Universal Family and Children Engagement Tool

UFACET-AR 1.0

Ages 0-21

Praed Foundation

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2018

REFERENCE

GUIDE

# ACKNOWLEDGEMENTS

The UFACET is a hybrid CANS/FAST-based assessment tool endorsed by Dr. John S. Lyons and The Praed Foundation.

A large number of individuals have collaborated in the development of the UFACET. Along with the CANS, versions for developmental disabilities, juvenile justice, and child/youth welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The UFACET is an open domain tool for use in multiple child-serving systems that address the needs and strengths of children, youth, 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.

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In order to create a diverse and inclusive environment, it is important to consider the words used to represent those we serve. Therefore, this reference guide uses the gender-neutral pronouns “they/them/themselves” in 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 and context to which this manual applies (0-21).

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

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# 

# INTRODUCTION

## THE UFACET

The **Universal Family and Children Engagement Tool (UFACET)** is a multiple purpose information integration tool that is designed to be the output of an assessment process. It is a customized CANS/FAST hybrid version (Child and Adolescent Needs and Strengths/Family Advocacy and Support Tool). The purpose of the UFACET is to accurately represent the shared vision of the child/youth serving system—children, youth, and families. As such, completion of the UFACET 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 UFACET 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 UFACET.

### SIX KEY PRINCIPLES OF THE UFACET

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 child/youth, not the child/youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. ‘2’ or ‘3’).
4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child/youth but would be for an older child or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. **The ratings are generally “agnostic as to etiology.”** In other words this is a descriptive tool; it is about the “what” not the “why.” While most items are purely descriptive, there are a few items that consider cause and effect; see individual item details on when the “why” is considered in rating these items.
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 the child/youth’s and parents/caregivers’ needs and strengths. Strengths are the child/youth’s assets: areas life where they are doing well or have 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/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 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 domain that asks about the family’s beliefs and preferences, and about general family concerns. The care provider, along with the child/youth and family as well as other stakeholders, gives a number rating to each of these items. These ratings help the provider, child/youth and family understand where intensive or immediate action is most needed, and also where a child/youth has assets that could be a major part of the treatment or service plan.

The CANS ratings, however, do not tell the whole story of a child/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, but expands 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, child/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 child/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 super users 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 children/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, child 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 its ability to measure children/youth’s 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; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et al., 2015; Lardner, 2015).

## RATING NEEDS & STRENGTHS

The UFACET 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 UFACET 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 present | 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, it should be used only in the rare instances where an item does not apply to that particular child/youth.

To complete the UFACET, 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 UFACET 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 7). The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The UFACET 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 UFACET 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 children/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 the 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 UFACET 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 UFACET assessment. A rating of ‘2’ or ‘3’ on a UFACET 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 of strength-building activities, when appropriate. It is important to remember that when developing service and treatment plans for healthy child 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 child/youth capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the UFACET can be used to monitor outcomes. This can be accomplished in two ways. First, UFACET 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 UFACET 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 UFACET USED?

The UFACET 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 UFACET 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 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 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 TREATMENT/SERVICE PLANNING

When an item on the UFACET 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 treatment plan, you should do your best to address any needs, impacts on functioning, or risk factors that you rate as a 2 or higher in that document.

### IT FACILITATES OUTCOMES MEASUREMENT

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

## UFACET: A CHILD WELFARE STRATEGY

The UFACET is an excellent strategy in addressing children and youth’s 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 UFACET and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the child/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 UFACET domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Functioning or Behavioral/Emotional Needs, Risk Behaviors or 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 child/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?”

Some people may “take off” on a topic. Being familiar the UFACET 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.

### 

### MAKING THE BEST USE OF THE UFACET

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 the UFACET and how it will be used. The description of the UFACET should include teaching the child/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, share with the youth and family the CANS domains and items (see the UFACET Core Item list on page 13) and encourage the family to look over the items prior to your meeting with them. The best time to do this 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 UFACET 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 UFACET

Listening is the most important skill that you bring to working with the UFACET. 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 child/youth that you are with them.
* **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask “Does that make sense to you?” Or “Do you need me to explain that in another way?”
* **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person’s unconscious motivations, personality, etc. The UFACET 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; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying “Ok, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

### REDIRECT THE CONVERSATION TO PARENTS’/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 UFACET is a tool to organize all points of observation, but the parent or caregiver’s perspective can be the most critical. Once you have their 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.

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. . .”

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# ufacet BASIC STRUCTURE

The UFACET basic core items are noted below.

## CORE ITEMS

|  |  |  |
| --- | --- | --- |
| **The Family Together Domain** | **Household Domain** |  |
| Formal Supports | Physical Home Environment |  |
| Informal Supports/Extended Fam. | Financial Resources |  |
| Parent/Guardian Collaboration | Residential Stability |  |
| Family Conflict/Communication | Access to Child Care |  |
| Domestic Violence | Access to Transportation |  |
| Complex Family Systems |  |  |
| Family Role Appropriateness | **Child/Youth Functioning Domain** |  |
| *Cultural Considerations\** | Investment in Interventions |  |
| Sexual Development | Response to Stress |  |
|  | Social Functioning |  |
| **Parent/Guardian/Other**  **Strengths & Needs Domain** | Talents and Interests  Legal |  |
| Investment in Interventions | Vocational Skills |  |
| Response to Stress | Medical/Physical |  |
| Empathy/Emotional Responsiv. | Sexual Development |  |
| Supervision | Sleep |  |
| Discipline | Eating Disturbance |  |
| Involvement | Daily Functioning |  |
| Parenting Knowledge & Behav. | *Substance Use\** |  |
| Medical/Physical | *Child/Youth Risk Behaviors\** |  |
| Mental Health | *Education\** |  |
| *Substance Abuse\** | *Behavioral/Emotional Needs\** |  |
| Developmental | *Developmental\** |  |
| *Exposure to Trauma\** | *Exposure to Trauma\** |  |
| Organization | Enduring Relationships |  |
| Safety |  |  |
| Employment/Educational Funct. |  |  |
| Legal Involvement |  |  |
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| ***\*A rating of ‘2’, or ‘3’ on these items trigger the completion of specific Individualized Assessment Modules\**** | | |

## PROTECTIVE FACTORS

Incorporating the Strengthening Families Protective Factors framework into our day-to-day work enhances our caseworker skills in a way that can reduce child abuse and neglect, strengthen families, and promote optimal child development. Each key element below is captured in the UFACET assessment. Extensive research demonstrates that the likelihood of child abuse and neglect is significantly reduced when these key characteristics, called Protective Factors, are well established in a family. The five Protective Factors include:

### Parental Resilience:

Resilience, simply defined, means the ability of parents to recover from difficult life experiences. It is about the ability to “bounce back” from negative experiences.

(Parent voice) “Things that make us strong and help us push through tough times.”

**Key elements include:**

* Problem solving skills
* Ability to cope with stress
* Self-Care strategies
* Doesn’t allow stress to interfere with parenting
* Sense of identity

### Social Connections:

Relationships with family members, friends, neighbors, co-workers, community members and service providers who care, listen, share parenting values and offer help.

(Parent voice) “Not feeling alone - I have friends and know at least one person who supports my parenting.”

**Key elements include:**

* Supportive relationships with others
* Willing & able to accept assistance from others
* Can turn to their social network for help in times of need
* Skills for establishing & maintaining social relationships

### Knowledge of Parenting and Child Development:

A basic understanding of your child’s development and how to parent in ways supportive of their development.

(Parent voice) “I know my child best, but I am willing to learn new skills to help my child be happy and healthy.”

**Key elements include:**

* Demonstrates understanding of development
* Understand & value parenting role
* Parenting resources on which to draw
* Ability to control or manage child behavior
* Understanding of their own child
* Involvement & engagement with the child

### Concrete Support in Times of Need:

Access to the resources and formal and informal supports to help you meet your family’s needs.

(Parent voice) “My family knows where to go for help when we need it.”

**Key elements include:**

* Openness to accessing & utilizing services
* Help seeking behavior
* Ability to advocate for self and child

### Social-Emotional Competence of Children:

Children’s age appropriate ability to regulate their emotions, engage with others, and communicate feelings.

(Parent voice) “My child believes they matter, have friends, and can talk to me.”

**Key elements include:**

* Caregiver supports social emotional skills of the child
* Child’s ability to form & maintain relationships with others
* Caregiver provides nurturing & emotionally supportive care
* Child’s ability to self-regulate

# The family together Domain

The dynamic between the family members play a primary role in the children’s safety and well-being. The Family Together domain looks at the overall family system functioning and ability to access supports. It measures the family’s ability to communicate and problem solve together. This domain looks at the dynamics of all the relationships within the family unit. It identifies how each individual member relates to the family cohesiveness.

This section is rated using the needs scale and will therefore highlight any struggles the family is experiencing, as shown below.

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| For **The Family Together Domain,** use the following categories and action levels: | |
| E | Items you wish to EXPLORE further with the family—cannot finalize UFACET with an ‘E’ |
| PF | Protective Factor is present—only indicators directly related to the 5 protective factors will have a PF option |
| 0 | No current need; no need for action or intervention. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action. |
| NA | Not applicable |

Remember that this assessment’s core is engagement, these topics are engagement conversations that can direct interactions to gather useful information to create Child and Family Plans and referrals to appropriate services/ interventions.

Engaging the family to understand the dynamics in the home will assist in identifying the root of many of the concerns in a family home. Questions you may ask would be:

* What does your family like to do together for fun?
* How does your family handle a disagreement?
* What happens in your home when someone gets mad?
* Who can you talk to if you are upset?
* Who do you consider your support system?
* If you had to evacuate your house where could you go?

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| **FORMAL SUPPORTS**  This item reflects the Family’s connection to people, places, institutions or service agencies in the surrounding community not including family. This includes the family’s ability to access concrete resources, such as DWS, mental health agencies, substance abuse treatment, etc.  If the family does not have a need for formal supports OR if the family is already connected to a sufficient number of formal supports, this item would rate a “0”. | | |
| Questions to Consider   * Does the family have access to services such as foodbank, DWS services and SSI? * Does the family have formal resources such as therapists? * Do they belong to a community group with which they identify? | Ratings and Descriptions | |
| PF | The family actively seeks and accesses services to support the child. **(Concrete Support)** |
| 0 | No current need; no need for action or intervention.  The family has access to the concrete resources they need. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Family is currently receiving formal services such as therapy or food stamps, but may need referral in the future. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Family has an identified need for formal service but has yet to be connected to them and the caseworker plans to make a referral or has made a referral during the current case. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Family is in immediate need for services such as therapy or food stamps but does not currently have access. These services are needed immediately to lower risk of removal. |

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| **INFORMAL SUPPORTS/EXTENDED FAMILY**  This item refers to the family’s relationship with extended family and friends or fictive kin who do not currently live with the family. Concerns of extended family “enabling” or lying to DCFS on behalf of the caregivers would rate at least a ‘2’. A Family’s connection to the community is assessed by the degree to which the family is involved with the institutions of that community which may include, but are not limited to, community centers, little league teams, jobs, after school activities, religious groups, boy scouts, etc. Families who feel a sense of belonging and who have a stake in their community do better than families who do not**.** | | |
| Questions to Consider   * Has the family strained relationships with extended family and friends? * Does extended family play a supportive role for the family? * Has there been generational abuse, neglect, or patterns of socially unacceptable behaviors? * Does the family have positive supportive relationships with neighbors or parents of other same age children/youth? | Ratings and Descriptions | |
| PF | Caregivers actively turn to network for support when issues come up. **(Social Connections)** |
| 0 | No current need; no need for action or intervention.  Extended family members or friends play a central role in the functioning and well-being of the family. They have predominately positive relationships and conflicts are resolved quickly. Family is well-integrated into their community. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Extended family members or friends play a supportive role in family functioning. They generally have positive relationships and conflicts may linger but eventually are resolved. Family has community connections and the caseworker does not need to intervene. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Extended family members or friends are rarely involved in the functioning and well-being of the family. They have generally strained or absent relationships with these informal supports. Family has limited or unhealthy ties to their community. The caseworker plans to help the family explore gaining additional supports |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Family is not in contact or estranged from extended family members. They may report they have no friends. They have negative relationships with continuing conflicts with extended family and friends and feel shunned. |
| **PARENT/CAREGIVER COLLABORATION**  This item refers to the relationship between the caregivers with regard to working together in childrearing activities. If conflict exists between any two caregivers the item rates a ‘2’ or higher. | | |
| Questions to Consider   * Are the caregivers in agreement regarding parenting? * Do the caregivers frequently argue over parenting decisions, such as disciplining? * Do the caregivers involve children in caregiver conflict by coaching, derogatory remarks or belittling? | Ratings and Descriptions | |
| PF | Both caregivers feel strongly supported by their partner and that their views on childrearing are largely in sync. **(Social Connections)** |
| 0 | No current need; no need for action or intervention.  Caregivers usually work together regarding issues of the development and well-being of the children/youth. They are able to negotiate disagreements related to their children/youth. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Caregivers generally have good collaboration regarding issues of the development and well-being of the children. They have occasional difficulties negotiating miscommunications or misunderstanding with each other, however intervention is not needed at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Caregivers have problems with communication and collaboration regarding issues of the development and well-being of their children/youth. Caregiver disagreements occasionally occur in front of the children/youth and the caseworker plans to intervene. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Caregivers have little to no collaboration regarding issues related to the development and well-being of the children/youth. Caregiver’s communication is destructive or caregivers sabotage collaboration by involving the children/youth. These concerns must be immediately addressed or the children/youth are at risk of removal. |

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| **FAMILY CONFLICT/COMMUNICATION**  This item refers to how the family members get along with each other. Parents who blame each other for problems with the children/youth would rate at least a ‘2’.  This section does not rate domestic violence between family members. | | |
| Questions to Consider   * Does conflict interfere with the overall family functioning? * Does fighting rise to the level of a safety concern? * Is there a family member that is targeted or scapegoated by the other family members? | Ratings and Descriptions | |
| PF | Family members have proactive strategies in place to resolve conflicts when they arise. **(Social Connections)** |
| 0 | No current need; no need for action or intervention.  Family members get along; however, when fights or conflicts arise there is little difficulty in resolving them. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Family members generally get along; however, when fights or conflicts arise there is some difficulty in resolving them, however intervention is not needed at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Family members frequently do not get along. They attempt to resolve their fights or conflicts, but have limited success in doing so. The caseworker will work with the family to create a plan to alleviate these conflicts; this may require a referral to services such as therapy. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Family members do not get along. The relationships are marked by detachment or active, continuing conflicts. Conflict may include physical fighting. If these conflicts continue at this level a removal would be needed. Caseworker may ask members of the family to move out until skills can be learned to better manage conflict. |

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| **DOMESTIC VIOLENCE**  This item refers to one family member using physical assault and emotional control of family member(s). Domestic violence is a cycle with a distinct pattern of violence and reconciliation. It differs from conflict that escalates to a physical level in that there is a distinct emotional component. Domestic violence perpetrators use violence and emotional manipulation to control their victims. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions. | | |
| Questions to Consider   * Is there a family member who dominates or controls other family members? * Has a family member ever suffered repeated physical injury due to violence in the home? * Does the perpetrator use power to control their victim? * Does a family member isolate another family member? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  No history or current domestic violence among family members. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  History or suspicion of domestic violence. This may include families with multiple police investigations or previous unsupported DVRC investigations. No intervention is needed at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Domestic violence is a developing concern. Family conflict has recently escalated into domestic violence. The caseworker would send the family for a domestic violence assessment and/or treatment. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Domestic violence is severe or chronic. A family member may have been hospitalized due to domestic violence. A victim may not recognize the domestic violence and may seek to protect the perpetrator from consequences. Family with a current restraining order against one member or with a member currently in jail on DV charges would be rated here. Continued domestic violence at this level would lead to removal. |

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| **COMPLEX FAMILY SYSTEMS**  This item rates the behavioral and emotional symptoms in response to a change in composition the family system. This could be due to an addition of family member. This could reflect a change in family roles, such as the return of an incarcerated parent after an extended absence or a parent being deported. This item rates blended families, adoptive families, grand families, step families, same sex couples and deployment. | | |
| Questions to Consider   * Is a caregiver struggling to bond with a step or adoptive child/youth in the home? * Is a child (children)/ youth in the home resistant to accepting a new adult as having authority in the home? * Is there increased conflict due to step or adoptive siblings not getting along? * Is any family member acting out due to the introduction of new family members? | Ratings and Descriptions | |
| PF | The caregiver has proactive strategies in place to deal with the stressors related to change in their family system. **(Parental Resilience)** |
| 0 | No current need; no need for action or intervention.  The family copes successfully with the family stress related to their family system. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  The family experiences some conflict due to family system’s issues, however the family recognizes and is taking action to address the response to the change in the family make-up. Or there has been a history of conflict related to the addition of a person or persons in the family system. The family does not need intervention to manage. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  The family is experiencing ongoing conflict related to one or more family member’s response to the addition of a new person or persons in the family system and the caseworker plans to intervene. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  The family is experiencing significant conflict related to one or more family member’s response to the addition of a person or persons in the family system that without intervention could likely lead to the family disrupting. |

