
VERMONT

**Child and Adolescent
Needs and Strengths 2.0**

COMPREHENSIVE MULTISYSTEM ASSESSMENT

For Children and Youth Ages 5-22

Praed Foundation
1999, 2019

2019
REFERENCE
GUIDE

ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Youth and Adolescent Needs and Strengths. Along with the CANS, versions for developmental disabilities, juvenile justice, and youth welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open domain tool for use in multiple youth-serving systems that address the needs and strengths of youths, adolescents, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

Literary Preface/Comment regarding gender references:

We are committed to creating a diverse and inclusive environment. It is important to consider how we are precisely and inclusively using individual words. As such, this reference guide uses the gender-neutral pronouns “they/them/themself” in the place of “he/him/himself” and “she/her/herself”.

Additionally, “child/youth” is being utilized in reference to “child”, “youth”, “adolescent”, or “young adult.” This is due to the broad range of ages to which this manual applies (e.g., ages birth to 5 years old).

For specific permission to use please contact the Praed Foundation. For more information on the CANS contact:

John S. Lyons, PhD
Senior Policy Fellow
Chapin Hall at the University of Chicago
jlyons@chapinhall.org
www.chapinhall.org

April D. Fernando, PhD
Policy Fellow
Chapin Hall at the University of Chicago
afernando@chapinhall.org
www.chapinhall.org

Praed Foundation
<http://praedfoundation.org>
info@praedfoundation.org

Alison Krompf
Director of Quality and Accountability
Department of Mental Health
Alison.Krompf@vermont.gov
<http://ifs.vermont.gov/>

Cheryle Bilodeau Wilcox, LICSW
Interagency Planning Director
Department of Mental Health
Cheryle.Wilcox@vermont.gov
<http://ifs.vermont.gov/>



TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	2
INTRODUCTION.....	4
The CANS.....	4
Six Key Principles of the CANS.....	4
History and Background of the CANS.....	4
History.....	5
Measurement Properties.....	5
Rating Needs & Strengths.....	6
How is the CANS Used?.....	7
It is an Assessment Strategy.....	7
It Guides Care and Action Planning.....	7
It Facilitates Outcomes Measurement.....	7
It is a Communication Tool.....	8
CANS: A Strategy for Transformational Change.....	8
Making the Best Use of the CANS.....	8
Listening Using the CANS.....	8
Redirect the Conversation to Parents’/Caregivers’ Own Feelings and Observations.....	9
Acknowledge Feelings.....	9
Wrapping It Up.....	9
REFERENCES.....	10
CANS Basic Structure.....	11
BEHAVIORAL/EMOTIONAL NEEDS DOMAIN.....	12
LIFE FUNCTIONING DOMAIN.....	19
STRENGTHS DOMAIN.....	26
CAREGIVER RESOURCES AND NEEDS DOMAIN.....	33
CULTURAL FACTORS DOMAIN.....	40
RISK BEHAVIORS DOMAIN.....	42
TRANSITION AGED YOUTH MODULE.....	47

INTRODUCTION

THE CANS

The **Vermont Child and Adolescent Needs and Strengths (CANS) 2.0** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the youth/youth serving system—children, youth, and families. As such, completion of the CANS is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS.

SIX KEY PRINCIPLES OF THE CANS

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.
2. **Each item uses a 4-level rating system that translates into action.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Rating should describe the youth, not the 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 youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young youth but would be for an older youth or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the youth/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 relevant to the child/youth’s present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE CANS

The CANS is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The CANS gathers information on youths and parents/caregivers’ needs and strengths. Strengths are the child/youth’s assets: areas life where he or she is doing well or has an interest or ability. Needs are areas where a child/youth requires help or intervention. Care providers use an assessment process to get to know the child or youth and the families with whom they work and to understand their strengths and needs. The CANS helps care providers decide which of a child/youth’s needs are the most important to address in a treatment or service planning. The CANS also helps identify strengths, which can be the basis of a treatment or service plan. By working with the child/youth and family during the assessment process and talking together about the CANS, care providers can develop a treatment or service plan that addresses a child/youth’s strengths and needs while building strong engagement.

The CANS is made of domains that focus on various areas in a child/youth’s life, and each domain is made up of a group of specific items. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There

is also a section that asks about the family's beliefs and preferences, and a section that asks about general family concerns. The care provider, along with the child/youth and family as well as other stakeholders give a number action level to each of these items. These action levels help the provider, youth and family understand where intensive or immediate action is most needed, and also where a youth has assets that could be a major part of the treatment or service plan.

The CANS action levels, however, do not tell the whole story of a youth's strengths and needs. Each section in the CANS is merely the output of a comprehensive assessment process and is documented alongside narratives where a care provider can provide more information about the child/youth.

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation 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 assessment builds upon the methodological approach of the CSPI, expanding the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the child/youth and the caregiver, looking primarily at the 30-day period prior to completion of the CANS. It is a tool developed with the primary objective of supporting decision making at all levels of care: children, youth and families, programs and agencies, youth serving systems. It provides for a structured communication and critical thinking about children/youth and their context. The CANS is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual child/youth's progress. It can also be used as a communication tool that provides a common language for all youth-serving entities to discuss the child/youth'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 recovery plan and whether individual goals and outcomes are achieved.

Annual training and certification is required for providers who administer the CANS and their supervisors. Additional training is available for CANS Coaches as experts of CANS assessment administration, scoring, and use in the development of service or recovery plans.

MEASUREMENT PROPERTIES

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with youth and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, youth welfare case workers, probation officers, and family advocates. With approved training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications or more complex versions of the CANS require a higher educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level (Anderson et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

Validity

Studies have demonstrated the CANS' validity, or it's the ability to measure and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS

assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al, 2012, 2013, 2014; Cardall, et al, 2016; Epstein, et al, 2015; Israel, et al, 2015, Lardner, 2015).

RATING NEEDS & STRENGTHS

The CANS is easy to learn and is well liked by children, youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the youth and family.

- ★ Basic core items – grouped by domain – are rated for all individuals.
- ★ A rating of 1, 2 or 3 on key core questions triggers extension modules.
- ★ Individual assessment module questions provide additional information in a specific area.

Each CANS rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. These item level definitions, however, are designed to translate into the following action levels (separate for needs and strengths):

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength preset	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'N/A' rating is available, the N/A rating should be used only in the rare instances where an item does not apply to that particular youth.

To complete the CANS, a CANS trained and certified care coordinator, case worker, clinician, or other care provider, should read the anchor descriptions for each item and then record the appropriate rating on the CANS form (or electronic record). This process should be done collaboratively with the child/youth, family and other stakeholders.

Remember that the item anchor descriptions are examples of circumstances which fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive and the action level ratings should be the primary rating descriptions considered (see page 6). The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The CANS is an information integration tool, intended to include multiple sources of information (e.g., child/youth and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the CANS supports the belief that children, youth, and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a child/youth's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on child/youth's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and child/youth in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the CANS and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children, youth and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of '2' or '3' on a CANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities, when appropriate. It is important to remember that when developing service and treatment plans for healthy children and youth trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop youth and youth capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the CANS can be used to monitor outcomes. This can be accomplished in two ways. First, CANS items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Behavioral/Emotional Needs, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. CANS dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The CANS is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the CANS and share experiences, additional items, and supplementary tools.

HOW IS THE CANS USED?

The CANS is used in many ways to transform the lives of children, youth, and their families and to improve our programs. Hopefully, this guide will help you to also use the CANS as a multi-purpose tool.

IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful in when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful to use during initial sessions either in person or over the phone if there are follow up sessions required to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND ACTION PLANNING

When an item on the CANS is rated a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your action plan, you should do your best to address any Needs, impacts on Functioning, or Risk Behaviors that you rate as a '2' or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

Many users of the CANS and organizations complete the CANS every 3 to 6 months to measure change and transformation. We work with children, youth, and families and their needs tend to change over time. Needs may

change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

When a client leaves a treatment program, a closing CANS may be completed to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing CANS, much like a discharge summary integrated with CANS ratings, provides a picture of how much progress has been made, and allowing for recommendations for future care which tie to current needs. And finally, it allows for a shared language to talk about our youth and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the CANS and guide you in filling it out in an accurate way that helps you make good clinical decisions.

CANS: A STRATEGY FOR TRANSFORMATIONAL CHANGE

The CANS is an excellent strategy in addressing children and youth's behavioral health care. As it is meant to be an outcome of an assessment, it can be used to organize and integrate the information gathered from clinical interviews, records reviews, and information from screening tools and other measures.

It is a good idea to know the CANS and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the youth and family. This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The CANS domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Youth Strengths, or Caregiver Resources & Needs—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 youth/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?”

Some people may “take off” on a topic. Being familiar the CANS items can help in having more natural conversations. So, if the family is talking about situations around the youth's 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, and then explore other school related issues that you know are a part of the School/Preschool/Daycare module. .

MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe CANS and how it will be used. The description of the CANS should include teaching the youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, have share with the youth and family the CANS domains and items (see the CANS Core Item list on page 14) and encourage the family to look over the items prior to your meeting with them. 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 ratings should be reviewed with 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 working with 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 and minimal verbal prompts.** Head nodding, smiling and brief “yes”, “and”—things that encourage people to continue
- ★ **Be nonjudgmental and avoid giving person 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 empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, 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 youth or youth that you are with the youth.
- ★ **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. Instead, 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 likeis that right? Would you say that is something that you feel needs to be watched, or is help needed?”

REDIRECT THE CONVERSATION TO PARENTS’/CAREGIVERS’ 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 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, but the parent or caregiver’s perspective can be the most critical. Once you have the youth’s perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as “I hear you saying that it can be difficult when ...” demonstrates empathy.

WRAPPING IT UP

At the end of the assessment, 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 young person, 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 individual and family those areas of strengths and of needs. Help them to get a “total picture” of the individual 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 you have information organized into a framework that moves into the next stage—planning.

So 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 we can build on. So let’s start....”

REFERENCES

- Anderson, R.L., Estle, G. (2001). Predicting level of mental health care among children served in a delivery system in a rural state. *Journal of Rural Health, 17*, 259-265.
- American Psychiatric Association (APA) (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Ed. (DSM-5)*. Washington DC: American Psychiatric Publishing.
- Chor, BKH, McClelland, GM, Weiner, DA, Jordan, N, Lyons, JS (2012) Predicting Outcomes of Children in residential treatment: A comparison of a decision support algorithm and a multidisciplinary team decision model. *Youth and Youth Services Review, 34*, 2345-2352.
- Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., Lyons, J.S. (2013). Patterns of out of home decision making. *Youth Abuse & Neglect 37*, 871-882.
- Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., Lyons, J.S. (2014). Out of home placement decision making and outcomes in youth welfare: A longitudinal study. *Administration and Policy in Mental Health and Mental Health Services Research, 41*, published online March 28.
- Cordell, K.D., Snowden, L.R., & Hosier, L. (2016). Patterns and priorities of service need identified through the Youth and Adolescent Needs and Strengths (CANS) assessment. *Youth and Youth Services Review, 60*, 129-135.
- Epstein, R.A., Schlueter, D., Gracey, K.A., Chandrasekhar, R. & Cull, M.J. (2015) Examining placement disruption in Youth Welfare, *Residential Treatment for children & Youth, 32(3)*, 224-232.
- Israel, N., Accomazzo, S., Romney, S., & Slatevski, D. (2015). Segregated Care: Local area tests of distinctiveness and discharge criteria. *Residential Treatment for Children & Youth, 32(3)*, 233-250.
- Lardner, M. (2015). Are restrictiveness of care decisions based on youth level of need? A multilevel model analysis of placement levels using the Youth and Adolescent Needs and Strengths assessment. *Residential Treatment for Children & Youth, 32(3)*, 195-207.
- Lyons, J.S. (2004). *Redressing the Emperor: Improving the children's public mental health system*. Praeger Publishing, Westport, Connecticut.
- Lyons, J.S. (2009). *Communimetrics: A communication theory of measurement in human service settings*. New York: Springer.
- Lyons, J.S. Weiner, D.A. (2009). (Eds.) *Strategies in Behavioral Healthcare: Assessment, Treatment Planning, and Total Clinical Outcomes Management*. New York: Civic Research Institute.

CANS BASIC STRUCTURE

The Vermont Child and Adolescent Needs and Strengths items are noted below.

Behavioral/Emotional Needs Domain

- | | | |
|---------------------------------|-------------------------|------------------------|
| 1. Psychosis (Thought Disorder) | 5. Oppositional | 9. Substance Use |
| 2. Impulsivity/Hyperactivity | 6. Conduct | 10. Eating Disturbance |
| 3. Depression | 7. Adjustment to Trauma | |
| 4. Anxiety | 8. Anger Control | |

Life Functioning Domain

- | | | |
|--------------------------------|------------------------|------------------------|
| 11. Family Functioning | 15. Medical/Physical | 19. Social Functioning |
| 12. Living Situation | 16. Sexual Development | 20. School Behavior |
| 13. Developmental/Intellectual | 17. Sleep | 21. School Achievement |
| 14. Self-Care/Daily Living | 18. Decision Making | 22. School Attendance |

Strengths Domain

- | | | |
|-------------------------|-----------------------------|-------------------------------|
| 23. Family Strengths | 27. Talents and Interests | 31. Youth Natural Supports |
| 24. Interpersonal | 28. Spiritual/Religious | 32. Resiliency |
| 25. Optimism | 29. Community Life | 33. Child Involvement in Care |
| 26. Educational Setting | 30. Relationship Permanence | 34. Cultural Identity |

Caregiver Resources and Needs Domain

- | | | |
|-------------------------------------|-------------------------------------|-----------------------------------|
| 35. Caregiver Supervision | 39. Caregiver Natural Supports | 43. Caregiver Substance Use |
| 36. Caregiver Involvement with Care | 40. Caregiver Residential Stability | 44. Caregiver Developmental |
| 37. Caregiver Knowledge | 41. Caregiver Physical Health | 45. Caregiver Safety |
| 38. Caregiver Organization | 42. Caregiver Mental Health | 46. Caregiver Financial Resources |

Cultural Factors Domain

- | | | |
|--------------|----------------------------|---------------------|
| 47. Language | 48. Traditions and Rituals | 49. Cultural Stress |
|--------------|----------------------------|---------------------|

Risk Behaviors Domain

- | | | |
|--|---------------------------------------|----------------------------------|
| 50. Suicidal Thoughts/Behavior | 53. Danger to Others | 56. Intentional Misbehavior |
| 51. Non-Suicidal Self-Injurious Behavior | 54. Sexually Problematic/Harmful Beh. | 57. Delinquent/Criminal Behavior |
| 52. Other Self-Harm (Recklessness) | 55. Runaway | 58. Fire Setting |

Transition Age Youth Module

- | | | |
|-------------------------------|--------------------------------|----------------------------|
| 59. Housing Stability | 62. Job Functioning/Vocational | 65. Educational Attainment |
| 60. Independent Living Skills | 63. Parenting/Caregiver Roles | 66. Financial Resources |
| 61. Transportation | 64. Medication Adherence | 67. Support Network |

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

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

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

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

- 0 No current need; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

1. PSYCHOSIS (THOUGHT DISORDER)

This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders. The common symptoms of these disorders include hallucinations (i.e. experiencing things others do not experience), delusions (i.e. a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), disorganized thinking, and bizarre/idiosyncratic behavior.

