at finding necessary resources required to aid him/her in a healthy lifestyle but sometimes requires assistance in identifying or accessing these resources.
2	Child/Youth has limited skills for finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
3	Child/Youth has no skills for finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

Check	CULTURAL IDENTITY <i>Cultural identity refers to the child/youth's view of him/herself as belonging to a specific cultural group. Culture may be defined by factors including race, religion, ethnicity, geography or lifestyle.</i>
0	Child/youth has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Child/youth is experiencing some confusion or concern regarding cultural identity.
2	Child/youth has significant struggles with his/her own cultural identity; child/youth may have cultural identity but is not connected with others who share this culture.
3	Child/youth has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.

Check	SPIRITUAL/RELIGIOUS <i>This item describes the child/youth involvement in spiritual and religious practices and communities. Particularly for children, family involvement in these activities can be rated as a strength.</i>
0	Child/youth receives comfort and support from religious and/or spiritual beliefs and practices.
1	Child/youth is involved in a religious community whose members provide support.
2	Child/youth has expressed some interest in religious or spiritual belief and practices.
3	Child/youth has neither identified religious or spiritual beliefs nor interest in these pursuits.

Check	COMMUNITY LIFE <i>This item describes the child/youth's degree of connection to his/her community.</i>
0	Child/youth is well-integrated into his/her community. He/she is a member of community organizations and has positive ties to the community.
1	Child/youth is somewhat involved with his/her community.
2	Child/youth has an identified community but has only limited ties to that community.
3	Child/youth has no identified community to which he/she is a member.

Check	TALENTS/INTEREST <i>This item describes a broad array of possible activities that the child/youth may enjoy and use to help in development. Included are athletic, artistic, hobbies, etc.</i>
0	Child/Youth has a talent that provides him/her with pleasure and/or self esteem.
1	Child/Youth has a talent, interest, or hobby with the potential to provide him/her with pleasure and self esteem.
2	Child/Youth has identified interests but needs assistance converting those interests into a talent or hobby.
3	Child/Youth has no identified talents, interests or hobbies.

Check	EDUCATIONAL <i>This item rates the degree of partnership between the school and others in meeting the child/youth's educational needs.</i>
0	School works closely with child/youth and family to identify and successfully address child's/youth's educational needs OR child/youth excels in school.
1	School works with child/youth and family to identify and address educational needs.
2	School currently unable to adequately identify and/or address child's/youth's needs.
3	School unable and/or unwilling to work to identify and address child's/youth's needs.
N/A	Child is not in school due to age under 5.

Check	VOCATIONAL <i>This item describes the degree of job/career related skills possessed by the youth. Most children would be rated a '3' or NA.</i>
0	Youth has vocational skills and work experience.
1	Youth has some vocational skills or work experience.
2	Youth has some prevocational skills.
3	Youth needs significant assistance developing vocational skills.
N/A	Child is under age 14

Check	RESILIENCY <i>This rating should be based on the individual's ability to identify and use internal strengths in managing their lives.</i>
0	Child/Youth is able to both identify and use internal strengths to better her/himself and successfully manage difficult challenges.
1	Child/Youth is able to identify most of his/her internal strengths and is able to partially utilize them.
2	Child/Youth is able to identify internal strengths but is not able to utilize them effectively.
3	Child/Youth is not yet able to identify internal personal strengths.

PRIMARY CAREGIVER AND SECONDARY INVOLVEMENT (SI) STRENGTHS DOMAIN

Use these definitions for the strengths of the primary caregiver and for the strengths of the secondary perspective, when indicated.

Check	SUPERVISION <i>This item describes the caregivers' ability to monitor and discipline the child/youth in all the ways that are required.</i>
0	Caregiver/SI has good monitoring and discipline skills.
1	Caregiver/SI provides generally adequate supervision; may need occasional help or technical assistance.
2	Caregiver/SI reports difficulties monitoring and/or disciplining child/youth. Caregiver needs assistance to improve supervision skills.
3	Caregiver/SI is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

Check	CARE INVOLVEMENT <i>This item describes the degree to which the caregiver is involvement in seeking and supporting care to address the needs of their child.</i>
0	Caregiver/SI is able to act as an effective advocate for child/youth.
1	Caregiver has history of seeking help for their children. Caregiver is open to support, education, and information.
2	Caregiver/SI does not wish to participate in services and/or interventions intended to assist the child/youth.
3	Caregiver/SI wishes for child/youth to be removed from their care.

Check	KNOWLEDGE <i>This item seeks to identify whether the caregiver requires further information in order to best advocate for their child.</i>
0	Caregiver/SI is knowledgeable about the child's/youth's needs and strengths.
1	Caregiver/SI is generally knowledgeable about the child/youth but may require additional information to improve their parenting capacity.
2	Caregiver/SI has clear need for information to improve his/her knowledgeable about the child/youth. Current lack of information is interfering with his/her ability to parent.
3	Caregiver/SI lack of knowledge places the child/youth at risk of significant negative outcomes.

Check	ORGANIZATION <i>This item describes the ability of the caregiver to organize and manage the household.</i>
0	Caregiver/SI is well organized and efficient.
1	Caregiver/SI has minimal difficulties with organizing and maintaining a household that supports needed services, i.e., caregiver may now and then be forgetful about appointments or occasionally fail to return case manager calls.
2	Caregiver/SI has moderate difficulty organizing and maintaining a household that supports needed services.
3	Caregiver/SI is unable to organize a household that supports needed services.