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| **FAMILY ROLE APPROPRIATENESS**  This item refers to boundaries and hierarchies within the family. Boundaries are the ability of family members to separate themselves as individuals and maintain role appropriate communication among family members. Hierarchies refer to the organization of decision-making authority in the family. Any issues with incest or parentification should be considered here. | | |
| Questions to Consider   * Is a child/youth making crucial decisions on behalf of the family? * Is there a child/youth that has taken on a caregiver role? * Do the parents have appropriate boundaries and relationships with their children/youth? * Does a caregiver fail to protect a child/youth from harm? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  The family has clearly defined appropriate boundaries among members. Inter-generational hierarchies are appropriately established and maintained. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  The family has generally appropriate boundaries and hierarchies. They may experience some minor blurring of roles and/or boundaries. This blurring does not rise to the level that intervention is necessary. A history of incest that has been addressed should be rated here. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Family has difficulty maintaining appropriate boundaries and/or hierarchies. Some significant role problems exist. Maladaptive behaviors that have resulted from a history of incest rated here. The caseworker plans to intervene. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Family has significant problems with establishing and maintaining appropriate boundaries and hierarchies. Significant role confusion or reversals may exist. Any current issues with incest should be rated here. |

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| **CULTURAL CONSIDERATIONS \***  This item describes possible issues that the family may encounter as a result of their membership in a specific “cultural group.”  A “cultural group” is a self-defined group of people who share a commonality of cultural experience. Cultural groups may be broadly defined by many types of commonality, such as ethnicity, religion, or physical commonality, as seen in Deaf culture. Culture in this domain also includes groups based on age, neighborhood, sexual identity or family; or other subcultures related to gang involvement, drug use, domestic violence, military, or poverty.  It is important to have some understanding of the family’s cultural norms before rating any of the items so that cultural issues are not mistakenly rated in other items. Every family has a culture, this item rates if the family’s identified culture is in conflict with either members of the family or the community in which they live.  A family cultural group of criminalized culture, drug culture and sexual identity issues would rate a ‘2’ or ‘3’. | | |
| Questions to Consider   * Does the child/youth or significant family members have any difficulty communicating (either because English is not their first language or due to another communication issue such as the need to use/learn sign language)? * Does the child/youth or family express feelings of being discriminated against by the dominant community? * Does the culture/beliefs of one member of the family cause conflict with other family members? | Ratings and Descriptions | |
| PF | The family’s culture is a source of pride, strength and support and/or the family is connected to others who share in the positive aspects of their culture. **(Parental Resilience)** |
| 0 | No current need; no need for action or intervention.  There is no evidence of concerns with cultural considerations and/ or the family is positively established in the local culture. There is no evidence of stress between the family’s cultural identity and individual members of the family. The family states acceptance or recognition of each member’s cultural beliefs. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  There is some history of conflict between the family’s culture and the predominant culture. The family has conflict within itself regarding an individual member’s culture, however caseworker intervention is not needed at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  There is conflict between the family’s culture and the predominant culture or the family has conflict within itself regarding an individual member’s culture. The family frequently experiences communication problems or uses the children/youth to translate. The family regularly experiences conflict due to one of more family member’s identified culture conflicting with another family member’s or societal norms. Intervention is needed. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Significant conflict exists between the family culture and the predominant culture or conflict exists with the family due to an individual member’s culture. The family’s culture conflict is such that it negatively impacts daily living of members and/or family functioning. Conflicts may rise to the level of family disruption if intervention is not immediately taken. |
| **\*A rating of ‘2’ or ‘3’ on this item triggers the Cultural Considerations Module.\*** | | |

# Parent/Guardian/Other Strengths and Needs Domain

Parents/guardians help mold and shape the future of the children they care for. By identifying and intervening in areas of concern, we promote positive change while maintaining familial bonds. The items in this section represent potential areas of need for caregivers while simultaneously highlighting the areas of strengths in which the caregiver can be a resource for the child/youth.

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| For the **Parent/Guardian/Other Strengths and Needs Domain,** use the following categories and action levels: | |
| E | Items you wish to EXPLORE further with the family—cannot finalize UFACET with an ‘E’ |
| PF | Protective Factor is present—only indicators directly related to the 5 protective factors will have a PF option |
| 0 | No evidence of any needs. This could be a potential resource for the individual. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual. |
| NA | Not applicable |

Collaborating with the caregivers and child and family team will aid in full disclosure of DCFS’ concerns, increase engagement and help caregiver’s feel involved and connected to their Child and Family Plan.

Parenting is difficult for even the most skilled parents. Keep in mind that it is human nature for parents to get defensive when they are being questioned about their parenting style.

* Validate the parent’s concern
* Verbalize that you recognize their love for their children
* Empathize with the stress the parent is under
* Emphasize you’re there to help, not judge

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| **INVESTMENT IN INTERVENTIONS**  This item measures the family’s motivation to change through their actions and attitudes regarding interventions. It does not measure a lack of participation due to a lack of resources or unforeseen circumstances, but it may reflect the caregiver’s inability to manage their household and daily activities due to a lack of coping skills. For example, parents who participate in UAs but are frequently positive for substance use would rate a ‘2.’ Recent law enforcement involvement since the referral with the family would rate a ‘3’. Consider whether previous DCFS, JJS or other governmental agency services may be a contributing factor to the family’s resistance to services. | | |
| Questions to Consider   * Does the individual demonstrate a willingness to change? * Does the individual engage with the child and family team? * Is there a discrepancy between what the individual says and what the individual does? * Has the family had previous DCFS involvement that is creating resistance? * Does the parent normalize and/or enable negative behaviors? | Ratings and Descriptions | |
| PF | The individual is actively working toward the goals within the case plan and proactively contacts caseworker. **(Concrete Support)** |
| 0 | No evidence of any needs. This could be a potential resource for the individual.  The individual generally keeps scheduled appointments and participates in interventions. The individual is open, honest and willing to discuss concerns with caseworker and providers. The individual acknowledges a need for intervention and is motivated to follow through with the interventions. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  The individual desires to participate in interventions, but sometimes lacks follow through. The individual cooperates and accepts the need for interventions most of the time. The individual does not openly discuss concerns unless directly asked, but the caseworker does not need to intervene. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  The individual routinely expresses the desire to move on or feels obligated to participate in services but does not follow through consistently. The individual minimizes information or provides excuses regarding concerns and their need to participate in services. The individual does not show any demonstrable change in their behavior. The caseworker will work with the caregiver to help them understand the need for interventions. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  The individual does not want services or refuses to participate, misses most appointments and their actions are leading to a possible removal of the children/youth from the home. The individual avoids contact with service providers and caseworker. The individual denies needing intervention and/or individual is openly hostile regarding participation in services and fails to disclose major areas of concern. |

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| **RESPONSE TO STRESS**  This item refers to the caregiver’s reaction to and ability to cope with stressful events. This item looks at if a caregiver has problem solving skills or is prone to “shut down” when stress arises. This item does not rate if stress is present but rates the caregiver’s reaction to the stress. | | |
| Questions to Consider   * Are stressful situations hard for the caregiver to manage? * Does the caregiver have positive coping strategies when stressed? * Can the caregiver bounce back from stressful situations? | Ratings and Descriptions | |
| PF | Caregiver has good problem solving skills and can bounce back from stress and setbacks. **(Parental Resilience)** |
| 0 | No evidence of any needs. This could be a potential resource for the individual.  No evidence caregiver needs help or assistance when stressed or facing a setback. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  There is a history or suspicion of need for assistance when facing stress or a setback; however the caregiver is able to manage without intervention at this time. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  The caregiver has limited or no problem solving skills. They shut down or blow up during times of stress and setback, and these reactions may lead to unwanted consequences such as missed UA’s or loss of employment. Intervention is necessary. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  The caregiver has only negative coping skills, these may include: drug use, refusing to go to work or treatment, becoming violent or having complete shut downs when stressed or facing a setback. These responses affect work and life functioning. |

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| **EMPATHY/EMOTIONAL RESPONSIVENESS**  This item refers to the caregiver’s ability to understand and respond appropriately to the joys, sorrows, anxieties and other feelings of children/youth. | | |
| Questions to Consider   * Is the caregiver able to respond in a manner that de-escalates the child/youth’s emotional reaction? * Does the caregiver allow the child/youth to express appropriate emotional reactions? * Is the caregiver able to regulate their own emotional response? * Is the caregiver able to celebrate the child/youth’s successes? | Ratings and Descriptions | |
| PF | The caregiver has the knowledge and skills to support the child/youth’s social emotional development. **(Social Emotional)** |
| 0 | No evidence of any needs. This could be a potential resource for the individual.  The caregiver is emotionally empathic and attends to the child/youth’s emotional needs. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  The caregiver is generally emotionally empathic and typically attends to child/youth’s emotional needs. Certain psychological issues may at times undermine the caregiver's emotional responsiveness, but the issues are currently being addressed and no intervention is required. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  The caregiver is often un-empathic and frequently is unable to attend to child/youth’s emotional needs and the caseworker plans to intervene. The caregiver’s mental health may be severely impacting their ability to be emotionally available for the child. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  Caregiver is not empathic and rarely attends to the child/youth’s emotional needs and may escalate a child/youth’s negative emotions or tantrums. |

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| **SUPERVISION**  This item refers to the caregiver’s ability to monitor the child/youth according to the child/youth’s age and developmental needs. Supervision includes the caregiver’s capacity to protect the child/youth from potential hazards. A caregiver who reports their teenager is staying out all night and may be using drugs or alcohol would receive a rating of ‘2’ because current parenting is not effective in monitoring the teen. | | |
| Questions to Consider   * Does the caregiver generally know where the child/youth is located? * Does the caregiver leave the child/youth with people who are not capable meeting the child/youth’s basic needs? * Does the caregiver actively monitor and appropriately limit the child/youth’s activities based on age and ability? | Ratings and Descriptions | |
| PF | Caregiver has good monitoring skills and proactively limits risky behavior. **(Knowledge of Parenting)** |
| 0 | No evidence of any needs. This could be a potential resource for the individual.  No evidence caregiver needs help or assistance in monitoring the child/youth and/or caregiver has good monitoring skills. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  There is a history or suspicion of need for assistance with monitoring the child, but caregiver generally provides adequate supervision. Caregiver may need occasional help, but seeks it on their own. The caseworker is only monitoring the situation at this time. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual. Caregiver has difficulties monitoring the child/youth and/or caregiver needs assistance to improve supervision skills and the caseworker plans to intervene. Children/youth who are ungovernable or runaway or whose developmental needs exceed the caregiver ability to supervise them would be rated here. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  Caregiver is unable to monitor the child. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision. |

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| **DISCIPLINE**  This item refers to the caregiver’s ability to encourage positive behaviors by children/youth in their care through the use of a variety of techniques including, but not limited to praise, redirection, and punishment. Emotionally abusive punishment would be rated at least a ‘2’. | | |
| Questions to Consider   * Does the caregiver use age appropriate discipline? * Does the caregiver have reasonable expectations of the child/youth’s behavior? * Has the caregiver ever physically hurt the child/youth during discipline? | Ratings and Descriptions | |
| PF | Good discipline methods. Caregiver generally demonstrates an ability to discipline their children/youth in a consistent and benevolent manner. They are able to set age-appropriate limits and enforce them. Child/youth is responsive to caregiver’s disciplinary strategies. **(Knowledge of Parenting)** |
| 0 | No evidence of any needs. This could be a potential resource for the individual.  There are no disciplinary concerns. Caregiver is often able to set and enforce age-appropriate limits. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  Caregiver on occasion uses interventions that may be inappropriate or ineffective. Others may say their discipline is too harsh or too lenient. At times, their expectations of the child/youth may be too high, too low for the child; however no intervention is needed at this time. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  The caregiver demonstrated limited ability to discipline the child/youth in a consistent and benevolent manner. The caregiver rarely sets age/developmentally appropriate limits and enforces them. Discipline may be erratic and overly harsh or non-existent. Their expectations of the child/youth are frequently unrealistic and the caseworker plans to intervene. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  Significant difficulties with discipline methods. Caregiver discipline is unpredictable. There is an absence of limit setting and disciplinary interventions. Limit setting and disciplinary interventions are absent or rigid, extreme, and physically harmful. |

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| **INVOLVEMENT**  This item is used to rate caregiver involvement and participation in their child/youth’s life. This item reflects the parent’s involvement in their child/youth’s activities and appointments as well as their acceptance of their parenting role and engagement with their child/ youth. **Parents who are unable to attend their child/youth’s activities due to working would not be rated negatively.** | | |
| Questions to Consider   * How often do caregivers participate in mental health, educational or recreational events in the child/youth’s life? * Does the caregiver follow through with recommendations given by professionals in the child/youth’s life? * Does the caregiver know the child/youth’s friends, interests and hobbies? | Ratings and Descriptions | |
| PF | Parent understands and values their parenting role and is able to advocate for their child/youth. **(Parental Resilience)** |
| 0 | No evidence of any needs. This could be a potential resource for the individual.  No evidence of problems with caregiver involvement in the child/youth’s services or interventions and/or caregiver is able to act as an effective advocate for child. Caregiver engages well with their child/youth and knows what is going on in the child/youth’s life. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  The caregiver has a history of being disengaged in their child/youth’s life, or of not following through with services, however the caregiver is actively engaged and no intervention is needed at this time. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  The caregiver is not actively involved in the child/youth’s services, medical care, and recreational activities. The caregiver does not attend parent teacher conferences or know the child/youth’s friends. The caregiver makes excuses as to why they cannot attend activities with their child/youth and the caseworker plans to work with the caregiver on this. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  Caregiver wishes for child/youth to be removed from their care. |

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| **PARENTING KNOWLEDGE AND BEHAVIOR**  This item refers to the caregiver’s knowledge and understanding of their child/youth’s needs, strengths, rights, and supports. This item also rates whether or not a parent applies their parent knowledge to their parenting behaviors. A caregiver who refuses to accept a child/youth’s need for services would rate at least a ‘2’. | | |
| Questions to Consider   * Does the caregiver seem to have a general understanding of their child/youth’s needs? * Does the caregiver have reasonable expectations of their child/youth based on the child/youth’s age and developmental level? * Does the caregiver refuse to acknowledge a child/youth’s diagnosis or special need? * Does the caregiver demonstrate an understanding of reasonable parenting skills yet does not put them into action with the child? | Ratings and Descriptions | |
| PF | Caregiver has the knowledge and demonstrates the skills to support the child/youth’s social, emotional, educational, and physical development. Caregiver actively seeks parenting information from reliable sources when needed. **(Knowledge of Parenting and Social Emotional)** |
| 0 | No evidence of any needs. This could be a potential resource for the individual.  The caregiver is knowledgeable about the child/youth’s needs and strengths and demonstrates appropriate parenting skills. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  The caregiver is generally knowledgeable about the child/youth and demonstrates good parenting skills. They may require additional information to improve their capacity to parent, but has the capacity to seek out that information on their own. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  The current lack of information or lack of application of parenting skills is interfering with their ability to parent, or a child/youth in the home has such complex needs beyond the caregiver’s abilities that the caseworker plans to intervene. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  The caregiver’s lack of knowledge and/or application of parenting skills increases the likelihood of negative outcomes for the child. The family is at risk of significant problems, disruption or removal or is a barrier to reunification. |

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| **MEDICAL/PHYSICAL**  This item refers to medical and/or physical problems that the caregiver may be experiencing that prevent or limit the ability to parent the child. For example, a caregiver who is a single parent and has recently had a stroke and whose mobility or ability to communicate is limited might receive a rating of ‘2’ or ‘3.’ If the caregiver has recently recovered from a serious illness or injury, or if there are some concerns regarding potential problems in the immediate future they might receive a rating of ‘1.’ This item does not rate depression or other mental health issues. | | |
| Questions to Consider   * How is the caregiver’s health? * Do they have any health problems that limit their ability to care for the family? * Does the caregiver have any physical limitations? | Ratings and Descriptions | |
| 0 | No evidence of any needs. This could be a potential resource for the individual.  No evidence of caregiver medical/physical problems and/or caregiver is generally healthy. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems, or the caregiver has a well-managed medical/physical condition and requires no assistance. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  Caregiver has medical/physical problems that interfere with their capacity to parent and intervention is required. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  Caregiver has medical/physical problems that make parenting impossible at this time. |