Questions to Consider

- Does the child/youth exhibit behaviors that are unusual or difficult to understand?
- Does the child/youth experience hallucinations or delusions, bizarre behavior?
- Are the unusual behaviors, hallucinations or delusions interfering with the youth's functioning?

Ratings and Descriptions

- 0 *No current need; no need for action.*
No evidence of psychotic symptoms. Both thought processes and content are within normal range.

- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes child/youth with a history of hallucinations but none currently. Use this category for child/youth who are below the threshold for one of the DSM diagnoses listed above.

- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.

- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm. [continues]

PSYCHOSIS (THOUGHT DISORDER) continued

Supplemental Information: While a growing body of evidence suggests that schizophrenia can begin as early as age nine, schizophrenia is more likely to begin to develop during the teenage years. However, young children can have psychotic disorders, most often characterized by hallucinations. Posttraumatic stress disorder secondary to sexual or physical abuse can be associated with visions of the abuser when children are falling asleep or waking up. These occurrences would not be rated as hallucinations unless they occur during normal waking hours.

2. IMPULSIVITY/HYPERACTIVITY

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

Questions to Consider

- Is the child/youth unable to sit still for any length of time?
- Does the child/youth have trouble paying attention for more than a few minutes?
- Is the child/youth able to control their behavior, talking, etc.?

Ratings and Descriptions

- 0 *No current need; no need for action.*
No evidence of symptoms of loss of control of behavior.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. The child/youth may exhibit limited impulse control, e.g., child/youth may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child/youth's functioning in at least one life domain. This indicates a child/youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/youth at risk of physical harm. This indicates a child/youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child/youth may be impulsive on a nearly continuous basis. The youth endangers self or others without thinking.

Supplemental Information: This item is designed to allow for the description of the child/youth's ability to control his/her behavior, including impulsiveness, hyperactivity and /or distractibility. If a child has been diagnosed with Attention-Deficit/Hyperactivity Disorder (AD/HD) and disorders of impulse control, this may be rated here. Children and adolescents with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A "3" on this item is reserved for those whose lack of control of behavior has placed them in physical danger during the period of the rating. Consider the child's environment when rating (i.e. bored kids tend to be impulsive kids). AD/HD is characterized by either frequently displayed symptoms of inattention (e.g., difficulty sustaining attention, not seeming to listen when spoken to directly, losing items, forgetful in daily activities, etc.) or hyperactivity or impulsivity (e.g., fidgety, difficulty playing quietly, talking excessively, difficulty waiting his or her turn, etc.) to a degree that it causes functioning problems.

3. DEPRESSION

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> Is the child/youth concerned about possible depression or chronic low mood and irritability? Has the child/youth withdrawn from normal activities? Does the child/youth seem lonely or not interested in others? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action.</i> No evidence of problems with depression.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child/youth's ability to function in at least one life domain.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating is given to a child/youth with a severe level of depression. This would include a child/youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.</p>
---	--

Supplemental information: Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults. It might be somewhat less common among children, particularly young children. The main difference between depression in children and youth and depression in adults is that among children and youth it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression. Children and adults may use illicit drugs or overuse prescription drugs to self-medicate. Ratings on this item can reflect symptoms of DSM-5 Depressive Disorders (Disruptive Mood Dysregulation Disorder, Major Depressive Disorder, Persistent Depressive Disorder (Dysthymia), etc.). A child in the depressive phase of Bipolar Disorder may be rated here.

4. ANXIETY

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> Is the child/youth avoiding normal activities out of fear? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action.</i> No evidence of anxiety symptoms.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion, or evidence of some anxiety associated with a recent negative life event. This level is used to rate either a phobia or anxiety problem that is not yet causing the individual significant distress or markedly impairing functioning in any important context.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child/youth's ability to function in at least one life domain. [continues]</p>
---	---

ANXIETY continued

- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.

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

5. OPPOSITIONAL (Non-compliance with Authority)

This item rates the child/youth's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the child/youth.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none">• Have teachers or other adults reported that the child/youth does not follow rules or directions?• Does the child/youth argue with adults when they try to get the child/youth to do something?• Does the child/youth do things that they have been explicitly told not to do?	0 <i>No current need; no need for action.</i> No evidence of oppositional behaviors.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child/youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child/youth's functioning in at least one life domain. Behavior causes emotional harm to others. Children/youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child/youth has severe problems with compliance with rules or adult instruction or authority.

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

6. CONDUCT

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

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none">• Has the child/youth ever tortured animals?• Does the child/youth disregard or is unconcerned about the feelings of others (lack empathy)?	0 <i>No current need; no need for action.</i> No evidence of serious violations of others or laws.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The child/youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community. [continues]

CONDUCT continued

- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A child/youth rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the child/youth or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.

7. ADJUSTMENT TO TRAUMA

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

<p>Questions to Consider</p> <ul style="list-style-type: none">• Has the child/youth experienced a traumatic event?• How is it connected to the current issue(s)?• What are the child/youth's current coping skills?	<p>Ratings and Descriptions</p>
	<p>0 <i>No current need; no need for action.</i> No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child/youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child/youth's functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavior symptoms, tantrums, and withdrawn behavior.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child/youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).</p>

8. ANGER CONTROL

This item captures the child/youth's ability to identify and manage their anger when frustrated.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• How does the child/youth control their emotions?• Does the child/youth get upset or frustrated easily?• Does the child/youth overreact if someone criticizes or rejects them?• Does the child youth seem to have dramatic mood swings?	<p>0 <i>No current need; no need for action.</i> No evidence of any anger control problems.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History, suspicion of, or evidence of some problems with controlling anger. Child/youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.</p> <hr/>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth's difficulties with controlling anger are impacting functioning in at least one life domain. Child/youth's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.</p> <hr/>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth's temper or anger control problem is dangerous. Child/youth frequently gets into fights that are often physical. Others likely fear the child/youth.</p>

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

9. SUBSTANCE USE

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has the child/youth used alcohol or drugs on more than an experimental basis?• Do you suspect that the child/youth may have an alcohol or drug use problem?• Has the child/youth been in a recovery program for the use of alcohol or illegal drugs?	<p>0 <i>No current need; no need for action.</i> Child/youth has no notable substance use difficulties at the present time.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.</p> <hr/>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has a substance use problem that consistently interferes with the ability to function optimally but does not completely preclude functioning in an unstructured setting.</p> <hr/>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child/youth.</p>

10. EATING DISTURBANCE

This item rates problems with eating, including disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating, and hoarding food.

Questions to Consider

- How does the youth feel about their body?
- Does youth seem to be overly concerned about their weight?