Check	NATURAL SUPPORTS <i>This item describes the presence of unpaid others to support raising the child.</i>
0	Caregiver/SI has a significant family, friend or social network that actively helps with raising the child/youth.
1	Caregiver/SI has some family, friend or social network that <i>actively</i> helps with raising the child/youth.
2	Caregiver/SI has some family, friend or social network that may be able to help with raising the child/youth.
3	Caregiver/SI has no family, friend or social network that may be able to help with raising the

	child/youth.
--	--------------

Check	RESIDENTIAL STABILITY <i>This item describes the housing stability of the caregiver.</i>
0	Caregiver/SI has stable housing for the foreseeable future.
1	Caregiver/SI has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver/SI has moved multiple times in the past year. Housing is unstable.
3	Caregiver/SI has experienced periods of homelessness in the past six months.

Check	PROBLEM SOLVING <i>Please rate the highest level from the past 30 days. This rating should be based on the individual's ability to identify and use external/environmental strengths in managing his/her live</i>
0	Caregiver/SI is quite skilled at finding necessary resources that are useful in aiding him/her and the family, including the child/youth, in achieving and maintaining safety and well-being.
1	Caregiver/SI has some skills in finding necessary resources that are useful in aiding him/her and the family including, the child/youth, in achieving and maintaining safety and well-being but sometimes requires assistance in identifying or accessing resources
2	Caregiver/SI has limited skills in finding necessary resources that are useful in aiding him/her and the family, including the child/youth, in achieving and maintaining safety and well-being and requires temporary assistance both with identifying and accessing these resources.
3	Caregiver/SI has no skills in finding the necessary resources that are useful in aiding him/her and the family, including the child/youth, in achieving and maintaining safety and well-being and requires ongoing assistance with both identifying and accessing resources.

Check	CULTURAL IDENTITY <i>This refers to the caregiver's view of his/herself as belonging to a specific cultural group. Culture may be defined by factors including race, religion, ethnicity, geography or lifestyle.</i>
0	Caregiver/SI has clear, consistent cultural identity and is connected to others who share his/her cultural identity.
1	Caregiver/SI is experiencing some confusion or concern regarding cultural identity.
2	Caregiver/SI has significant struggles with his/her own cultural identity. The caregiver may have cultural identity but is not connected with others who share this culture.
3	Caregiver/SI has no cultural identity or is experiencing significant conflict regarding cultural identity.

PRIMARY CAREGIVER AND SECONDARY INVOLVEMENT (SI) NEEDS DOMAIN

Use these definitions for the needs of the primary caregiver and, for the needs of the secondary perspective.

Check	LEGAL <i>This item describes the caregiver involvement in courts based on his/her behavior</i>
0	Caregiver/SI has no known legal difficulties.
1	Caregiver/SI has a history of legal problems but currently is not involved with the legal system.
2	Caregiver/SI has some legal problems and is currently involved in the legal system.
3	Caregiver/SI has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement.

Check	PHYSICAL <i>This item describes the presence of any medical or physical challenges to caregiving.</i>
0	Caregiver/SI is generally healthy.
1	Caregiver/SI is in recovery from medical/physical problems.
2	Caregiver/SI has medical/physical problems that interfere with his/her capacity to parent.
3	Caregiver/SI has medical/physical problems that make it impossible for him/her to parent at this time.

Check	MENTAL HEALTH <i>This item describes the presence of any mental health challenges to caregiving.</i>
0	Caregiver/SI has no mental health needs.
1	Caregiver/SI is in recovery from mental health difficulties.
2	Caregiver/SI has some mental health difficulties that interfere with his/her capacity to parent.
3	Caregiver/SI has mental health difficulties that make it impossible for him/her to parent at this time.

Check	SUBSTANCE USE <i>This item describes the presence of any substance use challenges to caregiving.</i>
0	Caregiver/SI has no substance use needs.
1	Caregiver/SI is in recovery from substance use difficulties.
2	Caregiver/SI has some substance use difficulties that interfere with his/her capacity to parent.
3	Caregiver/SI has substance use difficulties that make it impossible for him/her to parent at this time.

Check	DEVELOPMENTAL <i>This item describes the presence of any developmental challenges to caregiving.</i>
0	Caregiver/SI has no developmental needs.
1	Caregiver/SI has developmental challenges but they do not currently interfere with parenting.
2	Caregiver/SI has developmental challenges that interfere with her/his capacity to parent.
3	Caregiver/SI has severe developmental challenges that make it impossible for her/him to parent at this time.

Check	SAFETY <i>This item describes the need for child protective interventions.</i>
0	Household is safe and secure. Child/Youth is at no risk from others.
1	Household is safe but concerns exist about the safety of the child/youth due to history or others in the neighborhood that might be abusive.
2	Child/Youth is in some danger from one or more individuals with access to the household.
3	Child/Youth is in immediate danger from one or more individuals with unsupervised access.

Check	ACCULTURATION/ LANGUAGE <i>This item includes both spoken and sign language.</i>
0	Caregiver(s)/SI speaks and understands English well
1	Care giver(s)/SI speaks some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language
2	Caregiver(s)/SI does not speak English A translator or native language speaker is needed for successful intervention and a qualified individual can be identified within natural supports.
3	Caregiver(s) /SI does not speak English A translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

CHILD/YOUTH LIFE FUNCTIONING DOMAIN

Check	PRIMARY CAREGIVER <i>The caregiver may be a family member or non-family member for this rating category.</i>
0	Child/Youth is doing well in relationships with primary caregiver(s).
1	Child/Youth is doing adequately in relationships with primary caregiver(s) and others in the living environment although some problems may exist.
2	Child/Youth is having moderate problems with primary caregiver or others in the living environment (i.e., frequent arguing, difficulties in maintaining any positive relationships, etc.).
3	Child/Youth is having severe problems with primary caregiver or others in the living environment (including siblings, and/or other family members). This would include problems of domestic violence, constant arguing, etc.