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| **MENTAL HEALTH**  This item refers to any serious mental health issues among the caregivers that might limit their capacity to provide care for the child/youth and/or negatively impact family/social relationships. A caregiver with serious mental illness would likely be rated a ‘2’ or even a ‘3’ depending on the impact of the illness. Addictive behaviors such as gambling that are impacting the family’s functioning would be rated here. However, a caregiver whose mental illness is currently well controlled by medication and therapy might be rated a ‘1.’ | | |
| Questions to Consider   * Does the caregiver have any addictive behaviors such as gambling, gaming, pornography, shopping, etc.? * If the caregiver has a mental health issue, are they currently controlling it with medication and/or treatment? * Does the caregiver have a mental illness that impacts their vocational functioning? * Does this caregiver need a mental health assessment? | Ratings and Descriptions | |
| PF | Caregiver has self-care strategies in place and actively takes care of their own emotional well-being. **(Parental Resilience)** |
| 0 | No evidence of any needs. This could be a potential resource for the individual.  No evidence of caregiver mental health difficulties, addictive/compulsive behaviors and/or any mental health needs. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  There is a history or suspicion of mental health difficulties or addictive/compulsive behaviors, and/or caregiver mental illness is well controlled or in recovery. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  Caregiver has some mental health difficulties or addictive/compulsive behaviors that interfere with their capacity to parent and/or manage their daily household responsibilities, such as paying bills or following through with services, and a caseworker plans to make a referral for assessment and/or treatment. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  Caregiver has mental health difficulties or addictive/compulsive behaviors that make it impossible for them to parent or manage their household at this time and without immediate intervention could lead to a removal. |

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| **SUBSTANCE ABUSE\***  This item describes the impact of any substance use by the caregiver that might limit their capacity to provide care for the child. Consider the caregiver’s drug of choice and the intensity of its impact on their ability to care for the child. | | |
| Questions to Consider   * Does the caregiver require a substance abuse assessment and/or random drug testing? * Does the caregiver have any issues with substance abuse that make parenting difficult? * If the caregiver has had substance abuse issues in the past, how long have they been in recovery? * What is the caregiver’s drug of choice? | Ratings and Descriptions | |
| 0 | No evidence of any needs. This could be a potential resource for the individual.  No evidence of caregiver substance use issues and/or caregiver has no substance use needs. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  There is a history, suspicion, or mild use of substances and/or caregiver is in recovery from substance abuse difficulties, however there is no interference in their ability to parent. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  Caregiver has some substance abuse difficulties that interfere with their capacity to parent. The caseworker plans to refer caregiver to drug testing, assessments and/or treatment. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  Caregiver has substance abuse difficulties that make it impossible for them to parent at this time, and without immediate intervention could lead to a removal. |
| **\*A rating of ‘2’ or ‘3’ on this item triggers the Substance Use-Parent Module.\*** | | |

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| **DEVELOPMENTAL**  This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver’s ability to parent. This item includes but is not limited to communication, delays, autism, and borderline intelligence. | | |
| Questions to Consider   * Does the caregiver have developmental problems that make parenting/caring for the child/youth difficult? * Does the team suspect the caregiver has difficulty understanding team discussion and decisions? | Ratings and Descriptions | |
| 0 | No evidence of any needs. This could be a potential resource for the individual.  No evidence of caregiver developmental delay and/or caregiver has no apparent developmental needs. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  There is a history, suspicion of, and/or caregiver has developmental delays, but these do not currently interfere with parenting. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  Caregiver has developmental challenges that interfere with their capacity to parent and/or manage their daily household responsibilities, such as paying bills or following through with services. The caseworker plans to intervene. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  Caregiver has severe developmental challenges that make it impossible to parent or manage their household at this time. |

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| **EXPOSURE TO TRAUMA\***  This item rates traumatic events a caregiver has been exposed to. On this item a traumatic event is not required to meet the DSM definition of trauma, but rather it is an event defined as traumatic by the individual.  Possible traumatic experiences may include: Sexual Abuse, Physical Abuse, Emotional Abuse, Neglect, Medical Trauma, Natural or Manmade Disasters, Witness to Community Violence, Witness/Victim of Criminal Activity, Witness to Family Violence, War/Terrorism, Disruption in Caregiver, Grief and Loss, Other’s Recognition of Caregiver’s Trauma, System Induced Trauma. | | | | | | |
| Questions to Consider   * Has individual experienced a traumatic event? * Does the caregiver need treatment or further assessment due to trauma? * Is the caregiver following treatment recommendations such as medication management? * What was the caregiver’s childhood like? | | | Ratings and Descriptions | | | |
| PF | | Ability to overcome trauma is a source of strength or confidence for the individual. **(Parental Resilience)** | |
| 0 | | No evidence of any needs. This could be a potential resource for the individual.  No known exposure to trauma. | |
| 1 | | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  The caregiver has experienced trauma but has undergone or is currently receiving treatment for trauma. No addition intervention is needed at this time. | |
| 2 | | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  The caregiver has experienced trauma and needs further assessment and/or treatment. Or current treatment is not addressing or unaware of the caregiver trauma exposure. If caregiver discloses trauma, caseworker will send for further assessment or verify that current treatment is addressing the trauma. | |
| 3 | | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  The caregiver has experienced trauma and is currently having acute reactions to trauma such as suicidal thoughts, self-harm or need for psychiatric hospitalization. Caseworker must intervene immediately. | |
| **\*A rating of ‘2’ or ‘3’ on this item triggers the Trauma-Caregiver Module.\*** | | | | | | |
| **ORGANIZATION**  This item should be based on the ability of the caregiver to participate in or direct the organization of the household, services, and related activities. | | | | |
| Questions to Consider   * 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 the individual to appointments or school? | Ratings and Descriptions | | | |
| 0 | | No evidence of any needs. This could be a potential resource for the individual.  Caregiver is well organized and efficient. | |
| 1 | | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  Caregiver has 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. | |
| 2 | | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  Caregiver has moderate difficulty organizing and maintaining household to support needed services. | |
| 3 | | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  Caregiver is unable to organize household to support needed services. | |

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| **SAFETY**  This item describes the caregiver’s ability to maintain the individual’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 individual. | | |
| Questions to Consider   * Is the caregiver able to protect the individual from harm in the home? * Are there individuals living in the home or visiting the home that may be abusive to the individual? | Ratings and Descriptions | |
| 0 | No evidence of any needs. This could be a potential resource for the individual.  Household is safe and secure. Individual is at no risk from others. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  Household is safe but concerns exist about the safety of the individual due to history or others who might be abusive. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  Individual is in some danger from one or more individuals with access to the home. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  Individual is in immediate danger from one or more individuals with unsupervised access. |
| **PLEASE NOTE: All referents are legally required to report suspected child abuse or neglect to the hotline.** | | |

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| **EMPLOYMENT/EDUCATIONAL FUNCTIONING**  This item rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity. | | |
| Questions to Consider   * Does the caregiver have any problems at school or work? * What level of support does the caregiver need to address their problems at work or school? * Does the caregiver need support in finding employment or attending school? | Ratings and Descriptions | |
| 0 | No evidence of any needs. This could be a potential resource for the individual.  Caregiver is gainfully employed and/or in school. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  Mild problems with school or work functioning. Caregiver may have some problems in their work environment. Caregiver needs to be monitored and assessed further. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  Moderate problems with school or work functioning, or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. They need an intervention to address employment and/or learning difficulties. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention. |

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| **LEGAL INVOLVEMENT**  This item rates the caregiver’s involvement with the justice system. This includes any legal issues related to immigration. | | |
| Questions to Consider   * Has the caregiver been arrested? * Is one or more of the caregivers incarcerated or on probation? * Is one or more of the caregivers struggling with immigration or legal documentation issues? | Ratings and Descriptions | |
| 0 | No evidence of any needs. This could be a potential resource for the individual.  Caregiver has no known legal difficulties. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.  Caregiver has a history of legal problems but currently is not involved with the legal system. |
| 2 | Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the individual.  Caregiver has some legal problems and is currently involved in the legal system. |
| 3 | Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.  Caregiver has serious current or pending legal difficulties that place them at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention. A caregiver who is incarcerated would be rated here. |

# Household Domain

Household items include the concrete resources of the family. When a family’s basic needs are not met, they are in such a state of crisis that other interventions such as therapy may be in-effective. The household domain measures the home that will be receiving services. This will be the home being assessed on SDM Safety and Risk assessment. The household items rate the family’s living environment and the household’s ability to meet the family’s basic needs. This item may include persons with familial and/or intimate relationships with any person in the home who provides significant in-home contact. DO NOT consider other households the child/youth may reside in such as a non-custodial parent’s home for weekend visits.

This section is rated using the needs scale and will therefore highlight any struggles the family is experiencing, as shown below.

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| For the **Household Domain,** use the following categories and action levels: | |
| E | Items you wish to EXPLORE further with the family—cannot finalize UFACET with an ‘E’ |
| PF | Protective Factor is present—only indicators directly related to the 5 protective factors will have a PF option |
| 0 | No current need; no need for action or intervention. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action. |
| NA | Not applicable |

Teaming with partner agencies such as housing, child care agencies and public transportation may be necessary to help address the family’s concrete resource needs.

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| **PHYSICAL HOME ENVIRONMENT**  This item refers to the physical environment in which the family is living and whether it poses a risk to the physical health or safety of a child/youth or family member. Consider the safety and health risks that include: all family members, age, health, and developmental functioning. A family that is homeless should be marked as ’N/A’ and rated on the Residential Stability item. | | |
| Questions to Consider   * Are exits or entrances in the home blocked or difficult to navigate? * Does the family deny the caseworker access to the home or rooms in the home? * Have there been previous interventions or efforts to clean the home? | Ratings and Descriptions | |
| PF | Parent understands and creates a supportive physical environment (e.g. baby proofing, appropriate toys, adapting environment to child/youth’s physical needs). **(Knowledge of Parenting)** |
| 0 | No current need; no need for action or intervention.  No evidence of health or safety hazards in the home’s cleanliness. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  There is a history of the home’s lack of cleanliness posing a risk to the family’s health and/or safety. The current living conditions of the home do not pose an immediate threat to the family members. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  The home’s lack of cleanliness poses a risk to the family’s health and/or safety. The family shows ineffective efforts to keep the home free from health or safety hazards and the caseworker plans to intervene. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  The home’s lack of cleanliness poses immediate risk to the family’s health and/or safety. The home has visible health hazards such as dangerous weapons in a child/youth’s reach, rotten food, vermin, feces, drug paraphernalia, structural damage, and/or fire hazards. The condition of the home is chronic and/or reoccurring. The family does not have one or more of their utilities working. Continuing to live in these conditions could possibly lead to a removal. |

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| **FINANCIAL RESOURCES**  This item refers to the income and other sources of money available to the household that can be used to meet family and children/youth’s needs. Poverty may impact the behavioral and emotional needs of the family and lead to high risk behavior. Financial need may require a focus on services that is secondary to other needs, but important in order to permit the child/youth and family to attain the maximum benefit from the treatment. | | |
| Questions to Consider   * Does the household struggle to pay for housing, food, utilities and other basic needs? * Does the household rely on any kind of assistance in order to support the family’s needs? Is the assistance time limited or based on criteria? | Ratings and Descriptions | |
| PF | Financial cushion or safety net in place; family is planful around financial issues.  **(Concrete Support)** |
| 0 | No current need; no need for action or intervention.  No evidence of financial issues for the household and/or the household has financial resources necessary to meet family needs. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  There is a history or existence of mild financial difficulty. The household has financial resources necessary to meet most needs; however, some limitations exist. No intervention is needed at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  The household has financial difficulties that limit their ability to meet significant family needs and the caseworker plans to help the family get financial assistance. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  The household is experiencing financial hardship or poverty and without significant assistance cannot meet the basic needs of their children/youth. |
| **RESIDENTIAL STABILITY**  This item rates the housing stability of the household. **It** **does not** rate the likelihood the child/youth will be removed. A household that is having difficulty paying utilities, rent or a mortgage or there are concerns about instability in the immediate future might be rated as a ‘1.’ A household is considered homeless if they are in a shelter, on the street, in a car, etc. OR temporarily staying with friends or family because they cannot afford or are otherwise unable to maintain regular, safe, adequate housing on their own. | | |
| Questions to Consider   * Is the household’s current housing situation stable? * Are there concerns that they might have to move in the near future? * Has the household lost their housing? * Does the household move often? * Does the household have a history of homelessness? | Ratings and Descriptions | |
| PF | Family is rooted in home and community. **(Concrete Support)** |
| 0 | No current need; no need for action or intervention.  No evidence of instability in the household’s housing and/or the household has stable housing for the foreseeable future. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  There is a history of housing instability and/or the household has relatively stable housing, but there are indications of housing problems that might force them to move; however, the family is able currently to address this and the caseworker just needs to monitor the situation. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  The household has moved multiple times during the past year and/or housing is unstable and the household is at immediate risk of having to move or being evicted. Caseworkers would take action to assist in maintaining the home or planning for a safe place for the family to go. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  The household has experienced periods of homelessness during the past six months. Or currently is homeless. |

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| **ACCESS TO CHILD CARE**  This item refers to the ability of the household to access or obtain appropriate child care services when they are needed. This item refers to both formal and informal child care services. | | |
| Questions to Consider   * Does the household have family, friends, or other informal supports that are willing to help provide child care services when needed? * Does the household have difficulty finding appropriate child care when needed? * Is the child/youth at an age and/or developmental level where they are in need of adult supervision? | Ratings and Descriptions | |
| PF | Household is using developmentally appropriate or quality care in which child/youth’s development is well supported. **(Knowledge of Parenting and Concrete Support)** |
| 0 | No current need; no need for action or intervention.  The household has access to sufficient child care services or does not have a need for child care services. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  The household has limited access to child care services. Needs are met by existing, available services or provider is sometimes unreliable, however the caseworker will only monitor the situation at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  The household has limited access to child care services. Current services do not meet the caregiver’s needs and the caseworker will intervene to assist the family in accessing childcare. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  The household has no access to child care or no family or social network that may be able to help with childcare services. This rises to a level that actions must be immediately taken. This reflects young children being left home alone. |

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| **ACCESS TO TRANSPORTATION**  This item reflects the household’s ability to provide appropriate transportation for themselves and for the child. Public transportation is considered appropriate if it is reliable and the household knows how to adequately access public transportation in order to arrive on time to appointments, etc. Barriers to appropriate transportation may include lack of: appropriate car seats, insurance, driver’s license, current registration or gas money. | | |
| Questions to Consider   * Does the household have a car or other reliable mode of transportation? * Does the household have difficulty making it to appointments on time due to problems with transportation? * Doe the household know how to access public transportation effectively? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  The household has no transportation needs. The caregiver is able to get the child/youth to appointments, school, activities, etc. consistently. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  The household has occasional transportation needs (e.g., appointments). The caregiver has occasional difficulty getting child/youth to appointments, school, activities, etc. but no intervention is needed at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  The household has frequent transportation needs. The caregiver has difficulty getting child/youth to appointments, school, activities, etc. regularly (e.g., once a week). The caregiver needs assistance transporting child/youth and access to transportation resources. Caseworkers would provide bus passes or tokens. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  The household has no access to appropriate transportation. The caregiver is unable to get child/youth to appointments, school, activities, etc. The caregiver needs immediate intervention and development of transportation resources. |

Activities to consider:

* Helping client create a budget
* Start “messy” home clean up one small section at a time and expand
* Help clients create grocery lists to budget
* Bringing laptop and hotspot to client’s house to aid them in filling out DWS paperwork

# Child/youth FUnctioning Domain

Children/youth play a starring role in the dynamic of a family. Two siblings raised under the same roof may have entirely different strengths and needs. This domain measures each child/youth’s individual functioning in regards to their physical and emotional development. This information is gathered from various sources including input from child or youth and family team members, other professional assessments, as well as caseworker interactions with the child/youth.

This domain is rated on a needs scale to highlight individual needs of each child/youth in the home:

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| For the **Child/Youth Functioning Domain,** use the following categories and action levels: | |
| E | Items you wish to EXPLORE further with the family—cannot finalize UFACET with an ‘E’ |
| PF | Protective Factor is present—only indicators directly related to the 5 protective factors will have a PF option |
| 0 | No current need; no need for action or intervention. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action. |
| NA | Not applicable |

While it is important to assess child and youth risk behaviors and emotional needs, discussing the children/youth’s habits such as sleeping and eating may also inform the caseworker about some underlying stressors in the family as well as increase engagement by having “non-intrusive” conversations. Recreation can provide an inexpensive form of respite for stressed parents.