Ratings and Descriptions

- 0 No current need; no need for action or intervention.
No evidence of eating disturbances.
-
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history, suspicion or mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
-
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Eating disturbance impairs youth's functioning in at least one life domain. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). The youth may meet criteria for a DSM-5 Feeding and Eating Disorders (including Anorexia Nervosa, Bulimia Nervosa, Avoidant/Restrictive Food Intake Disorder, etc.). Food hoarding also would be rated here.
-
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth's eating disturbance is dangerous or puts their health at risk. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

Supplemental Information: Anorexia Nervosa is characterized by: refusal to maintain a body weight that is at or above the minimum normal weight for age and height, intense fear of gaining weight or becoming fat, denying the seriousness of having a low body weight, or having a distorted image of your appearance or shape. Repeated bingeing and getting rid of the extra calories from bingeing by vomiting, excessive exercise, fasting, or misuse of laxatives, diuretics, enemas or other medications characterize Bulimia Nervosa.

LIFE FUNCTIONING DOMAIN

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

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

For **Life Functioning Domain**, use the following categories and action levels:

- 0 No current need; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

11. FAMILY FUNCTIONING

This rates the child/youth's relationships with those who are in their family. It is recommended that the description of family should come from the child/youth's perspective (i.e. who the child/youth describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child/youth is still in contact. Foster families should only be considered if they have made a significant commitment to the child/youth. For children/youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, take into account the relationship the child/youth has with their family as well as the relationship of the family as a whole.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Is there conflict in the family relationship that requires resolution? • Is treatment required to restore or develop positive relationship in the family? 	<p>0 <i>No current need; no need for action.</i> No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of problems. Child/youth might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with child/youth. Arguing may be common but does not result in major problems.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having problems with parents, siblings and/or other family members that are impacting the child/youth's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.</p>

12. LIVING SITUATION

This item refers to how the child/youth is functioning in their current living arrangement, which could be with a relative, in a foster home, etc. This item should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action.</i> No evidence of problem with functioning in current living environment. Child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth experiences mild problems with functioning in current living situation. Caregivers express some concern about child/youth's behavior in living situation, and/or child/youth and caregiver have some difficulty dealing with issues that arise in daily life.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has moderate to severe problems with functioning in current living situation. Child/youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.
<ul style="list-style-type: none">How has the child/youth been behaving and getting along with others in the current living situation?	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has profound problems with functioning in current living situation. Child/youth is at immediate risk of being removed from living situation due to problematic behaviors.

13. DEVELOPMENTAL/INTELLECTUAL

This item describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action.</i> No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There are concerns about possible developmental delay. Child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
<ul style="list-style-type: none">Does the child/youth's growth and development seem healthy?Has the child/youth reached appropriate developmental milestones (such as walking, talking)?Has anyone ever mentioned that the child/youth may have developmental problems?Has the child/youth developed like other same age peers?	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

14. SELF-CARE/DAILY LIVING SKILLS

This item rates the child/youth's ability to participate in self-care activities, including eating, bathing, dressing and toileting.

Questions to Consider

- What supports and assistance does the child/youth need to complete daily living skills?

Ratings and Descriptions

- 0 *No current need; no need for action.*
Child/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 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth requires some assistance on self-care tasks or daily living skills at a greater level than would be expected for age. Development in this area may be slow.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting) and/or does not appear to be developing the needed skills in this area.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is not able to function independently at all in this area.

15. MEDICAL/PHYSICAL

This rating describes both health problems and chronic/acute physical conditions or impediments.

Questions to Consider

- Does the child/youth have anything that limits their physical activities?
- How much does this interfere with the child/youth's life?

Ratings and Descriptions

- 0 *No current need; no need for action.*
No evidence that the child/youth has any medical or physical problems, and/or the child/youth is healthy.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth has serious medical or physical problems that require medical treatment or intervention. Or child/youth has a chronic illness or a physical challenge that requires ongoing medical intervention.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child/youth's safety, health, and/or development.

16. SEXUAL DEVELOPMENT

This item looks at broad issues of sexual development including developmentally inappropriate sexual behavior or sexual concerns, and the reactions of others to any of these factors. The child/youth's sexual orientation, gender identity or expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Are there concerns about the child/youth's healthy sexual development?Is the child/youth sexually active?Does the child/youth have less/more interest in sex than other same age peers?	<p>0 <i>No current need; no need for action.</i> No evidence of issues with sexual development.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the child/youth's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Moderate to serious problems with sexual development that interferes with the child/youth's life functioning in other life domains.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Severe problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.</p>

17. SLEEP

This item rates the child/youth's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the child/youth appear rested?Is the child/youth often sleepy during the day?Does the child/youth have frequent nightmares or difficulty sleeping?How many hours does the child/youth sleep each night?	<p>0 <i>No current need; no need for action.</i> Child/youth gets a full night's sleep each night.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having problems with sleep. Sleep is often disrupted and youth seldom obtains a full night of sleep.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is generally sleep deprived. Sleeping is almost always difficult and the child/youth is not able to get a full night's sleep.</p>

18. DECISION MAKING

This item describes the child/youth's age-appropriate decision making process and understanding of choices and consequences.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • How is the child/youth's judgment and ability to make good decisions? • Does the child/youth typically make good choices? 	<p>Ratings and Descriptions</p>
	<p>0 <i>No current need; no need for action.</i> No evidence of problems with judgment or decision making that result in harm to development and/or well-being.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of problems with judgment in which the child/youth makes decisions that are in some way harmful to the child/youth's development and/or well-being.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Problems with judgment in which the youth makes decisions that are in some way harmful to the child/youth's development and/or well-being. As a result, more supervision is required than expected for the child/youth's age.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth makes decisions that would likely result in significant physical harm to self or others. Therefore, youth requires intense and constant supervision, over and above that expected for the child/youth's age.</p>

19. SOCIAL FUNCTIONING

This item rates social skills and relationships. It includes age appropriate behavior and the ability to make and sustain relationships. Social functioning is different from Interpersonal (Strengths) in that functioning is a description of how the child/youth is doing currently. Strengths are longer-term assets.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • How does the child/youth get along with others? • Do you feel that the child/youth can act appropriately in social settings? 	<p>Ratings and Descriptions</p>
	<p>0 <i>No current need; no need for action.</i> No evidence of problems and/or child/youth has developmentally appropriate social functioning.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having some problems with social relationships that interfere with functioning in other life domains.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to the child/youth's safety, health, and/or development.</p>

20. SCHOOL BEHAVIOR

This item rates the behavior of the child/youth in school or school-like settings.

Questions to Consider <ul style="list-style-type: none">• How is the child/youth behaving in school?• Has the child/youth had any detentions or suspensions?• Has the child/youth needed to go to an alternative placement?	Ratings and Descriptions
	0 <i>No current need; no need for action.</i> No evidence of behavioral problems at school, OR child/youth is behaving well in school.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth is behaving adequately in school although some behavior problems exist. Behavior problems may be related to either relationship with either teachers or peers.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth's behavior problems are interfering with functioning at school. The child/youth is disruptive and may have received sanctions including suspensions.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is having severe problems with behavior in school. The child/youth is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

21. SCHOOL ACHIEVEMENT

This item rates the child/youth's grades or level of academic achievement.

Questions to Consider <ul style="list-style-type: none">• How are the child/youth's grades?• Is the child/youth having difficulty with any subjects?• Is the child/youth at risk for failing any classes or repeating a grade?	Ratings and Descriptions
	0 <i>No current need; no need for action.</i> No evidence of issues in school achievement and/or child/youth is doing well in school.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth is doing adequately in school although some problems with achievement exist.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having moderate problems with school achievement. The child/youth may be failing some subjects.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is having severe achievement problems. The child/youth may be failing most subjects or has been retained (held back) a grade level. Child/youth might be more than one year behind same-age peers in school achievement.