Check	FAMILY <i>Complete this category only if family (biological or adoptive) is NOT the primary caregiver but has contact/involvement with the child.</i>
0	Child/Youth is doing well in relationships with family.
1	Child/Youth is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
2	Child/Youth is having moderate problems with family including siblings and/or other family members.
3	Child/Youth is having severe problems with family including siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.
N/A	Family is current primary caregiver and has been rated in the above Caregiver category.

Check	ACCULTURATION/ LANGUAGE <i>This item includes both spoken and sign language.</i>
0	Child/youth speaks and understands English well.
1	Child/youth speaks some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Child/youth does not speak English. A translator or native language speaker is needed for successful intervention and a qualified individual can be identified within natural supports.
3	Child/youth does not speak English. A translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

Check	LIVING SITUATION <i>This item describes the child/youth functioning in their current living environment.</i>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation; caregivers are concerned about child's/youth's behavior in living situation.
2	Moderate to severe problems with functioning in current living situation; child/youth has difficulties maintaining his/her behavior in this setting, creating significant problems for others in the residence.
3	Profound problems with functioning in current living situation; child/youth is at immediate risk of being removed from living situation due to his/her behaviors.

Check	SLEEP <i>This item describes any challenges for the child/youth or his/her environment with regards to his/her pattern of sleeping.</i>
0	Child/Youth gets a full night's sleep each night
1	Child/Youth has some problems sleeping. Generally, child/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	Child/ Youth is having problems with sleep. Sleep is often disrupted and youth seldom obtains a full night of sleep.
3	Child /Youth is generally sleep deprived. Sleeping is difficult for the child/youth and s/he is rarely able to get a full night's sleep.

Check	SEXUALITY <i>This item describes any challenges in the area of sexuality or sexual development.</i>
0	Child/Youth has healthy sexual development.
1	Child/Youth has some issues with sexual development but these do not interfere with his/her functioning in other life domains.
2	Child/Youth has problems with sexual development that interfere with his/her functioning in other life domains.
3	Child/Youth has severe problems with sexual development.

Check	KNOWLEDGE OF SEXUALITY <i>This item describes any developmentally appropriate need the child/youth may have in terms of knowledge about sexual relations.</i>
0	Child/Youth has developmentally appropriate level of knowledge about sex and sexuality.
1	Child/Youth may be more knowledgeable about sex and sexuality than would be indicated by their age.
2	Child/Youth has significant deficits in knowledge about sex or sexuality. These deficits interfere with the child's/youth's functioning in at least one life domain.
3	Child/Youth has significant deficits in knowledge about sex and /or sexuality that places him/her at risk for significant physical or emotional harm.

Check	SOCIAL FUNCTIONING <i>This item describes the presence of any need in the child/youth's relational world.</i>
0	Child/Youth is on a healthy social development pathway.
1	Child/Youth is having some minor problems with his/her social development.
2	Child/Youth is having some moderate problems with his/her social development.
3	Child/Youth is experiencing severe disruptions in his/her social development.

Check	RECREATIONAL <i>This item describes any needs in the child/youth's use of leisure time.</i>
0	No evidence of any problems with recreational functioning. Child/Youth has access to sufficient activities that he/she enjoys.
1	Child/Youth is participating in recreational activities although some problems may exist.
2	Child/Youth is having moderate problems with recreational activities. Child/Youth may experience some problems with effective use of leisure time.
3	Child/Youth has no access to or interest in recreational activities. Child/Youth has significant difficulties making use of leisure time.

Check	JOB FUNCTIONING <i>This item should only be rated in the youth is employed.</i>
0	No evidence of any problems in work environment.
1	Youth has some mild problems at work (e.g. tardiness, conflict).
2	Youth has moderate problems at work.
3	Youth has severe problems at work in terms of attendance, performance or relationships; youth may have recently lost a job.
NA	Youth is not currently or recently employed or is under age 14.

Check	SCHOOL BEHAVIOR <i>This item describes behavior when attending school.</i>
0	Child/Youth is behaving well in school.
1	Child/Youth is behaving adequately in school although some behavior problems exist.
2	Child/Youth is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.
3	Child/Youth is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.
N/A	Child/youth is not in school due to age.

Check	SCHOOL ACHIEVEMENT <i>This item is rated based on developmental age rather than chronological age.</i>
0	Child/Youth is doing well in school.
1	Child/Youth is doing adequately in school although some problems with achievement exist.
2	Child/Youth is having moderate problems with school achievement. He/she may be failing some subjects.
3	Child/Youth is having severe achievement problems. He/she may be failing most subjects or is more than one year behind same age peers in school achievement.
N/A	Child is not in school due to age.

Check	SCHOOL ATTENDANCE <i>This item describes any challenge with regard to be physically present at school.</i>
0	Child/Youth attends school regularly.
1	Child/Youth has some problems attending school but generally goes to school; may miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending school regularly in the past month.
2	Child/Youth is having problems with school attendance. He/she is missing at least two days each week on average.
3	Child/Youth is generally truant or refusing to go to school.
N/A	Child/Youth is not in school due to age.

Check	JUVENILE JUSTICE/ LEGAL <i>This item describes the child/youth's involvement in the court system due to his/her own behavior (i.e. juvenile justice involvement)</i>
0	Child/Youth has no known legal difficulties.
1	Child/Youth has a history of legal problems but currently is not involved with the legal system.
2	Child/Youth has some legal problems and is currently involved in the legal system.
3	Child/Youth has serious current/pending legal difficulties that create risk of court ordered out of home placement.