Exploring Social Connections and Recreation:

* What do you like to do for fun?
* Have you ever played a sport or been on a team?
* Who do you spend time with?
* Who can you talk to if you are upset?
* Are there clubs you are interested in?
* Do you know what it means to be a good friend?

Remember some rebellion is normal during adolescence; this assessment is rating when a child/youth is acting out in a way that is negatively impacting not only the child/youth but also the family dynamic.

Consider the following:

* Does the child/youth have positive outlets for energy?
* Do this child/youth’s behaviors put them directly in harm’s way?
* Does this child/youth act out more than their peers or siblings?

Engaging children/youth can be difficult work. They can be very friendly or extremely shy. Gaining the trust of the children/youth you are working with is critical as they are able to speak to how the family functions when you are not in the home.

Try:

* Getting on their level, play on the floor.
* Be willing to play “show me your favorite toy.”
* With teenagers, ask them what they are into and don’t pretend to like it if you don’t; they can tell.
* Keep your promises! Be at appointments when you say you will.

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| **INVESTMENT IN INTERVENTIONS**  This item measures an individual’s motivation to change through their actions and attitudes regarding services. It does not measure a lack of participation due to a lack of resources or unforeseen circumstances. For example, a youth who participates in UAs but is frequently positive for substance use would rate a ‘2’. If a child gets dropped off at therapy but refuses to go into the session rate a ‘3’. | | |
| Questions to Consider   * Does the child/youth demonstrate a willingness to change? * Does the child/youth engage with the child and family team? * Is there a discrepancy between what the child/youth says and what the child/youth does? | Ratings and Descriptions | |
| PF | The child/youth is actively engaged in change and seeks out and takes advantage of opportunities to participate in services and activities. **(Concrete Support)** |
| 0 | No current need; no need for action or intervention.  The child/youth generally keeps scheduled appointments and participates in services. The child/youth is proactive in contacting the caseworker. The child/youth is open, honest and willing to discuss concerns with caseworker and providers. The child/youth acknowledges a need for intervention and is motivated to follow through with the services. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  The child/youth desires to participate in services, but sometimes lacks follow through. The child/youth cooperates and accepts the need for services most of the time. The child/youth does not openly discuss concerns unless directly asked. This will be monitored but no intervention needed at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  The child/youth routinely expresses the desire to move on or feels obligated to participate in services and/or does not follow through consistently. The child/youth minimizes information or provides excuses regarding concerns and their need to participate in services. The child/youth does not show any demonstrable change in their behavior and the caseworker will intervene. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  The child/youth does not want services or refuses to participate, and misses most appointments. The child/youth avoids contact with service providers and caseworker. The child/youth denies needing intervention and/or the child/youth is openly hostile regarding participation in services and fails to disclose major areas of concern. |

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| **RESPONSE TO STRESS**  This item refers to the child/youth’s reaction to and ability to cope with stressful events. This item looks at a child/youth’s problem solving skills and if that child/youth is prone to “shut down” or “blow up” when stress arises. This item does not rate if stress is present but rates the child/youth’s process for managing stress. **(Youth Resilience)** | | |
| Questions to Consider   * Is the child/youth resilient? * Does the child/youth have a faith or religion they turn to? * How does the child/youth respond to stress? * Does the child/youth have healthy coping strategies when stressed? | Ratings and Descriptions | |
| PF | Child/youth has good problem solving skills and can bounce back from stress and setbacks. Child/youth is proactive in calling on internal strengths, self-confidence or personal beliefs (e.g., religion, faith) to cope in time of stress and positively manage challenges. **(Youth Resilience)** |
| 0 | No current need; no need for action or intervention.  Child/youth does not need new skills to manage when stressed or facing a setback. Child/youth actively calls on supports or inner strength to appropriately deal with stress. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  There is a history or suspicion of need for additional skill when facing stress or a setback; however the child/youth has built resilience and learned to manage stress better lately and no intervention is needed at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  The child/youth has limited or no problem solving skills. They shut down or act out during times of stress and setback, and these shut downs or acting out episodes may lead to unwanted consequences such as decline in school functioning, social relationships etc. Intervention is necessary. Child/youth is losing hope that they can change their situation. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  The child/youth has only negative coping skills, these may include: drug use, refusing to go to treatment, becoming violent or having complete shut downs when stressed or facing a setback. These responses affect work and life functioning. Child/youth has no hope or belief that things can/will get better. |

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| **SOCIAL FUNCTIONING**  This item rates difficulty a child/youth may have with social skills and relationships. This item may depend heavily on the child/youth’s age and developmental level. It includes age-appropriate behavior and the ability to make and sustain relationships. A child/youth being bullied at school would rate a ‘2’ or a ‘3’ here based on severity. | | |
| Questions to Consider   * Currently, how well does the child/youth get along with others? * Has there been an increase in peer conflicts and/or bullying? * Does the child/youth have unhealthy friendships? * Do they tend to change friends frequently? | Ratings and Descriptions | |
| PF | The child/youth has age-appropriate social emotional skills (articulates emotions, is self-aware and can regulate their own behavior, sensitive to the emotions of others). **(Social Emotional Competence)** |
| 0 | No current need; no need for action or intervention.  No evidence of problems and/or child/youth has developmentally appropriate social functioning. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  There is a history, suspicion or child/youth is having some problems in social relationships but at this time no intervention is needed. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Child/youth is having some problems with their social relationships that interfere with other life domains and the caseworker plans to intervene. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Child/youth is experiencing severe disruptions in their social relationships. Child/youth may have no friends or have constant conflict in relations with others. |

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| **TALENTS AND INTERESTS**  This item refers to hobbies, skills, artistic interests and talents that are positive ways that the child/youth can spend their time, and give them pleasure and a positive sense of self. | | |
| Questions to Consider   * What does the child/youth do with free time? * What do they enjoy doing? * Do they engage in any pro-social activities? * What are the things that the child/youth does particularly well? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  Child/youth has a talent that provides them with pleasure and/or self-esteem. Child/youth with significant creative/artistic strengths would be rated here. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Child/youth has a talent, interest, or hobby that has the potential to provide them with 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. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Child/youth has expressed interest in developing a specific talent, interest or hobby even if they have not developed that talent to date or whether it would provide them with any benefit. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  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. |

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| **RECREATIONAL**  This item rates the degree to which the child/youth is engaged in healthy and positive recreational activities, which should be understood developmentally. Recreation can be defined as a pastime, diversion, exercise, positive play or other resource affording relaxation and enjoyment. For younger children, this maybe activities such as coloring. For older children and youth, activities may involve time with peers, athletic activities, creative arts, or community services. **(Social Emotional Competency and Knowledge of Adolescent Development)** | | |
| Questions to Consider   * What does the child/youth do in their spare time? * Does the child/youth have any hobbies or interests? * Does the child/youth have access to recreational activities? | Ratings and Descriptions | |
| PF | Child/youth has active interest in their environment and age-appropriate ability to self-occupy. Engages in activities that give the child/youth a sense of fulfillment and joy. For young children this could be coloring or playing with toys, for older children/youth things such as being an athlete, musician, cheerleader, artist etc. Adolescents and older youth participate in new and challenging experiences that promote their healthy growth and development and may involve positive risk taking such as trying out for a play, joining a youth group or club to pursue a special interest, or taking on a leadership role at school or in their community. **(Social Emotional and Knowledge of Adolescent Development)** |
| 0 | No current need; no need for action or intervention.  No evidence of any problems with recreational functioning. Child/youth has sufficient activities that they enjoy. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Child/youth is doing adequately with recreational activities although some problems may exist; no intervention is needed at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Child/youth is having problems with recreational activities. Child/youth may experience some problems with effective use of leisure time and the caseworker plans to intervene. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Child/youth has no access to or interest in recreational activities. Child/youth has significant difficulties making use of leisure time. |

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| **LEGAL**  This item rates the involvement a child/youth has with the legal system. This does not refer to the parent’s legal issues, rather specifically to the child/youth’s legal difficulties related to their own actions. | | |
| Questions to Consider   * Has the child/youth had any involvement with the legal system? * Does the child/youth have any current criminal charges? * Does the child/youth have a probation officer? * Does the child/youth have any outstanding fines or community service? | Ratings and Descriptions | |
| PF | Child/youth and family have appropriate access to legal documentation, understand their rights and responsibilities related to any ongoing legal matters, and can access advocacy services if needed. **(Concrete Support)** |
| 0 | No current need; no need for action or intervention.  No evidence that the child/youth has legal difficulties |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Child/youth has a history of legal problems but currently is not involved with the legal system. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Child/youth has some legal problems and is currently involved in the legal system; caseworker needs to work with family to address delinquent behaviors. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Child/youth has serious current or pending legal difficulties that place them at risk for court-ordered out of home placement. |

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| **VOCATIONAL SKILLS**  This item rates the ability a youth has to perform their job duties (in a workplace outside their living environment) as assigned or is attending a training program that is giving them future job skills.  **(Concrete Support & Cognitive and Social Emotional Competence)** | | |
| Questions to Consider   * Does the youth have a job? * Does the youth enjoy working? * How long has the youth been employed? * Does the youth know what they want to do after high school? * Has the youth taken steps to gain vocational skills? | Ratings and Descriptions | |
| PF | Youth is thriving at their current job and/or gaining important skills that will help them with a career. Youth has employment goals and plan and supports (e.g. mentor or coach) for their future work life. **(Concrete Support & Cognitive and Social Emotional Competence)** |
| 0 | No current need; no need for action or intervention.  Youth has job skills, or pre-vocational skills that they can call upon. Youth may be currently employed. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Youth has a history of problems at work, but does not currently. Youth has begun acquiring pre-vocational skills and no intervention is needed at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Youth has problems at work and/or no pre-vocational skills. Caseworker plans to work with them on gaining skills to be better capable of working. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Youth has severe problems at work in terms of attendance, performance or relationships. They may have recently lost their job or have no pre-vocational skills or past work experience. |

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| **MEDICAL/PHYSICAL**  This item rates the child/youth’s current health status and physical limitations such as blindness, deafness, physical disability, and diabetes and seizure disorder. This item does not rate depression or other mental health issues. | | |
| Questions to Consider   * Is the child/youth generally healthy? * Does the child/youth have any medical problems? How much does this interfere with their life? * Does the child/youth have any physical limitations? How much does this interfere with their life? | Ratings and Descriptions | |
| PF | Child/youth is actively engaged in healthy habits e.g., eating well, preparing nutritious meals, exercising regularly, not smoking nor abusing alcohol or drugs. **(Concrete Support)** |
| 0 | No current need; no need for action or intervention.  No evidence of health problems or physical limitations; and/or child/youth is healthy. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Child/youth has some medical/physical problems that require treatment, however the condition is well managed at this time, no intervention is needed. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Child/youth has chronic illness or physical limitation that notably impact activities and/or requires ongoing medical intervention and is not being well managed at this time. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Child/youth has life threatening illness or physical condition that is not being managed. |

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| **SEXUAL DEVELOPMENT**  This item looks at problematic issues of sexual development including sexual behavior, sexual concerns, sexual reactivity, and the reactions of others to any of these factors. Any conflict associated with sexual identity would be rated here.  Note: THIS ITEM DOES NOT RATE SEXUAL ABUSE, PERPETRATION, VICTIMIZATION, OR AGGRESSION. | | |
| Questions to Consider   * Are there concerns about the child/youth’s healthy sexual development? * Is the child/youth struggling with their sexual identity or does a family member have an issue with a child/youth’s sexual identity? * Does the child/youth engage in risky sexual behavior? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  No evidence of issues with the child/youth’s sexual development, sexual behavioral and/or concerns with sexual identity. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Child/youth has some issues with sexual development, but these do not interfere with their functioning in other life domains. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Child/youth has problems with sexual development, identity or orientation that interfere with their functioning in other life domains and the caseworker plans to intervene. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Child/youth has severe problems with their sexual development and immediate action is necessary. |

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| **SLEEP**  This item describes how difficult it is for a child/youth to fall asleep, resists going to sleep and/or wakes frequently during the night. Any disruption of a full night of sleep would be rated here. When rating an infant, it is important to rate actual sleep issues which are outside the realm of typical infancy sleep issues. Sleep disturbances maybe caused by medical or trauma concerns and would be rated in both domains. Please remember to take the child/youth’s development into account when rating this item. | | |
| Questions to Consider   * I know this isn’t “youth” specific but might be worth adding a question to probe for stress related to infant crying and fussy baby? * Does the child/youth appear tired? * Is the child/youth having difficulty concentrating or staying awake during the day | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  No evidence of sleep disturbance and/or child/youth gets a full night’s sleep each night. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Child/youth has some problems sleeping. Generally, the child/youth gets a full night’s sleep. Sleep problems may include occasionally awakening or bed wetting or having nightmares. Child/youth has occasional insomnia, sleep disturbances or nightmares. The caregiver is appropriately addressing the issue. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep. Child/youth is unable to fully participate in school or other activities because of being too sleepy or fatigued. Intervention is needed. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Child/youth is generally sleep deprived. Child/youth is frequently falling asleep at inappropriate times, e.g. during the school day. Sleeping is difficult for the child/youth and they are not able to get a full night’s sleep. Lack of sleep is interfering with daily functioning or family functioning. |

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| **EATING DISTURBANCE**  This item rates symptoms of eating problems, including disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating and hoarding food. Certainly, **Anorexia**, **Bulimia**, and **Obesity** would be rated in this category. In addition food hoarding and pica (a craving for something not normally regarded as nutritive) should also be included. A ‘3’ would describe an eating disturbance that was placing the child/youth in physical jeopardy. If eating issues are related to a medical condition that should be reflected in the Medical/Physical item and not here. | | |
| Questions to Consider   * How does the child/youth feel about their body? * Does the child/youth seem to be overly concerned about their weight? * Does the child/youth ever refuse to eat, binge eat, or hoard food? * Has the child/youth ever been hospitalized for eating-related issues? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  No evidence of eating disturbances. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  There is a history or suspicion of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight, but no intervention is needed at this time or is currently being treated and is well managed. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Child/youth has episodes of pica, hording, or refusal to eat, or a hording, or refusal to eat.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. Intervention is needed. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Severe forms of eating disturbance such as significantly low weight where hospitalization is required or excessive binge-purge (one per day), or pica issues include the child/youth ingesting hazardous materials. Immediate intervention is needed. |

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| **DAILY FUNCTIONING**  This item refers to the child/youth’s ability to perform hygiene and daily living skills at an age-appropriate level. The item should be scored according to their ability to perform these tasks as compared to other children/youth of their age group or developmental level. Hygiene and daily living skills include the child/youth’s mobility and ability to: bathe, dress themselves, brush teeth, perform toileting skills, feed themselves, self-administer medications, avoid health hazards, perform age-appropriate tasks, etc. | | |
| Questions to Consider   * Can the child/youth perform self-care and daily living skills at a level consistent with other children/youth of the same age? * Does the child/youth require help, supervision, and/or monitoring beyond what other children/youth of their same age would require in order to perform self-care and daily living skills? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  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 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Child/youth requires verbal prompting on self-care tasks or daily living skills, however the caregiver is managing this. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  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). Intervention is needed. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Child/youth requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, and toileting). Severe encopresis or enuresis is rated here. |

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| **SUBSTANCE USE\***  This item rates the child/youth’s substance use which includes alcohol, illegal drugs and inappropriate use of prescription medications. | | |
| Questions to Consider   * Has the child/youth used alcohol or any kind of drugs on more than an experimental basis? * Has the child/youth received information on alcohol and drug dependence? * Do you suspect that the child/youth may have an alcohol or drug use problem? * Has anyone reported that they think the child/youth might be using alcohol or drugs? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  No evidence of substance use. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  There is a history of substances, but it has been addressed and no action is needed at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Current substance use. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Child/youth is diagnosed with Substance Dependence. |
| **\*A rating of ‘2’ or ‘3’ on this item triggers the Substance Use-Child Module.\*** | | |
| **Supplemental Information:** Substance Dependence is characterized by a pattern of maladaptive substance use, leading to significant impairment or distress as evidenced by tolerance to the substance, withdrawal, increase in amount taken, desire to or unsuccessful efforts to cut down, a great deal of time is spent in activities necessary to obtain the substance, important social, educational, or recreational activities are given up or reduced because of substance use, and the substance use is continued despite knowledge of having a persistent or recurrent problem. | | |