22. SCHOOL ATTENDANCE

This items rates issues of attendance. If school is not in session, rate the last 30 days when school was in session.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the child/youth have any difficulty attending school?• How many times a week is the child/youth absent?• Once the child/youth arrives at school, does the youth stay for the rest of the day?	<p>Ratings and Descriptions</p>
	<p>0 <i>No current need; no need for action.</i> Child/youth attends school regularly.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has a history of attendance problems, OR child/youth has some attendance problems but generally goes to school.</p> <hr/>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth's problems with school attendance are interfering with academic progress.</p> <hr/>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is generally absent from school.</p>

STRENGTHS DOMAIN

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

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

For **Youth Strengths**, the following categories and action levels are used:

- 0 Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.
- 1 Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
- 2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
- 3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

23. FAMILY STRENGTHS

This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child/youth’s perspective (i.e., who the child/youth describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child/youth is still in contact.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Does the child/youth have good relationships with any family member? • Is there potential to develop positive family relationships? • Is there a family member that the child/youth can go to in time of need for support? That can advocate for the child/youth? 	<p>0 <i>Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Family has some good relationships and good communication. Family members are able to enjoy each other’s company. There is at least one family member who has a strong, loving relationship with the child/youth and is able to provide limited emotional or concrete support.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.</p>
	[continues]

FAMILY STRENGTHS continued

- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
Family needs significant assistance in developing relationships and communications, or child/youth has no identified family. Child/youth is not included in normal family activities.

24. INTERPERSONAL

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

Questions to Consider

- Does the child/youth have the trait ability to make friends?
- Does the child/youth have skills to maintain relationships?

Ratings and Descriptions

- 0 *Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*
Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.

25. OPTIMISM

This item should be rated based on the child/youth's sense of self in their own future. This rates the child/youth's future orientation.

Questions to Consider

- Does the child/youth have a generally positive outlook on things; have things to look forward to?
- How does the child/youth see themselves in the future?
- Is the child/youth forward looking/sees themselves as likely to be successful?

Ratings and Descriptions

- 0 *Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*
Child/youth has a strong and stable optimistic outlook for their future.
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
Child/youth is generally optimistic about their future.
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
Child/youth has difficulty maintaining a positive view of themselves and their life. Child/youth's outlook may vary from overly optimistic to overly pessimistic.
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
There is no evidence of optimism at this time and/or child/youth has difficulties seeing positive aspects about themselves or their future.

26. EDUCATIONAL SETTING

This item is used to evaluate the nature of the school’s relationship with the youth and family, as well as, the level of support the youth receives from the school. Rate according to how much the school is an effective partner in promoting youth’s functioning and addressing youth’s needs in school.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Is the school an active partner in the child/youth’s education? • Does the child/youth like school? • Has there been at least one year in which the child/youth did well in school? • When has the child/youth been at their best in school? 	<p>Ratings and Descriptions</p> <p>0 <i>Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> The school works closely with the child/youth and family to identify and successfully address the youth’s educational needs; OR the child/youth excels in school.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> School works with the child/youth and family to address their educational needs; OR the child/youth likes school.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> The school is currently unable to adequately address the child/youth’s academic or behavioral needs.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of the school working to identify or successfully address the youth’s needs at this time and/or the school is unable and/or unwilling to work to identify and address the youth’s needs and/or there is no school to partner with at this time.</p> <hr/> <p>NA Youth is not in school</p>
--	---

27. TALENTS AND INTERESTS

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> • What does the child/youth do with free time? • What does the child/youth enjoy doing? • Is the child/youth engaged in any pro-social activities? • What are the things that the child/youth does particularly well? 	<p>Ratings and Descriptions</p> <p>0 <i>Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth has a talent that provides pleasure and/or self-esteem. Child/youth with significant creative/artistic/athletic strengths would be rated here.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child/youth with a notable talent. For example, a child/youth who is involved in athletics or plays a musical instrument would be rated here.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has expressed interest in developing a specific talent, interest or hobby even if that talent has not been developed to date, or whether it would provide with any benefit.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of identified talents, interests or hobbies at this time and/or child/youth requires significant assistance to identify and develop talents and interests.</p>
---	---

28. SPIRITUAL/RELIGIOUS

This item refers to the child/youth's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the child/youth; however, an absence of spiritual/religious beliefs does not represent a need for the family.

Questions to Consider	Ratings and Descriptions	
	0	<i>Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community. Child/youth may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort the child/youth in difficult times.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has expressed some interest in spiritual or religious belief and practices.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of identified spiritual or religious beliefs, nor does the child/youth show any interest in these pursuits at this time.

Supplemental Information: Spirituality can include any activities that are concerned with the spirit or soul, such as kinship relationships with living and non-living entities, mindfulness, prayer, meditation, or anything that connects the child/youth to something beyond the physical or material world. This item rates the presence of beliefs that could be useful to the youth.

29. COMMUNITY LIFE

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

Questions to Consider	Ratings and Descriptions	
	0	<i>Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth is well integrated into his/her community. The child/youth is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth is somewhat involved with their community. This level can also indicate a child/youth with significant community ties although they may be relatively short term.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has an identified community but has only limited, or unhealthy, ties to that community.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of an identified community of which child/youth is a member at this time.

30. RELATIONSHIP PERMANENCE

This item refers to the stability and consistency of significant relationships in the child's life. This likely includes family members but may also include other adults and/or peers.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Has anyone consistently been in the child/youth/s life since birth?• Are there other significant adults in the child/youth's life?	<p>Ratings and Descriptions</p>
	<p>0 <i>Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth has very stable relationships. Family members, friends, and community have been stable for most of their life and are likely to remain so in the foreseeable future. Child/youth is involved with their parents.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child /youth 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.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth does not have any stability in relationships. Independent living or adoption must be considered.</p>

31. YOUTH NATURAL SUPPORTS

This item refers to unpaid helpers in the child/youth's natural environment. These include individuals who provide social support to the target youth and family. All family members and paid caregivers are excluded.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Who does the child/youth consider to be a support?• Does the child/youth have non-family members in their life that are positive influences?	<p>Ratings and Descriptions</p>
	<p>0 <i>Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth has significant natural supports that contribute to helping support their healthy development.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth has identified natural supports that provide some assistance in supporting their healthy development.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has some identified natural supports however they are not actively contributing to the child/youth's healthy development.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth has no known natural supports (outside of family and paid caregivers).</p>

32. RESILIENCY

This rating refers to the child/youth’s ability to recognize their internal strengths and use them in times of stress and in managing daily life. Resilience also refers to the child/youth’s ability to bounce back from stressful life events.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • What does the child/youth do well? • Is the child/youth able to recognize their skills as strengths? • Is the child/youth able to use their strengths to problem solve and address difficulties or challenges? 	<p>Ratings and Descriptions</p> <p>0 <i>Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth’s internal strength in overcoming or the ability to bounce back is a core part of identity and associated with a well-developed and recognizable set of supports and strengths for dealing with challenges.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth uses internal strengths in overcoming or the ability to bounce back for healthy development, problem solving, or dealing with stressful life events.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has limited ability to recognize and use internal strengths in overcoming or the ability to bounce back to effectively to support the youth’s healthy development, problem solving or dealing with stressful life events.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth is currently unable to identify internal strengths for preventing or overcoming negative life events or outcomes.</p>
---	---

33. CHILD/YOUTH INVOLVEMENT WITH CARE

This item refers to the child/youth’s participation in planning and implementing efforts to address their identified needs.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • How does the child/youth understand their needs and challenges? • Does the child/youth attend sessions willingly and participate fully? 	<p>Ratings and Descriptions</p> <p>0 <i>Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth is knowledgeable of their needs and helps direct planning to address them.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth is knowledgeable of their needs and participates in planning to address them.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth is at least somewhat knowledgeable of their needs but is not willing to participate in plans to address them.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth is neither knowledgeable about their needs nor willing to participate in any process to address them.</p>
---	---

Supplemental Information: This item identifies whether the youth is an active partner in planning and implementing any treatment plan or service package. Like all ratings this should be done in a developmentally informed way. Expectations for involvement in planning are lower for children than for youth. Small children are not expected to participate so a ‘3’ rating is OK to mean no evidence or not identified. Remember the absence of a strength is not a need.