Check	DEVELOPMENTAL <i>Note: A score of 1, 2, or 3 indicates need to complete the Developmental Domain.</i>
0	Child/Youth has no developmental problems.
1	Child/Youth has some problems with immaturity or there are concerns about possible developmental delay. Child/Youth may have low IQ.
2	Child/Youth has developmental delays or mild mental retardation.
3	Child/Youth has severe and pervasive developmental delays or profound mental retardation.

Check	MEDICAL <i>Note: A score of 1, 2, or 3 indicates need to complete the Medical Health Domain.</i>
0	Child/Youth is healthy.
1	Child/Youth has some medical problems that require medical treatment.
2	Child/Youth has chronic illness that requires ongoing medical intervention.
3	Child/Youth has life threatening illness or medical condition.

Check	BEHAVIORAL HEALTH <i>Note: A score of 1, 2, 3, also indicates need to complete the Behavioral Health Domain.</i>
0	Child/Youth has no emotional or behavioral difficulties.
1	Child/Youth has some emotional or behavioral difficulties but these challenges do not interfere with current functioning.
2	Child/Youth has notable emotional or behavioral difficulties that currently interfere with the child/youth, family or community functioning.
3	Child/Youth has dangerous or disabling emotional or behavioral difficulties.

Check	ADJUSTMENT TO TRAUMA <i>Note: If rating is 1, 2, or 3, OMH must complete the Trauma Module.</i>
0	No evidence of traumatic events.
1	History or suspicion of problems associated with traumatic life event/s.
2	Clear evidence of adjustment problems associated with traumatic life event/s; adjustment is interfering with child's functioning in at least one life domain within the past 30 days.
3	Clear evidence of symptoms of Post Traumatic Stress Disorder which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience within the past 30 days.

Check	SUBSTANCE EXPOSURE <i>This dimension describes the child's exposure to substance use and abuse before birth.</i>
0	Child/Youth had no in utero exposure to alcohol or drugs.
1	Child/Youth had mild in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy).
2	Child/Youth was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g. heroin, cocaine), or significant use of alcohol or tobacco, would be rated here.
3	Child/Youth was exposed to alcohol or drugs in utero and evidenced symptoms of substance withdrawal at birth (e.g. crankiness, feeding problems, tremors, weak and continual crying).

Check	SUBSTANCE USE <i>Note: A score of 1,2, or 3, indicates the need to complete the Substance Use Module.</i>
0	No evidence of substance use.
1	History or suspicion of substance use.
2	Clear evidence of substance use that interferes with functioning in any life domain.
3	Child requires detoxification OR is addicted to alcohol and/or drugs (include here a child/youth who is intoxicated at time of the assessment, e.g., currently under influence).

CHILD/YOUTH RISK BEHAVIORS DOMAIN

Check	SUICIDE RISK <i>This item describes any circumstances involving thought or efforts of the child./youth to kill him/herself.</i>
0	No evidence of suicide risk.
1	History but no recent ideation or gesture.
2	Within the past 30 days, has evidenced ideation or gesture but not in the past 24 hours.
3	Current ideation and intent OR command hallucinations that involves self-harm.

Check	SELF-INJURIOUS BEHAVIOR <i>This item describes repetitive self harm, non-suicidal self injury that is generally serving a self-soothing purpose.</i>
0	No evidence of self-injurious behavior.
1	History of self-injurious behavior.
2	Within the past 30 days has engaged in self injurious behavior that does not require medical attention
3	Within the past 30 days has engaged in self injurious behavior that requires medical attention

Check	OTHER SELF HARM <i>This item describes reckless behavior other than suicide or self injury that places the child/youth at risk of physical harm.</i>
0	No evidence of behaviors other than suicide or self-mutilation that place the child/youth at risk of physical harm.
1	History of behavior other than suicide or self-mutilation that places child/youth at risk of physical harm; this includes reckless and risk-taking behavior that may endanger the child/youth.
2	Within the past 30 days, has engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm; this includes reckless behavior or intentional risk-taking behavior.
3	Within the past 30 days engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death; this includes reckless behavior or intentional risk-taking behavior.

Check	DANGER TO OTHERS <i>This item describes the level of physical risk to others from the child/youth's behavior.</i>
0	No evidence of danger to others.
1	History of homicidal ideation, physically harmful aggression or fire setting that put self or others in danger.
2	Homicidal ideation, physically harmful aggression, or dangerous fire setting within the past 30 days but not in the past 24 hours.
3	Within the past 30 days, acute homicidal ideation with plan, physically harmful aggression OR command hallucinations that involve harm of others; or child/youth set a fire that placed others at significant risk of harm.

Check	SEXUAL AGGRESSION <i>This item describes the perpetration of sexually aggressive behavior.</i>
0	No evidence of any history of sexually aggressive behavior; no sexual activity with younger children, non-consenting others, or children not able to understand consent.
1	History of overtly sexually aggressive behavior prior to one year ago OR <i>within the past year</i> sexually non-aggressive but inappropriate behavior that troubles others such as harassing talk or excessive masturbation
2	Child/youth has engaged in sexually aggressive behavior in the past year but not in the past 30 days
3	Child/youth has engaged in sexually aggressive behavior in the past 30 days

Check	DELINQUENT BEHAVIOR <i>This item describes behavior that could get the child/youth arrested.</i>
0	No evidence
1	History of delinquency.
2	Acts of delinquency within the past 30 days.
3	Severe acts of delinquency that place others at risk of significant loss or injury or place child/youth at risk of adult sanctions within the past 30 days.