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| **CHILD/YOUTH RISK BEHAVIORS\***  The Child/Youth Risk Behaviors outline the *child/youth’s own behaviors* that create serious threats of harm to the child/youth or others. Children/youth who put themselves in harm’s way due to limited understanding or capacity to identify risk are also rated here. Note that these items will not replace a detailed risk assessment. **(Social Emotional Competency)**  Child/Youth Risk Behaviors include: Suicide Risk, Self-Mutilation, Other Self-Harm, Danger to Others, Sexual Aggression (Sexual Reactivity is NOT rated here), Runaway, Delinquency, Judgment/Decision Making, Fire Setting and Sanction Seeking Behavior. | | |
| Questions to Consider   * Has the child/youth ever talked about a wish or plan to hurt themselves? * Does the child/youth get into physical fights? * Has the child/youth ever been accused of being sexually aggressive with another child (perpetration not experimentation)? * Does the child/youth seem to purposely get in trouble by making parents or other adults angry with them? | Ratings and Descriptions | |
| PF | Child/youth displays age-appropriate capacity to evaluate and respond to risk and understands consequences and opportunities. **(Cognitive & Social Emotional Competence)** |
| 0 | No current need; no need for action or intervention.  Indicates there is no evidence of any needs. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Indicates there is a history or suspicion of any child/youth risk behaviors, but no recent ideation or gesture; or the child/youth is currently in treatment and the behaviors are well managed. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Indicates there is the presence of recent child/youth risk behaviors that require the identified need(s) to be addressed. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Indicates there is current severe child/youth risk behaviors and immediate or intensive action is required to address the identified need(s). This would include current hospitalization. |
| **\*A rating of ‘2’ or ‘3’ on this item triggers the Child/Youth Risk Behaviors Module.\*** | | |

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| **EDUCATION\***  This item takes in to consideration the following:  School Behavior –  evidence of behavioral issues when the child/youth is in school  School Achievement – evidence of problems in the child/youth’s school achievement, including academic progress  School attendance – evidence of problems with school attendance  Learning Disability – evidence of a learning disability that is not being addressed, is there an IEP and is the IEP addressing the learning disability successfully.  If the child/youth has an IEP, this item would receive a rating of “1” or higher.  Educational Agency Involvement – is the family involved with the educational services for the child. | | |
| Questions to Consider   * Is the child/youth’s school an active partner in figuring out how to best meet the child/youth’s needs? * Does the school have the resources to care for the needs of the child? * 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? * Does the youth have a plan and support to continue on to higher education, e.g., college, university or training program? | Ratings and Descriptions | |
| PF | Child/youth is positively attached to school. Child/youth is excelling in specific academic subjects (performing above average) and/or actively engaged in school-based activities. **(Cognitive and Social Emotional Competence)** |
| 0 | No current need; no need for action or intervention.  No evidence of a problem in school behavior, achievement, attendance, or learning ability. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Evidence or history of educational needs, but the needs are being successfully addressed. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Problems addressing the educational needs of the child/youth such as an underpowered IEP, increasing absences, escalating behavioral issues, or the child/youth is failing in some core subjects.  The school and parents are not working together to address the educational needs of the child/youth and/or school placement changes have been disruptive to the educational progress of the child. The caseworker plans to intervene. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  There are severe problems addressing the educational needs of the child/youth, conflict between the parents and the school, no current or an outdated IEP, truancy issues, child/youth is failing most subjects or child/youth is more than one year behind, or behaviors frequently disruptive and school placement is in jeopardy and/or child/youth is not currently enrolled. Immediate action is needed. |
| **\*A rating of ‘2’ or ‘3’ on this item triggers the Education Module.\*** | | |

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| **BEHAVIORAL/EMOTIONAL NEEDS\***  This domain relates information regarding a child/youth’s behavioral and emotional issues. Diagnosis is not required in rating these items, as you are only rating symptoms and behaviors. When rating these items, it is important to take the child/youth’s development into account. Remember we are rating the “What” not the “Why”. This means for the purpose of this assessment you are looking at what is, what you can see, what is known, evidence of behavior, but not trying to identify why some behavior is present.  This includes: Psychosis, Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional, Conduct, Anger Control, and Substance Use and behaviors that would merit sending the child/youth for a mental health assessment or developmental assessment.  If a child/youth has ever been diagnosed with any of the above or associated disorders and the symptoms are under control it would rate a ‘1’. | | |
| Questions to Consider   * Does child/youth need a mental health assessment and/or treatment? * Does the child/youth report feeling compelled to do something despite negative consequences? * Do parents feel that the child/youth is depressed, irritable, anxious or fearful? * Does the child/youth appear defiant or overly argumentative? | Ratings and Descriptions | |
| PF | Child/youth has good impulse control and ability to delay gratification. Child/youth has healthy and proactive responses to anger, anxiety or sadness. Child/youth is able to positively handle challenges and adversity. **(Youth Resilience and Social Emotional Competence)** |
| 0 | No current need; no need for action or intervention.  Indicates there is no evidence of behavioral/emotional needs. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  The child/youth has a history of behaviors associated with or has been diagnosed with any of the above or associated disorders; however the symptoms are under control, no intervention needed. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  The child/youth has the behaviors or diagnoses of an emotional/behavioral need and the symptoms are unresolved and the caseworker plans to refer the child/youth for assessment and/or treatment. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  The child/youth has the behaviors or diagnoses of an emotional/behavioral need and the symptoms are currently escalating, more severe and chronic and immediate intervention is needed. |
| **\*A rating of ‘2’ or ‘3’ on this item triggers the Child/Youth Behavioral/Emotional Needs Module.\*** | | |

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| **DEVELOPMENTAL\***  This item rates the presence of any Developmental Disabilities and to what extent they are being addressed. It includes mental retardation (MR), IQ and issues on the Pervasive Developmental Disorder (PDD) spectrum. It does not refer to broader issues of healthy development. | | |
| Questions to Consider   * Does the child/youth’s growth and development seem healthy? * Has the child/youth reached appropriate developmental milestones (such as, walking, talking)? * Has the child/youth been screened for any developmental problems? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  No evidence of developmental delay and/or child/youth has no developmental problems. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Child/youth has some problems with immaturity, or there are concerns about possible developmental delay. Child/youth may have low IQ, but no intervention is needed or interventions are in place to address these needs. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Child/youth has developmental delays or mild mental retardation and intervention is needed, or current intervention is not meeting all the child/youth’s needs. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Child/youth has severe and pervasive developmental delays or profound mental retardation. Immediate intervention is needed. |
| **\*A rating of ‘2’ or ‘3’ on this item triggers the Developmental Needs Module.\*** | | |

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| **EXPOSURE TO TRAUMA\***  This item rates traumatic events a child/youth has been exposed to. On this item a traumatic event is **not required** to meet the DSM definition of trauma, but rather is an event defined as traumatic by the individual. | | |
| Questions to Consider   * Has individual experienced a traumatic event? * Does the child/youth need treatment or further assessment due to trauma? * Is the individual troubled by flashbacks? | Ratings and Descriptions | |
| PF | Child/youth has an age-appropriate understanding of past traumas, is able to function well and manage stress, and has overcome traumatic events and gained strength and confidence. **(Youth Resilience)** |
| 0 | No current need; no need for action or intervention.  No evidence of problems associated with traumatic life events. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  The child/youth has experienced trauma but has undergone or is currently receiving treatment for trauma. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  The child/youth has experienced trauma and needs further assessment and/or treatment. Or current treatment is not addressing or unaware of the child/youth’s trauma exposure. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  The child/youth has experienced trauma and is currently having acute reactions to trauma such as suicidal thoughts, self-harm or need for psychiatric hospitalization. |
| **\*A rating of ‘2’ or ‘3’ on this item triggers the Trauma-Child Module.\*** | | |

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| **ENDURING RELATIONSHIPS (ITEM ONLY APPLIES TO CHILDREN/YOUTH WHO HAVE BEEN REMOVED)**  This item refers to the stability of significant relationships in the child/youth’s life. This includes family members (including extended relatives) but may also include other individuals such as teachers, friends, clergy members, church friends, neighbors, siblings, etc. (Caseworkers should identify who the individuals are in the notes and make attempts to include those individuals in child and family team meetings.) | | |
| Questions to Consider   * Has the child/youth had at least one constant connection with another individual? * Are there family members or other adults that have remained figures in the life of the child/youth? * Has the child/youth had friends, siblings, or peers that have remained in the child/youth’s life? * Has the child/youth been regularly involved in an extra-curricular activity that provides them with meaningful relationships? * Child/youth needs help to establish or maintain healthy boundaries with important connections to people who may be troubled or problematic for the child/youth. | Ratings and Descriptions | |
| PF | Child/youth has strong, significant connections to people and organizations that understand the child/youth’s unique strengths and needs, are committed to the child/youth’s well-being, and provide consistent support to help the child/youth thrive. **(Social Connections)** |
| 0 | No current need; no need for action or intervention.  This level indicates a child/youth who 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. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  The child/youth has had some instability in their relationships, but long term stable supports have been located and will endure without DCFS intervention. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  The child/youth has experienced instability and possible long term supports have been identified but DCFS needs to intervene to make sure these connections endure. Or the child/youth can identify possible long term relationships but these supports need to be contacted and invited to participate in the child and family team to explore their willingness to be an enduring relationship. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  The child/youth does not have any stability in relationships. The child/youth cannot identify anyone who they feel could be an enduring relationship. Or current relationships are so unhealthy or damaging that they should be severed. |

# ufacet breakout sections

Break-out sections serve a different purpose than the core assessment. While the core is focused on whether or not the caseworker needs to take “action,” breakouts serve as an “inventory” of behaviors and the score increase based on frequency, duration and/or intensity. The purpose of this inventory is to determine to what degree the indicator is a problem and to share the data collected with the Child and Family Team, specifically treatment providers, to better inform services.

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| For the **Breakout Sections,** use the following categories and action levels: | |
| E | Items you wish to EXPLORE further with the family—cannot finalize UFACET with an ‘E’ |
| 0 | No current need; no need for action or intervention. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action. |
| NA | Not applicable |

Sections in the following breakout sections are to be completed when specific items in the Core Domains are rated a ‘2’ or ‘3.’

## [A] Cultural Considerations

This module is completed when the Cultural Considerations item, in the Family Together Domain, is rated 2 or 3.

Understanding cultural conflict can aid a caseworker in identifying important informal supports for the family as well as inform therapist and other team members about underlying stressors.

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| **LANGUAGE**  This item looks at whether the child/youth and family need help to communicate with others in English. This item includes spoken, written, and even sign language. Family members and friends should not be included as potential translators/interpreters. Whether the family uses the child/youth regularly to translate or communicate should also be taken into account, as this can be problematic and inappropriate, e.g. in a situation that is beyond the level of the child/youth’s maturity. | | |
| Questions to Consider   * Does the child/youth or significant family members have any difficulty communicating (either because English is not their first language or due to another communication issue such as the need to use/learn sign language)? | Ratings and Descriptions | |
| 0 | No evidence that there is a need for bilingual, translator or interpreter services and/or child/youth and family speak English well. |
| 1 | Child/youth and family speak some English, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language. |
| 2 | Child/youth and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention; a qualified individual can be identified within the family’s natural support system (not the child). |
| 3 | Child/youth and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention, but no such individual is available from among family’s natural support system. |

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| **IDENTITY**  Cultural identity refers to the child/youth’s struggle with their membership in a specific cultural group. The struggle is usually caused by significant differences between the child/youth’s cultural group and the prevailing culture in the community. This cultural group may be defined by a number of factors including race, religion, ethnicity, sexual orientation or identity, geography, lifestyle or other groups associated with adolescent subculture. | | |
| Questions to Consider   * Do the child/youth and family have a sense of belonging to a specific cultural group? * Does the family have role models, friends and community who share the family’s sense of culture? * Does the child/youth struggle with who they are insomuch that it is affecting their functioning? | Ratings and Descriptions | |
| 0 | No evidence of issues with membership in a group and/or the family has clear and consistent cultural identity and is connected to others who share the family’s cultural identity. |
| 1 | The family is experiencing some confusion or concern regarding cultural identity. |
| 2 | The family has struggles with their own cultural identity or may have cultural identity, but does not have connections with others who share this culture, or feels alienated and/or judged in their own identified culture. |
| 3 | The family has no cultural identity or is experiencing significant problems due to conflict regarding cultural identity. |

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| **RITUAL**  Cultural rituals are activities and traditions, including the celebration of culturally specific holidays or may also include daily activities that are culturally specific (e.g. praying toward Mecca at certain times of day, eating specific foods, access to media). This item seeks to identify whether barriers exist for a child/youth to engage in rituals relevant to the child/youth’s culture. | | |
| Questions to Consider   * Is the child/youth able to celebrate with others (friends, family, and community) who share their traditions and customs? | Ratings and Descriptions | |
| 0 | No evidence that the child/youth and family are unable to practice rituals that are consistent with their cultural identity. |
| 1 | Child/youth and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles in the performance of these rituals. |
| 2 | Child/youth and family experience barriers and are sometimes prevented from practicing rituals consistent with their cultural identity. |
| 3 | Child/youth and family are unable to practice rituals consistent with their cultural identity. |

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| **CULTURAL STRESS**  Cultural stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual’s own cultural identity and the predominant culture in which they live. This need reflects things such as racism, discrimination, or harassment because of sexual orientation, religion, appearance, or background.  Stressors that should be considered include the cultural stress that the family experiences as a result of the child/youth’s needs. Cycles of violence or poverty are reflected in this item. | | |
| Questions to Consider   * Does the child/youth or family express feelings of being discriminated against by the dominant community? * Does the child/youth or family’s behaviors perpetuate a cycle such as violence, or neglect? * Does the family feel that their child/youth’s unique needs create problems for them in the community? | Ratings and Descriptions | |
| 0 | No evidence of stress between individual’s cultural identity and current living situation. |
| 1 | Some or occasional stress resulting from friction between the individual’s cultural identity and their current living situation. |
| 2 | The individual’s identified culture is causing problems of functioning in daily living; the difference between the individual’s or family’s culture is a source of stress for the individual and their family as it may be the cause of continual conflict with the predominant culture’s expectations. |
| 3 | The individual’s identified culture is making functioning in any life domain difficult under the present circumstances and may be resulting in ongoing referrals to DCFS. |

## [B] Trauma—child/youth

Traumatic experiences can change the way a person perceives the world. Approaches to helping people with trauma histories are different than traditional therapy. Having an accurate trauma history is vital to appropriate services being identified and often makes the difference whether a case is successful. Note: This section is to be rated for the child/youth when the Exposure to Trauma item, in the Child/Youth Functioning Domain, is rated a 2 or 3.