34. CULTURAL IDENTITY

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

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the child/youth identify with any racial/ethnic/cultural group?• Does the child/youth find this group a source of support?	<p>Ratings and Descriptions</p> <p>0 <i>Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> The youth has defined a cultural identity and is connected to others who support the youth’s cultural identity.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> The child/youth is developing a cultural identity and is seeking others to support their cultural identity.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> The child/youth is searching for a cultural identity and has not connected with others.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> The child/youth does not express a cultural identity.</p>
---	--

CAREGIVER RESOURCES AND NEEDS DOMAIN

This section focuses on the strengths and needs of the caregiver. Caregiver ratings should be completed by household. If multiple households are involved in the planning, then this section should be completed once for each household under consideration. If the child or youth is in a foster care or out-of-home placement, please rate the identified parent(s), other relative(s), adoptive parent(s), or caretaker(s) who is planning to assume custody and/or take responsibility for the care of this child/youth.

Question to Consider for this Domain: What are the resources and needs of the child/youth’s caregiver(s)? How are these needs impacting the caregiver’s ability to provide care to the child/youth?

For **Caregiver Resources & Needs Domain**, use the following categories and action levels:

- 0 No current need; no need for action. This may be a resource for the child/youth.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.
- 2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
- 3 Need prevents the provision of care; requires immediate and/or intensive action.

35. CAREGIVER SUPERVISION

This item rates the caregiver’s capacity to provide the level of monitoring and discipline needed by the child/youth. Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their children.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • How does the caregiver feel about their ability to keep an eye on and discipline the child/youth? • Does the caregiver need some help with these issues? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.</p> <hr/> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver is unable to monitor or discipline the youth. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision or monitoring.</p> <hr/> <p>NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select NA), OR youth is legally emancipated.</p>
--	--

36. CAREGIVER INVOLVEMENT WITH CARE

This item rates the caregiver’s participation in the child/youth’s care and ability to advocate for the child/youth.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • How involved are the caregivers in services for the child/youth? • Is the caregiver an advocate for the child/youth? • Would the caregiver like any help to become more involved? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of problems with caregiver involvement in services or interventions, and/or caregiver is able to act as an effective advocate for child/youth.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active advocate on behalf of the youth. Caregiver is open to receiving support, education, and information.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver is not actively involved in the child/youth’s services and/or interventions intended to assist.</p> <hr/> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver wishes for child/youth to be removed from their care.</p> <hr/> <p>NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select NA), OR youth is legally emancipated.</p>
--	--

37. CAREGIVER KNOWLEDGE

This item identifies the caregiver’s knowledge of the child/youth’s strengths and needs, any problems experienced by the child/youth, and his/her ability to understand the rationale for the treatment or management of these problems.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • How does the caregiver understand the child/youth’s needs? • Does the caregiver have the necessary information to meet the child/youth’s needs? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver is fully knowledgeable about the child/youth’s psychological strengths and weaknesses, talents and limitations.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver, while being generally knowledgeable about the child/youth, has some mild deficits in knowledge or understanding of the child/youth’s psychological condition or their talents, skills and assets.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver does not know or understand the youth well and significant deficits exist in the caregiver’s ability to relate to the youth’s problems and strengths.</p> <hr/> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has little or no understanding of the child/youth’s current condition. Their lack of knowledge about the child/youth’s strengths and needs places the child/youth at risk of significant negative outcomes.</p> <hr/> <p>NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select NA), OR youth is legally emancipated.</p>
---	---

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

38. CAREGIVER ORGANIZATION

This item is used to rate the caregiver’s ability to organize and manage their household within the context of intensive community services.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Do caregivers need or want help with managing their home? • Do they have difficulty getting to appointments or managing a schedule? • Do they have difficulty getting their child/youth to appointments or school? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver is well organized and efficient.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has moderate difficulty organizing and maintaining household to support needed services.</p> <hr/> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver is unable to organize household to support needed services.</p> <hr/> <p>NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select NA), OR youth is legally emancipated.</p>
---	--

39. CAREGIVER NATURAL SUPPORTS

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does family have extended family or friends who provide emotional support? • Can they call on social supports to watch the child/youth occasionally? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver has significant social and family networks that actively help with caregiving.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has some family or friend or social network that actively helps with caregiving.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Work needs to be done to engage family, friends or social network in helping with caregiving.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has no family or social network to help with caregiving.</p> <hr/> <p>NA</p>
--	---

40. CAREGIVER RESIDENTIAL STABILITY

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

	Ratings and Descriptions
<p>Questions to Consider</p> <ol style="list-style-type: none"> 1. Is the family's current housing situation stable? 2. Are there concerns that they might have to move in the near future? 3. Has family lost their housing? 	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver has stable housing with no known risks of instability.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has moved multiple times in the past year. Housing is unstable.</p> <hr/> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Family is homeless, or has experienced homelessness in the recent past.</p>
	<p>NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select NA), OR youth is legally emancipated.</p>

41. CAREGIVER PHYSICAL HEALTH

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit his or her ability to provide care for the child/youth. This item does not rate depression or other mental health issues.

	Ratings and Descriptions
<p>Questions to Consider</p> <ol style="list-style-type: none"> 1. How is the caregiver's health? 2. Does the caregiver have any health problems that limit their ability to care for the family? 	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of medical or physical health problems. Caregiver is generally healthy.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has medical/physical problems that interfere with the capacity to parent the child/youth.</p> <hr/> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has medical/physical problems that make parenting the child/youth impossible at this time.</p>
	<p>NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select NA), OR youth is legally emancipated.</p>

42. CAREGIVER MENTAL HEALTH

This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity to provide care for the child/youth.

<p>Questions to Consider</p> <ol style="list-style-type: none"> 1. Do caregivers have any mental health needs (including adjusting to trauma experiences) that make parenting difficult? 2. Is the child/youth receiving services? 3. Is there any evidence of transgenerational trauma that is impacting the caregiver or the child/youth's ability to give care effectively? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of caregiver mental health difficulties.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver's mental health difficulties interfere with their capacity to parent.</p> <hr/> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has mental health difficulties that make it impossible to parent the child/youth at this time.</p> <hr/> <p>NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select NA), OR youth is legally emancipated.</p>
---	--

43. CAREGIVER SUBSTANCE USE

This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child/youth.

<p>Questions to Consider</p> <ol style="list-style-type: none"> 1. Do caregivers have any substance use needs that make parenting difficult? 2. Is the caregiver receiving any services for the substance use problems? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of caregiver substance use issues.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has some substance abuse difficulties that interfere with their capacity to parent.</p> <hr/> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has substance abuse difficulties that make it impossible to parent the child/youth at this time.</p> <hr/> <p>NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select NA), OR youth is legally emancipated.</p>
---	--

44. CAREGIVER DEVELOPMENTAL

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver’s ability to provide care for the child/youth.