Check	EXPLOITATION <i>Please rate the highest level. This item examines the history and level of current risk of exploitation of the child/youth by others within the past year.</i>
0	No evidence of exploitation against the child/youth within the past 30 days and no significant history of child/youth being exploited within the past year; the child/youth may have been robbed or bullied on one or more occasions in the past, but no pattern of exploitation exists; child/youth is not presently at risk for re-exploitation.
1	Child/youth has a history of being exploited but has not been exploited, bullied or victimized in the past year and is not presently at risk of re-exploitation.
2	Child/youth has been exploited within the past year but is not currently in acute risk of re-exploitation; this might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.
3	Child/youth has been recently exploited and is in acute risk of re-exploitation; examples include working as a prostitute, being forced into parentified roles and responsibilities and living with an abusive relationship.

Check	FIRE SETTING <i>This item describes behavior related to setting fires whether intentional or accidental.</i>
0	No evidence of fire setting.
1	History of fire setting but <i>not in the past six months</i>
2	Setting a fire in the past six months but not of the type that has endangered the lives of others OR repeated non-endangering fire-setting behavior over a period of the past two years including in the past six months.
3	Current acute threat of fire setting or has set fire that endangered others (i.e., tried to burn down a house).

Check	RUNAWAY <i>This item describes behavior related to attempts to escape an environment by leaving without permission.</i>
0	No evidence of runaway behavior.
1	History of running away from home or other settings involving at least one overnight absence within 30 days.
2	Recent runaway behavior or ideation but not in the past 7 days.
3	Acute runaway risk as manifest by either recent attempts OR significant ideation about running away; OR child/youth is currently a runaway.

Check	INTENTIONAL MISBEHAVIOR <i>This item refers to behavior in which the child or youth is intentionally trying to force adults to sanction him/her. Children and youth often attempt to force one sanction in order to avoid a different one. This item was formerly called 'Social Behavior'.</i>
0	No evidence of problematic social behavior; child/youth does not typically engage in behavior that forces adults to sanction him/her .
1	Mild level of problematic social behavior which might include intentional or unintentional occasional inappropriate social behavior that forces adults to sanction the child/youth; infrequent inappropriate comments to strangers or infrequent unusual behavior in social settings.
2	Moderate level of problematic social behavior: Intentional or unintentional social behavior that is causing problems in the child's/youth's life at home and/or in the community or school.
3	Severe level of problematic social behavior: Frequent serious intentional or unintentional inappropriate social behavior that forces adults to seriously and/or repeatedly sanction the child/youth; or inappropriate social behaviors that are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community).

Check	DECISION MAKING <i>This item describes the child or youth's ability to anticipate consequences of choices use developmentally appropriate judgment.</i>
0	No evidence of problems with judgment or poor decision making that result in harm to development and/or well-being.
1	History of problems with judgment in which the child/youth makes decision that are in some way harmful to his/her development and/or well-being; for example, this could include a child/youth who has a history of hanging out with other children who shoplift.
2	Within the last 30 days, problems with judgment in which the child/youth makes decisions that are in some way harmful to his/her development and/or well-being.
3	Within the last 30 days, problems with judgment that place the child/youth at risk of significant physical harm.

CHILD/YOUTH BEHAVIORAL HEALTH DOMAIN

Check	PSYCHOSIS . <i>The key symptoms of psychosis include hallucinations, delusions (consider age), very bizarre thoughts, or very bizarre behavior.</i>
0	No evidence of psychosis.
1	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
2	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder within the past 30 days
3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child/youth or others at risk of physical harm within the past 30 days.

Check	IMPULSIVITY/HYPERACTIVITY <i>This key aspect of impulsivity is evidence of the loss of control of the behavior (any behavior can be impulsive but no behavior is always impulsive).</i>
0	No evidence of impulsivity/hyperactivity.
1	Some problems with impulsive, distractible or hyperactive behavior that places the child/youth at risk of future functioning difficulties.
2	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's/youth's ability to function in at least one life domain.
3	Clear evidence of a dangerous level of impulsive behavior that can place the child/youth at risk of physical harm.

Check	DEPRESSION <i>With children and youth the mood state might be irritable rather than sad.</i>
0	No evidence of depression.
1	History or suspicion of depression; or within the past 30 days, mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning at this time.
2	Within the last 30 days, clear evidence of depression associated with either depressed mood or significant irritability which has interfered significantly in child's/youth's ability to function in at least one life domain.
3	Within the last 30 days, clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain.

Check	ANXIETY <i>This item describes worries or fearfulness that interfere with functioning.</i>
0	No evidence of anxiety.
1	History or suspicion of anxiety problems; or within the past 30 days, mild to moderate anxiety associated with a recent negative life event with minimal impact on life domain functioning at this time.
2	Within the last 30 days, clear evidence of anxiety associated with either anxious mood or significant fearfulness that interferes significantly in child's/youth's ability to function in at least one life domain.
3	Within the last 30 days, clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.

Check	OPPOSITIONAL <i>This item describes a deviance of or non-compliance with authority figures.</i>
0	No evidence of Oppositional Disorder.
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Clear evidence within the past 30 days of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's/youth's functioning in at least one life domain; behavior may cause emotional harm to others.
3	Clear evidence within the past 30 days of a dangerous level of oppositional behavior involving the threat of physical harm to others.

Check	CONDUCT <i>This item describes antisocial behavior.</i>
0	No evidence of Conduct Disorder.
1	History or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals.
2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
3	Evidence of a severe level of conduct problems as described above that places the child/youth or community at significant risk of physical harm due to these behaviors.