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| **SEXUAL ABUSE\***  This item refers to trauma experienced by the individual as a result of sexual abuse. This item includes: incest, rape, exploitation, sodomy, molestation, or human trafficking and the individual’s reaction to the abuse.  *Please**rate* ***within the lifetime.*** | | |
| Questions to Consider   * Has the person been a victim of touching, penetration, or sodomy? * Has the person felt threatened by action or comments of a sexual nature? * Has the person been involve in rape or incest? | Ratings and Descriptions | |
| No | There is no evidence that the individual has experienced sexual abuse. |
| Yes | Individual has experienced sexual abuse. |
| Suspected | Individual may display signs of having been abused, but denies experiencing sexual abuse, or collateral contacts report sexual abuse may have occurred, but there has been no disclosure from the individual. |
| **\*If ‘yes,’ complete the [J] Sexual Abuse Module.\*** | | |

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| **PHYSICAL ABUSE**  This item refers to trauma experienced by the individual as a result ofphysical abuse. Physical abuse refers to non-accidental harm. Physical harm includes: physical injury, serious physical injury, and/or threatened physical injury.  *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Does the individual repeat a cycle of physical violence they learned previously? * Does the individual fear the use of physical force during routine conflict? * Has the individual experience serious injury from physical abuse in their lifetime? | Ratings and Descriptions | |
| No | There is no evidence that the individual has experienced physical abuse. |
| Yes | The individual has experienced physical abuse. |
| Suspected | The individual may have experienced physical abuse, but does not remember or denies that abuse happened. Collateral contacts may report the individual was physically abused, but there has been no disclosure from the individual. |

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| **EMOTIONAL ABUSE**  This item refers to trauma experienced by the individual as a result of emotional abuse. Emotional abuse includes: demeaning or derogatory remarks that effects the individual’s development of self and social competence, or threatening harm, rejecting, isolating, terrorizing, ignoring or corrupting the individual. *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Does the individual struggle with self-worth due to a pattern of emotional abuse? * Has the individual failed to form healthy emotional relationships due to past emotional abuse? | Ratings and Descriptions | |
| No | There is no evidence that the individual has experienced emotional abuse. |
| Yes | The individual has experienced emotional abuse. |
| Suspected | The individual shows signs of emotional abuse but either denies, does not remember or justifies (blames self) the emotional abuse. Or collateral contacts report emotional abuse happened but there has been no disclosure from the individual. |

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| **NEGLECT**  This item refers to trauma experienced by the individual as a result of neglect. Neglect refers to a lack of proper caregiver care by reason of the fault or habits of the caregiver. Neglect includes: failure of the caregiver to provide proper or necessary sustenance, education, medical care, and/or supervision. In other words, failure to meet basic needs of the child.  *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Has the individual experienced periods of time where their basic need for food, clothing or shelter was not provided? * Has the individual had a medical or educational need that was not or has not been met? * Does the individual have physical characteristics such as rotten teeth due to episodes of neglect that now affects the way the individual functions? | Ratings and Descriptions | |
| No | There is no evidence that the individual has experienced neglect. |
| Yes | The individual has experienced neglect. |
| Suspected | The individual may have experienced neglect, but does not identify as having experienced neglect, denies that it happened or does not remember. Or collateral contacts report neglect happened, but there has been no disclosure from the individual. Only use suspected if not confirmed (i.e. true finding). |

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| **MEDICAL TRAUMA**  This item refers to trauma experienced by the individual as a result of medical trauma. Medical traumatic stress refers to a set of physical and mental responses of the individual related to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences. *Please rate* ***within the lifetime****.* | | |
| Questions to Consider   * Does the individual avoid needed medical treatment as a reaction to previous medical experiences? * Has the individual ever been hospitalized for an extended period of time? | Ratings and Descriptions | |
| No | There is no evidence that the individual has experienced any medical trauma. |
| Yes | The individual has experienced medical trauma. |
| Suspected | The individual may have experienced medical trauma and either does not identify it as a “trauma” or may have been too young to remember. Or collateral contacts report the individual may have experienced a medical trauma, but there has been no disclosure from the individual. |

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| **NATURAL OR MANMADE DISASTER**  This item refers to trauma experienced by the individual as a result of a natural or manmade disaster. These disasters include: earthquakes, epidemics, fires, floods, hurricanes, tornados, tsunamis, car wrecks, or other major accidents, etc. The individual has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, a person may observe a caregiver who has been injured in a car accident or fire or watch his neighbor’s house burn down. *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Has the individual ever lost their home do to a disaster? * Has the individual ever lost a loved one in a disaster? | Ratings and Descriptions | |
| No | There is no evidence that the individual has experienced any disaster. |
| Yes | The individual has been affected by disaster. |
| Suspected | The individual may have been exposed to a disaster or witnessed the impact of a disaster on a family or friend, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced a disaster, but there has been no disclosure from the individual. |

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| **WITNESS/VICTIM TO COMMUNITY VIOLENCE (INCLUDING SCHOOL VIOLENCE)**  This item refers to trauma experienced by the individual as a result witnessing community violence. This item rates any act of violence in the community in which the individual lives. This is not limited to, but could include, school violence such as fights and bullying, and gang violence. *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Has the individual experienced bullying, either to themselves or witnessed suicide of a peer caused by bullying? * Is the community in which the individual lives a high crime area? | Ratings and Descriptions | |
| No | There is no evidence that the individual has witnessed violence in the community or school. |
| Yes | The individual has witnessed violence/injury in the community or in school. |
| Suspected | The individual may have witnessed violence/injury of others in their community or school, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced community violence, but there has been no disclosure from the individual. |

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| **WITNESS/VICTIM TO CRIMINAL ACTIVITY**  This item refers to trauma experienced by the individual as a result of witnessing or being a victim of a single or multiple criminal acts. *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Was the individual present at a time a crime was committed? * Have the individual’s caregivers committed a crime in their presence? * Has the victimization caused the individual to be fearful and anxious in social settings? | Ratings and Descriptions | |
| No | There is no evidence that the individual has been victimized or witnessed criminal activity. |
| Yes | The individual has witnessed or is a victim of criminal activity. |
| Suspected | The individual may have been a victim of criminal activity or been victimized, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced a crime, but there has been no disclosure from the individual. |

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| **WITNESS TO FAMILY VIOLENCE**  This item refers to trauma experienced by the individual as a result of witnessing violence in the individual’s family. Family violence includes any act that creates an atmosphere of intimidation and powerlessness in the home. Verbal arguing, physical harm, sexual harm between family members would rate here. *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Has the individual witnessed a loved one be injured by another member of the family? * Does the individual identify violence as their family’s culture? | Ratings and Descriptions | |
| No | There is no evidence that the individual has witnessed family violence. |
| Yes | The individual has witnessed family violence. |
| Suspected | The individual may have witnessed episodes of family violence, but does not remember the incident or denies or minimizes its impact; or collateral reports say the individual experienced family violence, but there has been no disclosure from the individual. |

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| **WAR/TERRORISM AFFECTED**  This item refers to trauma experienced by the individual as a result of war or terrorism. This item includes direct contact with acts of war, such as being a refugee from a war-torn nation, being a returning soldier from war and/or being a victim of acts of foreign or domestic terrorism. *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Has the individual relocated due to war, political or religious persecution in their native country? * Has the individual lost a loved one due to terroristic actions or war? | Ratings and Descriptions | |
| No | There is no evidence that the individual has been victimized or witnessed war or terrorism activity. |
| Yes | The individual was a witness of war or terrorism activity. |
| Suspected | The individual may have experienced war or terrorism, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced war or terrorism, but there has been no disclosure from the individual. |

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| **DISRUPTION IN CAREGIVER**  This item refers to trauma experienced by the individual as a result of disruption in primary caregiver. Disruption in caregiver includes: a sudden change in the individual’s primary caregiver(s) due to death, incarceration, DCFS removal, deployment, parental abandonment, a change in foster home or placement, etc.  Concerns related to attachment should be considered in this item. This item rates impact on life functioning due to the disruption in caregiver and is not necessarily based on the duration of the separation.  *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Has the individual had multiple changes in primary caregiver that has affected their ability to bond? * Are the individual’s current relationships strained dues to fear and anxiety that the relationship may suddenly end? * Has the individual been diagnosed with an attachment disorder? | Ratings and Descriptions | |
| No | There is no evidence that the individual experienced a disruption in significant caregivers. |
| Yes | The individual has spent time away from their primary caregivers, such as death of a parent, an episode in foster care, or incarceration of a parent. |
| Suspected | The individual may have experienced a disruption in primary caregiver such as a previous foster care placement or sudden abandonment, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced war or terrorism, but there has been no disclosure from the individual. |

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| **GRIEF AND LOSS**  This item refers to trauma experienced by the individual as a result of grief due to the loss of someone or something to which the individual formed a bond. This may include death, divorce, incarceration, termination of parental rights, and separation from siblings. Grief or loss can be experienced from disruptions in social ties such as a change in schools or peer groups. Age and developmental level need to be taken into account. *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Is the individual currently grieving a person, place or thing, such as a pet or previous school? * Has the individual experienced a death of a loved one? * Has the individual had to make major changes to their peer group to maintain sobriety or mental stability, but still has emotional connections to those relationships? | Ratings and Descriptions | |
| No | There is no evidence that individual has experienced grief or separation from significant others or things. |
| Yes | The individual has experienced grief due to the death or loss of a significant person or things. |
| Suspected | The individual may have experienced grief due to death or loss of significant persons or things, but does not remember the incident or denies or minimizes its impact; or collateral reports say the individual experienced grief and/or loss, but there has been no disclosure from the individual. |

## [C] Child/youth Behavioral/Emotional Needs

This module is completed when the Behavioral/Emotional Needs item, in the Child/Youth Functioning Domain, is rated 2 or 3.

When a child/youth is experiencing mental illness, the entire family needs to understand the illness, be supportive to the child/youth and be supported in learning to appropriately meet the child/youth’s needs.

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| **PSYCHOSIS**  The primary symptoms of psychosis include hallucinations (experiencing things others do not experience), delusions (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 exits of its inaccuracy), or bizarre behavior. The most common form of hallucinations is tactile, followed by auditory, and then visual. | | |
| Questions to Consider   * Has the child/youth ever talked about hearing, seeing or feeling something that was not actually there? * Has the child/youth ever done strange or bizarre things that made no sense? * Does the child/youth have strange beliefs about things? * Does child/youth have thought disorder or a psychotic condition? | Ratings and Descriptions | |
| 0 | No evidence of psychotic symptoms. |
| 1 | History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder. |
| 2 | Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder. |
| 3 | Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder, which places the child/youth or others at risk of physical harm. |
| **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. Even young children can have psychotic disorders, most often characterized by hallucinations. Post-Traumatic Stress Disorder secondary to sexual or physical abuse can be associated with visions of the abuser when they are falling asleep or waking up. These occurrences would not be rated as hallucinations unless they occur during normal waking hours. | | |

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| **IMPULSIVITY/HYPERACTIVITY**  This item rates behavioral symptoms associated with hyperactivity and/or impulsiveness, i.e. loss of control of behaviors, which includes, but is not limited to, Attention Deficit/ Hyperactivity Disorder (ADHD) and disorders of impulse control. Children/youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can includes compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire starting, stealing, or self-abusive behavior. | | |
| 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 themselves? * Does the child/youth report feeling compelled to do something despite negative consequences? | Ratings and Descriptions | |
| 0 | No evidence of symptoms of hyperactivity or impulse control. |
| 1 | There is a history or suspicion of problems with impulsive, distracted or hyperactive behavior that place the child/youth at risk of future difficulty in functioning, but no intervention is needed at this time. |
| 2 | Clear evidence of problems with impulsive, distracted or hyperactive behavior that interferes with the child/youth’s ability to function. Intervention is needed. |
| 3 | Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/youth at risk of physical harm. |

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| **DEPRESSION**  This item rates displayed symptoms of a change in emotional state and can include sadness, irritability and diminished interest in previously enjoyed activities. Extreme withdrawing from friends and family that could use further evaluation would be rated a ‘2’. | | |
| Questions to Consider   * Do parents feel that the child/youth is depressed or irritable? * Has the child/youth withdrawn from normal activities? * Does the child/youth seem lonely or not interested in others? | Ratings and Descriptions | |
| 0 | No evidence of problems with depression. |
| 1 | History or suspicion of depression but no intervention is needed on at this time. |
| 2 | Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered with the child/youth’s ability to function and may include sleeping or eating disruptions. |
| 3 | Clear evidence of depression that is disabling for the child/youth in multiple life domains. |
| **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 adolescents and depression in adults is that among children and adolescents 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. **Major Depression** is characterized by the individual exhibiting multiple symptoms including depressed mood, significant diminished interest in daily activities, weight loss or gain, sleep difficulties, loss of energy, feeling worthless, indecisiveness, or recurrent thoughts of death during the same two-week period, as representing a change from that person’s prior emotional state. | | |

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| **ANXIETY**  This item rates evidence of symptoms associated with Anxiety Disorders characterized by either worry, dread, or panic attacks. | | |
| Questions to Consider   * Does the child/youth have any problems with anxiety or fearfulness? * Is the child/youth avoiding normal activities out of fear? * Does the child/youth act frightened or afraid? * Does the child/youth worry a lot? | Ratings and Descriptions | |
| 0 | No evidence of anxiety symptoms. |
| 1 | There is a history, suspicion, or mild anxiety associated with a recent negative life event. |
| 2 | 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. |
| 3 | Clear evidence of a debilitating level of anxiety that is disabling in multiple life domains. |
| **Supplemental Information:** Symptoms of **Generalized Anxiety Disorder** includeexcessive worrying associated with restlessness, being easily fatigued, difficulty concentrating, irritable mood, muscle tension, sleep disturbance, worry about other psychiatric conditions, or anxiety or worry causes significant impairment of functioning or distress. Child/youth may or may not admit to or recognize these issues. | | |

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| **OPPOSITIONAL**  This item describes 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. | | |
| Questions to Consider   * Does the child/youth follow their parents’ rules? * Have teachers or other adult reported that child/youth does not follow rules or directions? * Does the child/youth argue with adults when they try to get them to do something? | Ratings and Descriptions | |
| 0 | No evidence of oppositional behaviors. |
| 1 | There is a history of defiance towards authority figures that has not yet begun to cause functional impairment and is within developmental norms and no interventions is needed. |
| 2 | Clear evidence of oppositional and/or defiant behavior towards authority figures which requires intervention. |
| 3 | Clear evidence of a dangerous level of oppositional behavior puts child/youth at risk of harm. |
| **Supplemental Information:** Criteria for **ODD** include the following displayed frequently and occurring regularly: loses temper, argues with adults, actively defies or refuses to comply with adults’ requests or rules, deliberately annoys people, blames others for their mistakes or misbehavior, touchy or easily annoyed by others, angry and resentful, or spiteful and vindictive. | | |

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| **CONDUCT**  This item is used to describe the degree to which a child/youth engages in behavior that is consistent with the presence of a ***Conduct Disorder***. | | |
| Questions to Consider   * Is the child/youth seen as dishonest? * How does the child/youth handle telling the truth/lies? * Has the child/youth been part of any criminal behavior? * Has the child/youth ever shown violent or threatening behavior towards others? * Has the child/youth ever tortured animals or set fires? | Ratings and Descriptions | |
| 0 | No evidence of serious violations of others or laws. |
| 1 | There is a history or suspicion of problems associated with antisocial behavior, but these behaviors have been addressed and no intervention is needed at this time. |
| 2 | Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. Intervention is needed at this time. |
| 3 | Aggressive or antisocial behavior, as described above, that places the child/youth or community at significant risk of physical harm due to these behaviors. |
| * **Supplemental Information:** Although the actual prevalence is not known, it is believed that Conduct Disorder occurs in 1% to 3% of children and adolescents. This is the disorder that is the childhood equivalent to ***Antisocial Personality Disorder*** in adults. For an adult to be diagnosed with Antisocial Personality Disorder, that person must have had a Conduct Disorder as a youth. However, most youth with Conduct Disorders do not grow up to be adults with antisocial personalities.   **Conduct Disorder** behaviors include aggression toward people and animals, destruction of property, deceitfulness or theft, or serious violations of rules/ laws. | | |

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| **ANGER CONTROL**  This item describes the child/youth’s ability to manage their emotions. It describes affect dysregulation.  Loss of control of emotions can be a symptom of trauma, head injury, stroke, and bipolar disorder among other conditions. A labile (free and uncontrolled) mood and/or extreme mood swings, even over fairly short periods of time have been observed. | | |
| Questions to Consider   * 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? | Ratings and Descriptions | |
| 0 | No evidence of any emotional control problems. |
| 1 | There is a history or suspicion of problems controlling emotions. Peers and family may be aware of and may attempt to avoid stimulating outbursts, the family has addressed the issues successfully and no intervention is needed at this time. |
| 2 | Child/youth’s labile mood and/or extreme mood swings have gotten them in significant trouble with peers, family and/or school. Others are likely quite aware of unstable emotions. Intervention is needed. |
| 3 | Severe emotional control problems. Child/youth is unable to regulate their emotions. Others likely fear them. |
| **Supplemental Information:** Problems with anger control are included in this category of emotional control. In the case of young people, this can sometimes be classified as ***Intermittent Explosive Disorder***. | | |

## [D] child/youth rISK bEHAVIORS/FACTORS

This module is completed when the Child/Youth Risk Behaviors item, in the Child/Youth Functioning Domain, is rated 2 or 3.

When a child/youth in the home is engaging in high risk behaviors it is a source of stress for the entire family, caregivers, siblings and extended family. Knowing what risky behaviors a child/youth engages in assists treatment providers in helping the child/youth and the family dynamic as a whole.