<p>Questions to Consider</p> <p>1. Does the caregiver have developmental challenges that make parenting/caring for the child/youth difficult?</p> <p>2. Does the caregiver have services?</p>	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has severe developmental challenges that make it impossible to parent the child/youth at this time.</p>
	<p>NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select NA), OR youth is legally emancipated.</p>

45. CAREGIVER SAFETY

This item describes the caregiver’s ability to maintain the child/youth’s safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed child/youth.

<p>Questions to Consider</p> <p>1. Is the caregiver able to protect the child/youth from harm in the home?</p> <p>2. Are there individuals living in the home or visiting the home that may be abusive to the child/youth?</p>	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of safety issues. Household is safe and secure. Child/youth is not at risk from others.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Child/youth is in some danger from one or more individuals with access to the home.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Child/youth is in immediate danger from one or more individuals with unsupervised access.</p>
	<p>NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select NA), OR youth is legally emancipated.</p>

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

46. CAREGIVER FINANCIAL RESOURCES

This item rates the financial resources that the caregiver(s) can bring to bear in addressing the multiple needs of the individual and family.

Questions to Consider	Ratings and Descriptions
<p>1. Does the family have sufficient funds to raise or care for the child/youth?</p>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver has sufficient financial resources to raise or care for the individual.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has some financial resources to raise or care for the individual. History of struggles with sufficient financial resources would be rated here.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has limited financial resources to raise or care for the individual.</p> <hr/> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has no financial resources to raise or care for the individual. Caregiver needs financial resources.</p> <hr/> <p>NA Youth is 18 and older, not in guardianship, and not living with a caregiver (must meet all of these requirements to select NA), OR youth is legally emancipated.</p>

CULTURAL FACTORS DOMAIN

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, finding therapist who speaks family’s primary language, and/or ensure that a child/youth in placement has the opportunity to participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that children and youth may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

It is important to remember when using the CANS that the family should be defined from the individual youth’s perspective (i.e., who the individual describes as part of her/his family). The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individual when rating these items and creating a treatment or service plan.

Question to Consider for this Domain: How does the child/youth’s membership in a particular cultural group impact his or her stress and wellbeing?

For the **Cultural Factors Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

47. LANGUAGE

This item looks at whether the child/youth and family need help with communication to obtain the necessary resources, supports and accommodations (e.g., interpreter). This item includes spoken, written, and sign language, as well as issues of literacy.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • What language does the family speak at home? • Is there a child/youth interpreting for the family in situations that may compromise the child/youth or family’s care? • Does the child/youth or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action</i></p> <p>No evidence that there is a need or preference for an interpreter and/or the child/youth and family speak and read the primary language where the youth or family lives.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>Child/youth and/or family speak or read the primary language where the child/youth or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child/youth and/or significant family members do not speak the primary language where the youth or family lives. Translator or family’s native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child/youth and/or significant family members do not speak the primary language where the youth or family lives. Translator or family’s native language speaker is needed for successful intervention; no such individual is available from among natural supports.</p>
--	--

48. TRADITIONS AND RITUALS

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

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action</i> Child/youth and/or family are consistently practice their chosen traditions and rituals consistent with their cultural identity.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth and/or family are generally practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.

Supplemental Information: Other examples of culturally specific holiday include Green Corn Celebration, and daily activities such as smudging, wearing a medicine bag.

49. CULTURAL STRESS

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

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action</i> No evidence of stress between the child/youth's cultural identity and current living situation.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Some occasional stress resulting from friction between the child/youth's cultural identity and current living situation.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. Child/youth needs support to learn how to manage culture stress.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Child/youth needs immediate plan to reduce culture stress.

RISK BEHAVIORS DOMAIN

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

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

For the **Risk Behaviors Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need or risk behavior is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

50. SUICIDAL THOUGHTS/BEHAVIOR

This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of a child or youth to end their life. A rating of '2' or '3' would indicate the need for a safety plan. Notice the specific time frames for each rating

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Has the child/youth ever talked about a wish or plan to die or to kill the themselves? • Has the child/youth ever tried to commit suicide? 	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of suicidal ideation.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Recent ideation or gesture. Recent, but not acute, suicidal ideation or gesture.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Current ideation and intent OR command hallucinations that involve self-harm. Current suicidal ideation and intent.</p>

51. NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

This rating includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the child/youth (e.g., cutting, carving, burning self, face slapping, head banging, etc.).

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?• Does the child/youth ever purposely hurt themselves (e.g., cutting)?	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> No evidence of any forms of self-injury.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> A history or suspicion of self-injurious behavior.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Engaged in self-injurious behavior (cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child/youth’s health at risk.</p>
--	--

52. OTHER SELF-HARM (RECKLESSNESS)

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

<p>Questions to Consider</p> <ol style="list-style-type: none">1. Does the child/youth act without thinking?2. Has the child/youth ever talked about or acted in a way that might be dangerous to themselves? (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion or mild behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm such as reckless and dangerous risk-taking behavior.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the youth in danger of physical harm.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth at immediate risk of death.</p>
---	---

53. DANGER TO OTHERS

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

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

54. SEXUALLY PROBLEMATIC/HARMFUL BEHAVIOR

This item describes issues around sexual behavior including developmentally inappropriate sexual behavior that is interfering with the child's ability to function or is putting child or others at risk of harm.

Questions to Consider	Ratings and Descriptions
<p>1. Has the child/youth ever been involved in sexual activities or done anything sexually inappropriate?</p> <p>2. Has the child/youth ever had difficulties with sexualized behavior or problems with physical/sexual boundaries?</p>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of any history of sexually harmful or problematic behavior</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History of sexually problematic behavior, but not in past year, OR current mild level of sexually inappropriate behavior such as occasional inappropriate sexual talk, excessive masturbation or poor boundaries relative to developmental age.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Presence of concerning, age inappropriate sexualized behaviors that are causing problems with life functioning. Frequent disrobing would be rated here only if it was sexually provocative. Also frequent inappropriate touching, frequent sexualized language, problematic use of pornography, inappropriate use of the internet for sexualized chat/exchanging of photos, or other sexualized behaviors that are a cause for concern would be rated here.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Severe problems with sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.</p>

55. RUNAWAY

This item describes the risk of running away or actual runaway behavior.

Questions to Consider

1. Has the child/youth ever run away from home, school, or any other place?
2. If so, where did the child/youth go? How long did the child/youth stay away? How was the child/youth found?
3. Does the child/youth ever threaten to run away?

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Child/youth has no history of running away or ideation of escaping from current living situation.
-
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth has no recent history of running away but has not expressed ideation about escaping current living situation. Child/youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.
-
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Child/youth has run from home once or run from one treatment setting. Also rated here is a child/youth who has runaway to home (parental or relative).
-
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Child/youth has run from home and/or treatment settings in the recent past and present an imminent flight risk. A child/youth who is currently a runaway is rated here.

56. INTENTIONAL MISBEHAVIOR

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

Questions to Consider

- Does the youth intentionally do or say things to upset others or get in trouble with people in positions of authority or (e.g., parents or teachers)?
- Has the youth engaged in behavior that was insulting, rude or obnoxious and which resulted in sanctions for the youth such as suspension, job dismissal, etc.?