Check	ANGER CONTROL <i>This item describes problems associated with anger, it may or may not be associated with loss of control of behavior.</i>
0	No evidence of any significant anger control problems.
1	Some problems with controlling anger; child/youth may sometimes become verbally aggressive when frustrated; peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
2	Moderate anger control problems; child/youth's temper has gotten him/her 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	Severe anger control problems; child/youth's temper is likely associated with frequent fighting that is often physical; others likely fear him/her.

Check	ATTACHMENT <i>This item describes the child or youth's ability to form relationships in a age appropriate way.</i>
0	No evidence of attachment problems; parent-child relationship is characterized by satisfaction of needs and child/youth's development of a sense of security and trust.
1	Mild problems with attachment; this could involve either mild problems with separation or mild problems of detachment.
2	Moderate problems with attachment; child/youth is having problems with attachment that require intervention; child/youth who meet the criteria for an Attachment Disorder in DSM-IV would be rated here.
3	Severe problems with attachment; child/youth who is unable to separate or a child/youth who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.

CHILD/YOUTH DEVELOPMENTAL DOMAIN

Check	COGNITIVE
0	Child's/Youth's intellectual functioning appears to be in normal range; there is no reason to believe that the child has any problems with intellectual functioning.
1	Child/Youth has low IQ (70 to 85) or has identified learning challenges.
2	Child/Youth has mild mental retardation. IQ is between 55 and 70.
3	Child/Youth has moderate to profound mental retardation. IQ is less than 55.

Check	AGITATION
0	Child/youth does not exhibit agitated behavior.
1	Child/youth becomes agitated on occasion but can be calmed relatively easily.
2	Child/youth becomes agitated often and/or can be difficult to calm.
3	Child/youth exhibits a dangerous level of agitation. He/she becomes agitation often and easily and becomes aggressive towards self and/or others.

Check	SELF STIMULATION <i>This rating includes self-stimulation (pacing, rocking, gesticulating, and some verbalizations, this rating does not include masturbation), and agitation related to the over or under stimulation of the sensory environment. This rating also includes ability of the child/youth to use all of the senses.</i>
0	No evidence of self-stimulation; no agitation when exposed to sensory stimuli; no impairment of sensory functioning.
1	Mild level of agitation or self-stimulation including such behaviors as periodic pacing or rocking; sensitive to touch or texture or to loud or bright environments; or seeks out stimulation. This dimension can also apply to a child/youth with a mild impairment of a single sense (i.e. vision or hearing).
2	Moderate to severe level of agitation and/or self-stimulation. Examples may include frequent rocking, odd behaviors, pacing, etc.; easily agitated/distressed by stimulation of senses (touch, taste, texture, noise, lights). This dimension can include a moderate impairment on a single sense or mild impairment on multiple senses.
3	Profound level of agitation that is disruptive to any environment; self stimulation causes physical harm to patient; unable to tolerate stimulation of senses. This dimension may include significant impairment on one or more senses (visually, hearing impaired).

Check	SELF-CARE DAILY LIVING SKILLS
0	Child's/Youth's self-care and daily living skills appear developmentally appropriate; there is no reason to believe that the child/youth has any problems performing daily living skills.
1	Child/Youth requires verbal prompting on self-care tasks or daily living skills.
2	Child/Youth requires physical prompting on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
3	Child/Youth requires attendant care on more than one of the self-care tasks, bathing, dressing, toileting, etc.

Check	COMMUNICATION
0	Child's/Youth's receptive and expressive communication appears developmentally appropriate; there is no reason to believe that the child has any problems communicating.
1	Child/Youth has receptive communication skills but limited expressive communication skills.
2	Child/Youth has both limited receptive and expressive communication skills.
3	Child/Youth is unable to communicate.

Check	DEVELOPMENTAL DELAY
0	Child's/Youth's development appears within normal range; there is no reason to believe that the child/youth has any developmental problems.
1	Evidence of a mild developmental delay.
2	Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
3	Severe developmental disorder.

Check	MOTOR <i>This rating describes the child/youth's fine (e.g. hand grasping and manipulation) and gross (e.g. walking, running) motor functioning. This includes DSMIV diagnosis of motor disorders</i>
0	No evidence of problems with motor functioning.
1	Mild to moderate fine or gross motor skill deficits.
2	Moderate to severe motor deficits; a non-ambulatory child/youth with fine motor skills or an ambulatory child/youth with significant fine motor deficits would be rated here; a child/youth who meets criteria for a motor disorder would be rated here.
3	Severe or profound motor deficits; for instance, a non-ambulatory child/youth with fine motor skill deficits would be rated here.

Check	SENSORY <i>This rating describes the child's ability to use all senses including vision, hearing, smell, touch, and kinesthetics.</i>
0	The child's/youth's sensory functioning appears normal. There is no reason to believe that the child/youth has any problems with sensory functioning.
1	The child/youth has mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).
2	The child/youth has moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).
3	The child/youth has significant impairment on one or more senses (e.g. profound hearing or vision loss).

CHILD/YOUTH MEDICAL DOMAIN

Check	LIFE THREATENING
0	Child's/Youth's medical condition has no implications for shortening his/her life.
1	Child's/Youth's medical condition may shorten life but not until later in adulthood.
2	Child's/Youth's medical condition places him/her at some risk of premature death before he/she reaches adulthood.
3	Child's/Youth's medical condition places him/her at eminent risk of death.

Check	CHRONICITY
0	Child/Youth is expected to fully recover from his/her current medical condition within the next six months.
1	Child/Youth is expected to fully recover from his/her current medical condition after at least six months but less than two years.
2	Child/Youth is expected to fully recover from his/her current medical condition but not within the next two years.
3	Child's/Youth's medical condition is expected to continue throughout his/her lifetime.