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| **SUICIDE RISK**  This item is intended to describe the presence of thoughts or behaviors aimed at taking one’s life. This item rates overt and covert thoughts and efforts on the part of an individual to end their life. Other indications of self-destructive behavior are rated elsewhere.  Since a history of suicidal ideation and gestures is a predictor of future suicide, any history of suicidal behavior or thoughts means a child/youth should at least receive a rating of ‘1.’ | | |
| Questions to Consider   * Has the child/youth ever talked about a wish or plan to die or to kill themselves? * Has the child/youth ever tried to commit suicide? | Ratings and Descriptions | |
| 0 | No evidence of suicide ideation. |
| 1 | There is a history or suspicion of but no recent ideation or gesture. |
| 2 | Recent ideation or gesture, or the child/youth’s current placement prevents these behaviors but if provided the opportunity the child/youth would still engage in this behavior. |
| 3 | Current ideation and/or intent, or command hallucinations that involve self-harm. |

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| **SELF-INJURIOUS BEHAVIOR**  This item is used to describe repetitive behavior that results in physical injury to the child/youth, e.g. cutting, head banging, etc.  Carving and cutting on the arms or legs would be common examples of self-mutilation behavior. Giving oneself tattoos also would be an example. Repeatedly piercing one’s skin is another example. Professional tattoos or body piercing would not be classified as self-mutilation. | | |
| Questions to Consider   * Has the child/youth ever talked about a wish or plan to hurt themselves? * Does the child/youth ever purposely hurt themselves (e.g. cutting)? | Ratings and Descriptions | |
| 0 | No evidence of self-mutilating behavior. |
| 1 | There is a history or suspicion of self-mutilation. |
| 2 | Engaged in self-mutilation, or would continue to self-mutilate if the opportunity arose. |
| 3 | Engaging in self-mutilation regularly; mutilation may require medical attention. |

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| **OTHER SELF HARM**  This item is used to describe and rate behavior not covered by either Suicide Risk or Self-Mutilation, in which the child/youth engages in something that has significant potential to result in physical harm or in intentional risk taking behaviors.  Evaluation of the child/youth’s potential for self-harm is an opportunity to identify other potentially self-destructive behaviors (e.g. reckless driving, cliff jumping, serious binge drinking etc.). To rate a ‘3,’ the child/youth must have placed themselves in significant physical jeopardy during the rating period. | | |
| Questions to Consider   * Has the child/youth ever talked about or acted in a way that might be dangerous for their safety (e.g. reckless behavior such riding on top of cars, reckless driving, climbing bridges)? | Ratings and Descriptions | |
| 0 | No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm. |
| 1 | There is a history or suspicion of behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm such as reckless and risk-taking behavior that may endanger the child. |
| 2 | Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places child/youth in danger of physical harm, or would if the opportunity to do so arose. |
| 3 | Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places child/youth at immediate risk of death. |

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| **FIRE SETTING**  This item describes whether the child/youth intentionally starts fires using matches or other incendiary devices. Malicious or reckless use of fire should be rated here; fires that are accidental should not be considered fire setting. | | |
| Questions to Consider   * Has the child/youth ever played with matches, or intentionally set a fire? If so, what happened? * Did the fire setting behavior destroy property or endanger the lives of others? | Ratings and Descriptions | |
| 0 | No evidence of fire setting. |
| 1 | There is a history or suspicion of fire setting but it has been addressed and no intervention is needed at this time. |
| 2 | Currently setting fires, or planning to set fires; intervention is needed before the child/youth and others are in more danger. Or child/youth would still set fires if given the opportunity. |
| 3 | Child/youth has intentionally set fire that endangered the lives of others (e.g. attempting to burn down a house). |

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| **SEXUAL AGGRESSION**  This item is intended to describe both aggressive sexual behavior and sexual behavior in which the child/youth takes advantage of a younger (chronologically or developmentally) or less powerful child. Behavior that is experimental in nature in which both parties participate (sexual reactivity) should not be classified as sexual aggression.  The severity and recentness of the behavior provide the information needed to rate this item. Recent sexually aggressive behavior at the level of molestation, penetration, or rape would lead to a rating of a ‘3.’ Any behavior of this nature requiring intervention/further assessment would rate a ‘2.’ | | |
| Questions to Consider   * Has the child/youth ever been accused of being sexually aggressive with another child? What happened after that? * Are there concerns that the child/youth has engaged in grooming other children/youth? | Ratings and Descriptions | |
| 0 | No evidence of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent. |
| 1 | There is a history or suspicion of sexually aggressive, however the child/youth has received interventions and no action needs to be taken at this time. The child/youth demonstrates behavioral change. |
| 2 | Child/youth has engaged in sexually aggressive behaviors, or plans to and intervention is necessary. Or the child/youth would engage in sexually aggressive behaviors if the opportunity presented itself. |
| 3 | Child/youth has engaged in sexually aggressive behavior and is escalating. |

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| **RUNAWAY\***  This item describes the risk of running away, threats of running away, or actual runaway behavior. | | |
| Questions to Consider   * Has the child/youth ever run away from home, school or any other place? * If so, where did they go? * How long did they stay away? How were they found? * Do they ever threaten to run away? | Ratings and Descriptions | |
| 0 | No evidence of runaway ideation or behavior. |
| 1 | There is a history or suspicion of running away from home, or other settings, but the child/youth has shown behavioral change and no intervention is needed at this time. |
| 2 | Recent runaway behavior or ideation and intervention is needed. Ongoing intervention is needed if a child/youth would run away (from current placement) if the opportunity were to arise. |
| 3 | Acute threat to run away, as manifest by either recent attempts or significant ideation about running away, or the child/youth is currently a runaway. |
| **\*A rating of ‘2’ or ‘3’ on this item triggers the Runaway Module.\*** | | |

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| **DELINQUENT BEHAVIOR**  This item refers to criminal behavior (law breaking behavior and juvenile justice issues) for which the child/youth may or may not have been caught. If the child/youth has not been caught or formally charged, but child/youth and family team members are aware of the behavior, it should be rated. Ratings are not dependent on if a charge is filed. If the child/youth has been criminally charged with something other than a status offense (an action prohibited to the child/youth due to their age, such as drinking, smoking, truancy, etc.), the rating should be at least a ‘2’. Examples include: destruction of property, assault, and theft.  When rating delinquency for a child/youth with criminal charges, consideration should be given to the type and severity of the delinquent act regardless of what it is plead down to. The following is a list of the classification of criminal charges in Utah from least severe to most severe: Class C misdemeanor, Class B misdemeanor, Class A misdemeanor, Third Degree Felony, Second Degree Felony, First Degree Felony, and Capital Felony. Consideration should also be given to the quantity of charges the child/youth has. For example, in terms of risk, a child/youth with multiple misdemeanor charges may be comparable to a child/youth with only one felony charge. | | |
| Questions to Consider   * Do you know if the child/youth has exhibited criminal behavior (even if they have not been charged or caught)? Has the child/youth ever been arrested? * Has the child/youth been charged with a crime? | Ratings and Descriptions | |
| 0 | No evidence of delinquency. |
| 1 | There is a history or suspicion of delinquency, but the child/youth has demonstrated behavioral change and no intervention is needed at this time. |
| 2 | Acts of delinquency, intervention is needed. |
| 3 | Severe recent acts of delinquency, which place others at risk of significant loss or injury, or place child/youth at risk of adult sanctions. |

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| **SEXUALLY REACTIVE BEHAVIOR**  Sexually reactive behavior includes age-inappropriate sexualized behaviors that may place the child/youth at risk for victimization, and risky sexual practices. These behaviors may be a response to sexual abuse and/or other traumatic experiences. | | |
| Questions to Consider   * Does the child/youth exhibit sexually provocative behavior? * Could the child/youth’s sexualized behavior be a response to sexual abuse or other traumatic experiences? * Does the child/youth’s sexual behavior place them at risk? | Ratings and Descriptions | |
| 0 | No evidence of problems with sexually reactive behaviors or high-risk sexual behaviors. |
| 1 | Child/youth has a history of sexually reactive behaviors, or there is suspicion of current sexually reactive behavior. Child/youth may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with a single partner. This behavior does not place the child/youth at great risk. |
| 2 | Child/youth exhibits more frequent sexually provocative behaviors in a manner that impairs their functioning. Examples include engaging in promiscuous sexual behaviors or having unprotected sex with multiple partners. This would include a young child’s age-inappropriate sexualized behavior. |
| 3 | Child/youth exhibits severe and/or dangerous sexually provocative behaviors that place them or others at immediate risk of victimization or harm. |

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| **BULLYING OTHERS**  This item rates behavior that involves intimidation (verbal or physical) of others; threatening others with harm if they do not comply with the child/youth’s demands is rated here. A victim of bullying is not rated here. | | |
| Questions to Consider   * Are there concerns that the child/youth might bully others, either in-person or online? * Have there been any reports that the child/ youth has picked on, made fun of, harassed or intimidated another person? * Does the child/youth hang around with other people who bully? | Ratings and Descriptions | |
| 0 | No evidence that the child/youth has ever engaged in bullying at school/work or in the community. |
| 1 | History or suspicion of bullying, or child/youth has engaged in bullying behavior or associated with groups that have bullied others. |
| 2 | Child/youth has bullied others at school/work, in the community, or online. They have either bullied others, or led a group that bullied others. |
| 3 | Child/youth has repeatedly utilized threats or actual violence when bullying others in school, online, and/or in the community. |

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| **JUDGMENT/DECISION MAKING**  This item is intended to describe the child/youth’s ability to make decisions.  If the child/youth shows poor decision-making that places them or others at risk of physical harm, then a rating of ‘3’ is indicated. For example, engagement in ‘dare-devil’ behavior that could be dangerous would receive a rating of ‘3.’ A rating of ‘2’ indicates evidence of poor decision-making that can lead to functional impairment or problems with a child/youth’s development or well-being.  A ‘0’ is used to describe a child/youth with no known decision-making problems within the context of normal development. | | |
| Questions to Consider   * How is the child/youth’s judgment and ability to make good decisions? * Does the child/youth typically make good choices? * Do the child/youth’s choices ever result in harm to themselves or others? | Ratings and Descriptions | |
| 0 | No evidence of problems with judgment or poor decision-making that result in harm to development and/or well-being. |
| 1 | There is a history or suspicion of problems with judgment in which the child/youth makes decisions that are in some way harmful to their development and/or well-being, however the child/youth has made positive changes and no intervention is needed at this time. |
| 2 | Consistent pattern of issues with judgment in which the child/youth makes decisions that are in some way harmful to their development and/or well-being. Intervention is needed. |
| 3 | Problems with judgment that place the child/youth at risk of significant physical harm. |

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| **AGGRESSIVE BEHAVIOR/ANGER CONTROL/DANGER TO OTHERS**  This item rates the child/youth’s violent or aggressive behavior. The result of this behavior is significant bodily harm to others or destruction of property. | | |
| Questions to Consider   * Has the child/youth ever injured someone on purpose? * Does the child/youth get into physical fights? * Has the child/youth ever threatened to kill or seriously injure another person? | Ratings and Descriptions | |
| 0 | No evidence of behavior that could be dangerous to others. |
| 1 | There is a history, suspicion of, or acts of aggressive or threatening behavior. |
| 2 | Recent aggressive or threatening behavior or the child/youth’s current placement prevents these behaviors but if provided the opportunity would still engage in these behaviors again. |
| 3 | Acute homicidal ideation with a plan, physically harmful aggression, command hallucinations that involve harm to others, or the child/youth set a fire that placed others at significant risk of harm. Destroys property or injures others while in a restricted environment. |

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| **SANCTION SEEKING/INTENTIONAL MISBEHAVIOR**  This item refers to instigating behaviors with the intention of being sanctioned by adults. This can be obnoxious behavior that forces adults to sanction the child/youth. These behaviors occur in such a way that the child/youth is intentionally seeking sanctions and negative attention, or acting out, or the behavior could also be seen as a cry for help. Behavior that is “sneaky” where the child/youth is trying to avoid getting caught is the opposite of sanction seeking behavior and would not be rated here. | | |
| Questions to Consider   * Does the child/youth intentionally do or say things to upset parents or other adults? * Has the child/youth sworn at adults or done other behavior that was insulting, rude or obnoxious in order to seek attention? * Does the child/youth seem to purposely get in trouble by making parents or other adults angry with them? | Ratings and Descriptions | |
| 0 | No evidence of problematic instigating behavior and/or child/youth does not engage in behavior that forces adults to sanction them. |
| 1 | There is a history, suspicion of problematic instigating behavior with the intention of being sanctioned, however the child/youth has made progress and no intervention is needed at this time. |
| 2 | Child/youth has problematic instigating behavior with the intention of being sanctioned. This behavior causes problems in the child/youth’s life. Child/youth may be intentionally getting in trouble in school or at home. Intervention is needed. |
| 3 | Severe level of problematic instigating behavior with the intention of being sanctioned. This level would be indicated by frequent serious instigating behavior that forces adults to seriously and/or repeatedly sanction the child/youth. These behaviors are sufficiently severe that they place the child/youth at risk of significant sanctions (e.g. expulsion from school, removal from the community). |

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| **EXPLOITED\***  This item describes a history and pattern of being the object of abuse and includes a level of current risk for re-victimization. For children birth to age five, this can include sexual exploitation or being taken advantage of by others. | | |
| Questions to Consider   * Has the child/youth ever been victimized in any way (e.g. mugged, teased, bullied, abused, victim of a crime, etc.)? * Are there concerns that they have been or are currently being taken advantage of by peers or other adults? * Is the child/youth currently at risk of being victimized by another person? | Ratings and Descriptions | |
| 0 | No evidence of a history of exploitation OR no evidence of recent exploitation and no significant history of victimization within the past year. Child/youth is not presently at risk for re-victimization. |
| 1 | Suspicion or history of exploitation, but the child/youth has not been exploited during the past year. Child/youth is not presently at risk for re-victimization. |
| 2 | Child/youth has been recently exploited (within the past year) but is not at acute risk of re-exploitation.  This might include experiences of physical or sexual abuse, significant psychological abuse by family or friends or violent crime. |
| 3 | Child/youth has recently been exploited and is at acute risk of re-exploitation. |
| **\*A rating of ‘2’ or ‘3’ on this item triggers the Exploitation/Trafficking Module.\*** | | |

## [E] Developmental Needs

This module is completed when the Developmental item, in the Child/Youth Functioning Domain, is rated 2 or 3.

It is crucial that any assessment or treatment takes into account the developmental level of the child/youth they are working with.

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| **COGNITIVE**  This item refers to the cognitive or intellectual functioning of the child/youth and includes cognitive disorders, Intellectual disability (mental retardation) and Acquired Brain Injury. Cognitive functions include the child/youth’s ability to comprehend ideas and involve aspects of perception, thinking, reasoning, remembering, awareness, and judgment. Cognitive functioning is often measured through an IQ test but may reflect more accurately on other assessments such as a neuropsychological. | | |
| Questions to Consider   * Does the child/youth have an identified IQ score? * If there is no evidence, do team members have suspicions that the child/youth has deficits in cognitive functioning? | Ratings and Descriptions | |
| 0 | Child/youth’s cognitive functioning appears to be in normal range. There is no reason to believe that the child/youth has any problems with intellectual functioning. |
| 1 | Child/youth cognitive functioning problems have been identified and the family has the supports and services needed to adequately address the child/youth’s need, and can access these services without DCFS involvement. |
| 2 | Child/youth has diminished cognitive functioning needs that are currently not being met and intervention is needed. Or the need exceeds the capability of the current caregiver. Or the child/youth needs to remain in out of home care in order to meet their needs. |
| 3 | Lack of support and services for the child/youth with diminished cognitive functioning is placing the child/youth at increased risk of harm or maltreatment. |

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| **SOCIAL/EMOTIONAL DEVELOPMENT**  This item rates whether the child/youth has a suspected or diagnosed developmental delay or disorder. Developmental delays are life-long [disabilities](http://en.wikipedia.org/wiki/Disability) attributable to mental and/or physical [impairments](http://en.wikipedia.org/wiki/List_of_disabilities) and can include both psychological and/or physical disorders. Developmental delays or disorders may affect a single area of development or several. If the child/youth does not have an identified diagnosis or assessment regarding their developmental ability, please use available information in order to score the item, including input from child/youth and family team members regarding the developmental level of the child/youth. | | |
| Questions to Consider   * Does the child/youth have a diagnosed developmental delay or disorder? * Do child and family team members suspect that the child/youth has a developmental delay? * Is there a need for a further developmental assessment for the child/youth? | Ratings and Descriptions | |
| 0 | Child/youth’s development appears within normal range. There is no reason to believe that the child/youth has any developmental problems. |
| 1 | Evidence of a mild developmental delay which may or may not be diagnosed; appropriate supports are in place and no intervention is needed at this time. |
| 2 | Evidence or diagnosis of a developmental disorder including Autism, Tourette's, Down's Syndrome, or other significant developmental delay. Intervention is needed. |
| 3 | Evidence of or diagnosis of a severe developmental disorder. |

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| **COMMUNICATION**  This item refers to the child/youth’s ability to communicate at an age and developmentally appropriate level. Communication is made up of two parts: receptive and expressive communication. Receptive communication refers to the way a listener receives and understands a message. Expressive communication refers to how one conveys a message by gesturing, speaking, writing, or signing and includes how much meaning is relayed by using specific body language or vocal inflection. If the child/youth does not have an identified assessment regarding their communication ability, please use available information in order to score the item, including input from child and family team members regarding the child/youth’s ability to communicate. | | |
| Questions to Consider   * Have any team members noticed or mentioned concerns regarding the child/youth’s ability to understand what they are being told? * Have any problems been identified regarding the child/youth’s ability to communicate their needs and desires? | Ratings and Descriptions | |
| 0 | Child/youth’s receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child/youth has any problems communicating. |
| 1 | Child/youth has communication impairments, however they are adequately addressed by supports and services at this time and no addition intervention is needed. |
| 2 | Child/youth has either expressive, receptive or both communication impairments and intervention or supports are needed at this time. |
| 3 | Child/youth’s inability to communicate their own needs places the child/youth at increased physical risk. |

## [F] Education

This module is completed when the Education item, in the Child/Youth Functioning Domain, is rated 2 or 3.