Ratings and Descriptions

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

57. DELINQUENT/CRIMINAL BEHAVIOR

This rating includes both criminal behavior and status offenses that may result from youth failing to follow required behavioral standards (e.g., truancy, curfew violations, driving without a license). Sexual offenses should be included as criminal behavior. If caught, the youth could be arrested for this behavior.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Do you know of laws that the youth has broken (even if the youth has not been charged or caught)?• Has the youth ever been arrested?	<p>Ratings and Descriptions</p>
	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence or no history of delinquent behavior.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the youth at risk.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the youth at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.</p>

58. FIRE SETTING

This item describes whether the individual intentionally starts fires using matches or other incendiary devices. Malicious or reckless use of fire should be rated here; however, fires that are accidental should not be considered fire setting.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Has the individual ever played with matches, or set a fire? If so, what happened?• Did the fire setting behavior destroy property or endanger the lives of others?	<p>Ratings and Descriptions</p>
	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of fire setting by the individual.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of fire setting but not within the past six months.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Recent fire setting behavior (during the past six months) but not of the type that endangered the lives of others, OR repeated fire-setting behavior over a period of at least two years, even if not within the past six months.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Acute threat of fire setting. Individual has set fires that endangered the lives of others (e.g., attempting to burn down a house).</p>

TRANSITION AGE YOUTH MODULE

****This domain is to be completed for all youth age 14 years, 6 months and older.****

The following items are designed primarily for youth 14 years and 6 months of age and older; however, these items should also be rated for any child/youth if it is felt that transition issues apply (e.g., youth less than 14 years old in a parenting role).

Rate the highest level from the past 30 days based on relevant information from all sources.

For the **Transition Age Youth Module**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

59. HOUSING STABILITY

This item rates the housing stability of the individual – whether or not they have a place to live.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"> • Is the individual's current housing situation stable? • Are there concerns that they might have to move in the near future? • Has the individual lost their housing? 	0 <i>No evidence of any needs; no need for action.</i> Individual has stable housing with no known risks of instability.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Individual has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual has moved multiple times in the past year. Housing is unstable.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual is homeless, or has experienced homelessness in the recent past.

60. INDEPENDENT LIVING SKILLS

This item focuses on the presence or absence of skills and impairments in independent living abilities or the readiness to take on those responsibilities.

Questions to Consider <ul style="list-style-type: none">Is the youth in line with typical development?Are the tasks being requested in line with the youth's abilities?	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> Youth is fully capable of independent living. No evidence of any deficits or barriers that could impede maintaining own home.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Youth has mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet, etc. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Youth has moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Youth has profound impairment of independent living skills. Youth is unable to live independently given their current status. Problems require a structured living environment.

61. TRANSPORTATION

This item is used to rate the level of transportation required to insure that the youth can effectively participate in their own treatment.

Questions to Consider <ul style="list-style-type: none">Does this youth have a driver's license, or have they taken driver's education?Do they have access to their own vehicle or are they dependent on others for transportation?Does the youth have reliable transportation?Are there any barriers to transportation?	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> The youth has no transportation needs.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> The youth has occasional transportation needs (e.g. appointments). These needs would be no more than weekly and do not require a special vehicle.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The youth has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The youth requires frequent (e.g., daily to work or therapy) transportation in a special vehicle.

62. JOB FUNCTIONING/VOCATIONAL

If the youth is working, this item describes the youth's functioning in a job setting.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does this youth require extra time when learning new skills? How do they manage their time?• Does the youth need one-on-one support when completing job or vocational tasks?• Has there been any kind of vocational assessment to determine the youth's strengths, interests and skills?	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of any problems in work environment. Youth is excelling in a job environment.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Youth has some mild problems at work (e.g., tardiness, conflict). Youth is functioning adequately in a job environment.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Youth has moderate problems at work. Youth has problems with their development of vocational or prevocational skills.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Youth has severe problems at work in terms of attendance, performance or relationships. Youth may have recently lost job.</p>

63. PARENTAL/CAREGIVING ROLES

This item focuses on a youth in any parental/caregiving role. For example, an individual with a son or daughter or an individual responsible for a younger sibling, parent, or grandparent would be rated here. Include pregnancy as a parenting role.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Is the youth in any roles where they care for someone else – parent, grandparent, younger sibling, or their own child?• How well can the youth fill that role?• Does parenting responsibility impact the youth's life functioning?	<p>0 <i>No evidence of any needs; no need for action.</i> Youth has a parenting or caregiving role, and is functioning appropriately in that role. A youth that does not have a parental or caregiving role would be rated here.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> The youth has responsibilities as a parent/caregiver and occasionally experiences difficulties with this role.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The youth has responsibilities as a parent/caregiver, and currently struggles to meet these responsibilities, or these responsibilities are currently interfering with the youth's functioning in other life domains.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The youth has responsibilities as a parent/caregiver, and is currently unable to meet these responsibilities, or these responsibilities are making it impossible for the youth to function in other life domains. The youth has the potential of abuse or neglect in their parenting/caregiving role.</p>

Supplemental Information: A youth with a son or daughter, or a youth responsible for the care of another family member (e.g., an elderly parent or grandparent) would be rated here. Include pregnancy as a parenting role. A parentified youth is not rated here.

64. MEDICATION ADGERENCE

This item focuses on the youth’s willingness or ability to participate in taking prescribed medication.

Questions to Consider 1. Does the youth remember to take their medication? When prompted, does the youth take their medication? 2. Does the youth ever refuse to take prescribed medications? 3. Does the caregiver need reminders to maintain medication compliance?	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> The youth takes medications as prescribed without assistance or reminders.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> The youth usually takes medications as prescribed but may intermittently stop, skip, or forget to take medications without causing instability of the underlying medical condition(s); youth may benefit from reminders and checks to consistently take medications.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The youth takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition; youth may benefit from direct supervision of medication.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
The youth does not take medication(s) prescribed for management of underlying medical conditions and their underlying medical conditions are not well controlled. Youth abusing medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree) would also be rated here.

65. EDUCATIONAL ATTAINMENT

This item rates the degree to which the youth has completed their planned education.

Questions to Consider • Does the youth have educational goals? • How is the youth doing in meeting these educational goals?	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> Youth has achieved all educational goals, OR has no educational goals and educational attainment has no impact on lifetime vocational functioning.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Youth has set educational goals and is currently making progress towards achieving them.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Youth has set educational goals but is currently <u>not</u> making progress towards achieving them.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Youth has no educational goals and lack of educational attainment is interfering with youth’s lifetime vocational functioning

66. FINANCIAL RESOURCES

This item rates the financial resources that the youth can bring to bear in addressing their needs.

Questions to Consider

- Are the financial issues related to desire? If so, do not rate them here.
- Are financial limitations creating barriers to the youth attending college?
- Does the youth struggle to pay for food and shelter, but is able to keep up with current trends? If so, do not rate this.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Youth has sufficient financial resources to meet their current needs.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement*
Youth has some financial resources that meet the majority of their current needs.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Youth has limited financial resources and needs substantial assistance to meet their needs.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Youth has no financial resources and is unable to meet their needs.

67. SUPPORT NETWORK

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

Questions to Consider

- Does the youth have a place to go on holidays?
- Does the youth have identified natural supports?
- What activities does the youth take part in during their free time?

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of youth needing help to utilize their support network. Has significant support network.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement*
Youth identifies having access to a healthy support network, but the supports are relatively new to them (within the past 3 months) and youth accesses them inconsistently.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Youth identifies a support network but does not access them.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Youth cannot identify any support network.