Check	DIAGNOSTIC COMPLEXITY
0	The child's/youth's medical diagnoses are clear and there is no doubt as to the correct diagnoses; symptom presentation is clear.
1	Although there is some confidence in the accuracy of child's/youth's diagnoses, there also exists sufficient complexity in the child's/youth's symptom presentation to raise concerns that the diagnoses may not be accurate.
2	There is substantial concern about the accuracy of the child's/youth's medical diagnoses due to the complexity of symptom presentation.
3	It is currently not possible to accurately diagnose the child's/youth's medical condition(s).

Check	EMOTIONAL RESPONSE
0	Child/Youth is coping well with his/her medical condition.
1	Child/Youth is experiencing some emotional difficulties related to his/her medical condition but these difficulties do not interfere with other areas of functioning.
2	Child/Youth is having difficulties coping with his/her medical condition. His/her emotional response is interfering with functioning in other life domains.
3	Child/Youth is having a severe emotional response to his/her medical condition that is interfering with treatment and functioning.

Check	IMPAIRMENT IN FUNCTIONING
0	Child's/Youth's medical condition is not interfering with his/her functioning in other life domains.
1	Child's/Youth's medical condition has a limited impact on his/her functioning in at least one other life domain.
2	Child's/Youth's medical condition is interfering with functioning in more than one life domain or is disabling in at least one.
3	Child's/Youth's medical condition has disabled him/her in most other life domains.

Check	TREATMENT INVOLVEMENT
0	Child/Youth and family are actively involved in treatment.
1	Child/Youth and/or family are generally involved in treatment but may struggle to stay consistent.
2	Child/Youth and/or family are generally uninvolved in treatment although they are sometimes compliant to treatment recommendations.
3	Child/Youth and/or family are resistant to all efforts to provide medical treatment.

Check	INTENSITY OF TREATMENT
0	Child's/Youth's medical treatment involves taking daily medication or visiting a medical professional no more than weekly.
1	Child's/Youth's medical treatment involves taking multiple medications or visiting a medical professional multiple times per week.
2	Child's/Youth's treatment is daily but non-invasive; treatment can be administered by a caregiver.
3	Child's/Youth's medical treatment is daily and invasive and requires either a medical professional to administer or a well trained caregiver.

Check	ORGANIZATIONAL COMPLEXITY
0	All medical care is provided by a single medical professional.
1	Child's/Youth's medical care is generally provided by a coordinated team of medical professionals who all work for the same organization.
2	Child's/Youth's medical care requires collaboration of multiple medical professionals who work for more than one organization but current communication and coordination is effective.
3	Child's/Youth's medical care requires the collaboration of multiple medical professionals who work for more than one organization and problems currently exist in communication among these professionals.

Check	FAMILY STRESS <i>Please rate the highest level from the past 30 days.</i>
0	Child's/Youth's medical condition is not adding any stress to the family.
1	Child's/Youth's medical condition is a mild stressor on the family.
2	Child's/Youth's medical condition is a stressor on the family and is interfering with healthy family functioning.
3	Child's/Youth's medical condition is a severe stressor on the family and is resulting in significant functioning problems in a number of dimensions in the family domain.

CHILD/YOUTH ADJUSTMENT TO TRAUMA DOMAIN

Check	SEXUAL ABUSE <i>Please rate within the lifetime.</i>
0	There is no evidence that child/youth has experienced sexual abuse.
1	Child/youth has experienced one episode of sexual abuse or there is a suspicion that child/youth has experienced sexual abuse but no confirming evidence.
2	Child/youth has experienced repeated sexual abuse.
3	Child/youth has experienced severe and repeated sexual abuse which may have caused physical harm and/or significantly impacts his/her functioning.

Check	PHYSICAL ABUSE <i>Please rate within the lifetime.</i>
0	There is no evidence that child/youth has experienced physical abuse.
1	Child/youth has experienced one episode of physical abuse or there is a suspicion that child/youth has experienced physical abuse but no confirming evidence.
2	Child/youth has experienced repeated physical abuse.
3	Child/youth has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

Check	EMOTIONAL/VERBAL ABUSE <i>Please rate within the lifetime.</i>
0	There is no evidence that child/youth has experienced emotional abuse.
1	Child/youth has experienced mild emotional abuse.
2	Child/youth has experienced repeated emotional abuse.
3	Child/youth has experienced severe and repeated emotional abuse that has significantly impacted his/her functioning.

Check	MEDICAL TRAUMA <i>Please rate within the lifetime.</i>
0	There is no evidence that child/youth has experienced any medical trauma .
1	Child/youth has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
2	Child/youth has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
3	Child/youth has experienced life threatening medical trauma.

Check	NATURAL DISASTER <i>Please rate within the lifetime.</i>
0	There is no evidence that child/youth has experienced any natural disaster.
1	Child/youth has been indirectly affected by a natural disaster.
2	Child/youth has experienced a natural disaster which has had a notable impact on his/her well-being.
3	Child/youth has experienced a life threatening natural disaster.

Check	WITNESS TO FAMILY VIOLENCE <i>Please rate within the lifetime.</i>
0	There is no evidence that child/youth has witnessed family violence.
1	Child has witnessed one episode of family violence.
2	Child/youth has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been reported.
3	Child/youth has witnessed repeated and severe episodes of family violence; significant injuries have occurred as a direct result of the violence.

Check	WITNESS TO COMMUNITY VIOLENCE <i>Please rate within the lifetime</i>
0	There is no evidence that child/youth has witnessed violence in the community.
1	Child/youth has witnessed fighting or other forms of violence in the community.
2	Child/youth has witnessed the significant injury of others in his/her community.
3	Child/youth has witnessed the death of another person in his/her community

Check	WITNESS/VICTIM TO CRIMINAL ACTIVITY <i>Please rate within the lifetime.</i>
0	There is no evidence that child/youth has been victimized or has witnessed significant criminal activity.
1	Child/youth has witnessed significant criminal activity.
2	Child/youth is a direct victim of criminal activity or witnessed the victimization of a family member or friend.
3	Child/youth has been a victim of criminal activity that was life threatening or caused significant physical harm or child/youth witnessed the death of a loved one.

Check	AFFECT DYSREGULATION . <i>These symptoms include difficulties modulating or expressing emotions, intense fear or helplessness, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.</i>
0	This rating is given to a child with no difficulties regulating emotional responses. Emotional responses are appropriate to the situation.
1	This rating is given to a child with some minor difficulties with affect regulation. This child could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hyper-vigilant in general. This child may have some difficulty sustaining involvement in activities for any length of time.
2	This rating is given to a child with moderate problems with affect regulation. This child may be unable to modulate emotional responses. This child may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). This child may also exhibit persistent anxiety, intense fear or helplessness, or lethargy/loss of motivation.
3	This rating is given to a child with severe problems with highly dysregulated affect. This child may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions). This child may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, this child may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally "shut down").

Check	RE-EXPERIENCING <i>These symptoms consist of difficulties with intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. These symptoms are part of the DSM-IV criteria for PTSD.</i>
0	This rating is given to a child with no evidence of intrusive symptoms.
1	This rating is given to a child with some problems with intrusions, including occasional nightmares about traumatic events.
2	This rating is given to a child with moderate difficulties with intrusive symptoms. This child may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This child may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions at exposure to traumatic cues.
3	This rating is given to a child with severe intrusive symptoms. This child may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children or sexual play with adults. This child may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child to function.

Check	AVOIDANCE <i>These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM-IV criteria for PTSD.</i>
0	This rating is given to a child with no evidence of avoidance symptoms.
1	This rating is given to a child who exhibits some avoidance. This child may exhibit one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
2	This rating is given to a child with moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the child may also avoid activities, places, or people that arouse recollections of the trauma.
3	This rating is given to a child who exhibits significant or multiple avoidant symptoms. This child may avoid thoughts and feelings as well as situations and people associated with the trauma and have an inability to recall important aspects of the trauma.

Check	NUMBING <i>These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses were not present before the trauma.</i>
0	This rating is given to a child with no evidence of numbing responses.
1	This rating is given to a child who exhibits some problems with numbing. This child may have a restricted range of affect or an inability to express or experience certain emotions (e.g., anger or sadness).
2	This rating is given to a child with moderately severe numbing responses. This child may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
3	This rating is given to a child with significant numbing responses or multiple symptoms of numbing. This child may have markedly diminished interest or participation in significant activities & sense of a foreshortened future.

Check	DISSOCIATION <i>Symptoms included in this dimension are daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This dimension may be used to rate dissociative disorders (e.g., Dissociative Disorder NOS, Dissociative Identity Disorder) but can also exist when other diagnoses are primary (e.g., PTSD, depression).</i>
0	This rating is given to a child with no evidence of dissociation.
1	This rating is given to a child with minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
2	This rating is given to a child with a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorder Not Otherwise Specified or another diagnosis that is specified "with dissociative features."
3	This rating is given to a child with severe dissociative disturbance. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child is frequently forgetful or confused about things he/she should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child shows rapid changes in personality or evidence of distinct personalities. Child who meets criteria for Dissociative Identity Disorder or a more severe level of Dissociative Disorder NOS would be rated here.

Check	SOMATIZATION <i>These symptoms include the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudo-seizures).</i>
0	This rating is for a child with no evidence of somatic symptoms.
1	This rating indicates a child with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.
2	This rating indicates a child with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child may meet criteria for a somatoform disorder. Additionally, the child could manifest any conversion symptoms here (e.g., pseudo-seizures, paralysis).
3	This rating indicates a child with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.

CHILD/YOUTH SUBSTANCE USE DOMAIN

Check	SEVERITY OF USE
0	Child/Youth is currently abstinent and has maintained abstinence for at least six months.
1	Child/Youth is currently abstinent but only in the past 30 days or child/youth has been abstinent for more than 30 days but less than 6 months.
2	Child/Youth actively uses alcohol or drugs but not daily within the past 30 days.
3	Child/Youth has used alcohol and/or drugs on a daily basis within the past 30 days.

Check	DURATION OF USE
0	Child/youth has not begun use in the past year.
1	Child/youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where he/she did not have any use.
2	Child/Youth has been using alcohol or drugs for at least one year (but less than 5 years), but not daily.
3	Child/Youth has been using alcohol and/or drugs <i>on a daily basis</i> for more than the past year or intermittently for at least 5 years.

Check	PEER INFLUENCES
0	Child's/Youth's primary peer social network does not engage in alcohol or drug use.
1	Child/Youth has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
2	Child/Youth predominately socializes with peers who frequently engage in alcohol or drug use.

3	Child/Youth identifies with/is a member of a peer group that consistently engages in alcohol or drug use.
---	---

Check	STAGE OF RECOVERY
0	Child/youth is in the maintenance stage of recovery. He/she is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
1	Child/youth is actively trying to use treatment to remain abstinent.
2	Child/youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
3	Child/youth is in denial regarding the existence of any substance use problem.