When a child/youth is struggling in school it may be a symptom of other issues at home or it may be the cause of stress in the home.

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| **SCHOOL BEHAVIOR**  This item rates the child/youth’s behavior in school and is rated independently from attendance.  Sometimes children/youth are frequently truant, but when they are in school they behave appropriately. If a child/youth’s school placement is in jeopardy due to behavior, this would receive a rating of ‘3.’ | | |
| Questions to Consider   * How is the child/youth behaving in school? * Have they had any reported behavioral problems such as being a bully? * Has the teacher or other school personnel called parents or caregivers to talk about child/youth’s behavior? | Ratings and Descriptions | |
| 0 | No evidence of behavioral issues while in school and/or child/youth is behaving well in school. |
| 1 | Child/youth is behaving adequately in school, although some behavior problems exist. No intervention is needed at this time. |
| 2 | Child/youth is having behavioral problems at school. Child/youth is disruptive and may have received sanctions including suspensions. Intervention such as a BEP are needed. |
| 3 | Child/youth is having severe problems with behavior in school. Child/youth is frequently disruptive or severely disruptive. School placement may be in jeopardy due to the child/youth’s behaviors. |

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| **SCHOOL ACHIEVEMENT**  This item rates the child/youth’s grades or level of academic achievement.  A child/youth having problems with achievement and failing some subjects would receive a rating of ‘2.’ A child/youth failing most subjects or one who is more than one year behind their peers would receive a rating of ‘3.’ | | |
| Questions to Consider   * How is the child/youth doing academically in school? * Is the child/youth having difficulty with any subjects? * Is the child/youth at risk of failing any classes? Of being left back? * Has the teacher or other school personnel spoke to parents or caregivers about child/youth’s performance? | Ratings and Descriptions | |
| 0 | No evidence of issues in school achievement and/or child/youth is doing well in school. |
| 1 | Child/youth is doing adequately in school although some problems with achievement exist. No intervention is needed at this time. |
| 2 | Child/youth is having problems with school achievement and may be failing some subjects. Intervention is needed. |
| 3 | Child/youth is having severe achievement problems and has failed most subjects, or is more than one year behind same age peers in school achievement. |

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| **SCHOOL ATTENDANCE**  This item rates issues of tardiness and/or truancy. Children/youth refusing to attend school due to bullying and/or fear of harm should be rated a ‘2’ here and also scored on the Social Functioning item. | | |
| Questions to Consider   * Has the child/youth had any difficulty with getting to or staying in school? * Has the teacher or other school personnel called parents or caregivers about child/youth’s attendance? * Has the child/youth had truancy issues that were referred to court? | Ratings and Descriptions | |
| 0 | Child/youth attends school regularly. |
| 1 | Child/youth has some problems attending school but generally goes to school. Child/youth has a history of truancy, but has made behavioral changes and no intervention is needed at this time. |
| 2 | Child/youth is having problems with school attendance and intervention is needed. |
| 3 | Child/youth is generally truant, or refuses to go to school. |

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| **LEARNING DISABILITY**  This item rates the limitations that impact academic learning.  A history or suspicion of, or evidence of mild learning disability would receive a rating of ‘1.’ Learning disabilities would be rated as a ‘2’ or ‘3’ depending on their severity. These conditions require special educational strategies to ensure that the child/youth is in an environment where they can learn. | | |
| Questions to Consider   * Does child/youth have difficulty reading, writing, spelling, reasoning, recalling and/or organizing information? * Has the child/youth ever been tested for or diagnosed with a learning disability? * Are there concerns that child/youth may have a learning disability? | Ratings and Descriptions | |
| 0 | No evidence of learning disability. |
| 1 | History, suspicion or mild learning disability. |
| 2 | Moderate learning disability. Child/youth is struggling to learn, and unless challenges are addressed learning will remain impaired. |
| 3 | Severe learning disability. Child/youth is currently unable to learn. Current challenges are preventing any learning. |

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| **EDUCATIONAL AGENCY INVOLVEMENT**  This item is used to evaluate the nature of the school’s relationship with the child/youth and family, as well as the level of support the child/youth receives from the school. If the school is an active participant with the child/youth and family this item would be rated ‘0.’ If the school is not able to address the child/youth’s needs this item would be rated a ‘2.’ | | |
| Questions to Consider   * Is the child/youth’s school an active partner in figuring out how to best meet the child/youth’s needs? * Does the school have the resources to care for the needs of the child/youth? * 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? | Ratings and Descriptions | |
| 0 | The school works closely with the child/youth and family to identify and successfully address the child/youth’s educational needs, OR the child/youth excels in school. |
| 1 | The school works with child/youth and family to identify and address the child/youth’s educational needs, OR the child/youth performs adequately in school. |
| 2 | The school is currently unable to adequately address the child/youth’s academic or behavioral needs. |
| 3 | There is no evidence of the school working to identify or successfully address the child/youth’s needs at this time and/or the school is unable and/or unwilling to work to identify and address the child/youth’s needs and/or there is no school to partner with at this time. |

## [G] Trauma—cAREGIVER

Traumatic experiences can change the way a person perceives the world. Approaches to helping people with trauma histories are different than traditional therapy. Having an accurate trauma history is vital to appropriate services being identified and often makes the difference whether a case is successful. Note: This section is to be rated for the Caregiver when the item Exposure to Trauma, in the Parent/Guardian/Other Strengths and Needs Domain, is rated 2 or 3.

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| **SEXUAL ABUSE**  This item refers to trauma experienced by the individual as a result of sexual abuse. This item includes: incest, rape, exploitation, sodomy, molestation, or human trafficking and the individual’s reaction to the abuse.  *Please**rate* ***within the lifetime.*** | | |
| Questions to Consider   * Has the person been a victim of touching, penetration, or sodomy? * Has the person felt threatened by action or comments of a sexual nature? * Has the person been involve in rape or incest? | Ratings and Descriptions | |
| No | There is no evidence that the individual has experienced sexual abuse. |
| Yes | Individual has experienced sexual abuse. |
| Suspected | Individual may display signs of having been abused, but denies experiencing sexual abuse, or collateral contacts report sexual abuse may have occurred, but there has been no disclosure from the individual. |

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| **PHYSICAL ABUSE**  This item refers to trauma experienced by the individual as a result ofphysical abuse. Physical abuse refers to non-accidental harm. Physical harm includes: physical injury, serious physical injury, and/or threatened physical injury.  *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Does the individual repeat a cycle of physical violence they learned previously? * Does the individual fear the use of physical force during routine conflict? * Has the individual experience serious injury from physical abuse in their lifetime? | Ratings and Descriptions | |
| No | There is no evidence that the individual has experienced physical abuse. |
| Yes | The individual has experienced physical abuse. |
| Suspected | The individual may have experienced physical abuse, but does not remember or denies that abuse happened. Collateral contacts may report the individual was physically abused, but there has been no disclosure from the individual. |

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| **EMOTIONAL ABUSE**  This item refers to trauma experienced by the individual as a result of emotional abuse. Emotional abuse includes: demeaning or derogatory remarks that effects the individual’s development of self and social competence, or threatening harm, rejecting, isolating, terrorizing, ignoring or corrupting the individual. *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Does the individual struggle with self-worth due to a pattern of emotional abuse? * Has the individual failed to form healthy emotional relationships due to past emotional abuse? | Ratings and Descriptions | |
| No | There is no evidence that the individual has experienced emotional abuse. |
| Yes | The individual has experienced emotional abuse. |
| Suspected | The individual shows signs of emotional abuse but either denies, does not remember or justifies (blames self) the emotional abuse. Or collateral contacts report emotional abuse happened but there has been no disclosure from the individual. |

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| **NEGLECT**  This item refers to trauma experienced by the individual as a result of neglect. Neglect refers to a lack of proper caregiver care by reason of the fault or habits of the caregiver. Neglect includes: failure of the caregiver to provide proper or necessary sustenance, education, medical care, and/or supervision. In other words, failure to meet basic needs of the child.  *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Has the individual experienced periods of time where their basic need for food, clothing or shelter was not provided? * Has the individual had a medical or educational need that was not or has not been met? * Does the individual have physical characteristics such as rotten teeth due to episodes of neglect that now affects the way the individual functions? | Ratings and Descriptions | |
| No | There is no evidence that the individual has experienced neglect. |
| Yes | The individual has experienced neglect. |
| Suspected | The individual may have experienced neglect, but does not identify as having experienced neglect, denies that it happened or does not remember. Or collateral contacts report neglect happened, but there has been no disclosure from the individual. Only use suspected if not confirmed (i.e. true finding). |

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| **MEDICAL TRAUMA**  This item refers to trauma experienced by the individual as a result of medical trauma. Medical traumatic stress refers to a set of physical and mental responses of the individual related to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences. *Please rate* ***within the lifetime****.* | | |
| Questions to Consider   * Does the individual avoid needed medical treatment as a reaction to previous medical experiences? * Has the individual ever been hospitalized for an extended period of time? | Ratings and Descriptions | |
| No | There is no evidence that the individual has experienced any medical trauma. |
| Yes | The individual has experienced medical trauma. |
| Suspected | The individual may have experienced medical trauma and either does not identify it as a “trauma” or may have been too young to remember. Or collateral contacts report the individual may have experienced a medical trauma, but there has been no disclosure from the individual. |

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| **NATURAL OR MANMADE DISASTER**  This item refers to trauma experienced by the individual as a result of a natural or manmade disaster. These disasters include: earthquakes, epidemics, fires, floods, hurricanes, tornados, tsunamis, car wrecks, or other major accidents, etc. The individual has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, a person may observe a caregiver who has been injured in a car accident or fire or watch his neighbor’s house burn down. *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Has the individual ever lost their home do to a disaster? * Has the individual ever lost a loved one in a disaster? | Ratings and Descriptions | |
| No | There is no evidence that the individual has experienced any disaster. |
| Yes | The individual has been affected by disaster. |
| Suspected | The individual may have been exposed to a disaster or witnessed the impact of a disaster on a family or friend, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced a disaster, but there has been no disclosure from the individual. |

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| **WITNESS/VICTIM TO COMMUNITY VIOLENCE (INCLUDING SCHOOL VIOLENCE)**  This item refers to trauma experienced by the individual as a result witnessing community violence. This item rates any act of violence in the community in which the individual lives. This is not limited to, but could include, school violence such as fights and bullying, and gang violence. *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Has the individual experienced bullying, either to themselves or witnessed suicide of a peer caused by bullying? * Is the community in which the individual lives a high crime area? | Ratings and Descriptions | |
| No | There is no evidence that the individual has witnessed violence in the community or school. |
| Yes | The individual has witnessed violence/injury in the community or in school. |
| Suspected | The individual may have witnessed violence/injury of others in their community or school, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced community violence, but there has been no disclosure from the individual. |

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| **WITNESS/VICTIM TO CRIMINAL ACTIVITY**  This item refers to trauma experienced by the individual as a result of witnessing or being a victim of a single or multiple criminal acts. *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Was the individual present at a time a crime was committed? * Have the individual’s caregivers committed a crime in their presence? * Has the victimization caused the individual to be fearful and anxious in social settings? | Ratings and Descriptions | |
| No | There is no evidence that the individual has been victimized or witnessed criminal activity. |
| Yes | The individual has witnessed or is a victim of criminal activity. |
| Suspected | The individual may have been a victim of criminal activity or been victimized, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced a crime, but there has been no disclosure from the individual. |

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| **WITNESS TO FAMILY VIOLENCE**  This item refers to trauma experienced by the individual as a result of witnessing violence in the individual’s family. Family violence includes any act that creates an atmosphere of intimidation and powerlessness in the home. Verbal arguing, physical harm, sexual harm between family members would rate here. *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Has the individual witnessed a loved one be injured by another member of the family? * Does the individual identify violence as their family’s culture? | Ratings and Descriptions | |
| No | There is no evidence that the individual has witnessed family violence. |
| Yes | The individual has witnessed family violence. |
| Suspected | The individual may have witnessed episodes of family violence, but does not remember the incident or denies or minimizes its impact; or collateral reports say the individual experienced family violence, but there has been no disclosure from the individual. |

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| **WAR/TERRORISM AFFECTED**  This item refers to trauma experienced by the individual as a result of war or terrorism. This item includes direct contact with acts of war, such as being a refugee from a war-torn nation, being a returning soldier from war and/or being a victim of acts of foreign or domestic terrorism. *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Has the individual relocated due to war, political or religious persecution in their native country? * Has the individual lost a loved one due to terroristic actions or war? | Ratings and Descriptions | |
| No | There is no evidence that the individual has been victimized or witnessed war or terrorism activity. |
| Yes | The individual was a witness of war or terrorism activity. |
| Suspected | The individual may have experienced war or terrorism, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced war or terrorism, but there has been no disclosure from the individual. |

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| **DISRUPTION IN CAREGIVER**  This item refers to trauma experienced by the individual as a result of disruption in primary caregiver. Disruption in caregiver includes: a sudden change in the individual’s primary caregiver(s) due to death, incarceration, DCFS removal, deployment, parental abandonment, a change in foster home or placement, etc.  Concerns related to attachment should be considered in this item. This item rates impact on life functioning due to the disruption in caregiver and is not necessarily based on the duration of the separation.  *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Has the individual had multiple changes in primary caregiver that has affected their ability to bond? * Are the individual’s current relationships strained dues to fear and anxiety that the relationship may suddenly end? * Has the individual been diagnosed with an attachment disorder? | Ratings and Descriptions | |
| No | There is no evidence that the individual experienced a disruption in significant caregivers. |
| Yes | The individual has spent time away from their primary caregivers, such as death of a parent, an episode in foster care, or incarceration of a parent. |
| Suspected | The individual may have experienced a disruption in primary caregiver such as a previous foster care placement or sudden abandonment, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced war or terrorism, but there has been no disclosure from the individual. |

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| **GRIEF AND LOSS**  This item refers to trauma experienced by the individual as a result of grief due to the loss of someone or something to which the individual formed a bond. This may include death, divorce, incarceration, termination of parental rights, and separation from siblings. Grief or loss can be experienced from disruptions in social ties such as a change in schools or peer groups. Age and developmental level need to be taken into account. *Please rate* ***within the lifetime.*** | | |
| Questions to Consider   * Is the individual currently grieving a person, place or thing, such as a pet or previous school? * Has the individual experienced a death of a loved one? * Has the individual had to make major changes to their peer group to maintain sobriety or mental stability, but still has emotional connections to those relationships? | Ratings and Descriptions | |
| No | There is no evidence that individual has experienced grief or separation from significant others or things. |
| Yes | The individual has experienced grief due to the death or loss of a significant person or things. |
| Suspected | The individual may have experienced grief due to death or loss of significant persons or things, but does not remember the incident or denies or minimizes its impact; or collateral reports say the individual experienced grief and/or loss, but there has been no disclosure from the individual. |

## [H] Substance Use—CHILD

When a child/youth is using substance it is important to understand what is motivating this behavior; there are many reasons why a child/youth may use drugs and it is important to avoid assumptions.

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| **SEVERITY OF USE**  This item rates the severity of the substance being using as well as how frequent the use is. | | |
| Questions to Consider   * Does the child/youth mix substances? * Has the child/youth been sober for more than 30 days? * What is the child/youth’s drug of preference? | Ratings and Descriptions | |
| 0 | Child/youth is currently abstinent and has maintained abstinence for at least six months. |
| 1 | Child/youth has a history of substance use, but has maintained sobriety and no intervention is needed at this time. |
| 2 | Child/youth actively uses alcohol or drugs but not daily and/or uses a combination of substances. |
| 3 | Child/youth uses alcohol and/or drugs on a daily basis and/or a combination of drugs that is potentially lethal. |

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| **DURATION OF USE**  This item rates how long the child/youth has been using substances. | | |
| Questions to Consider   * Has the child/youth’s drug use begun in the last 6 months? * Has the child/youth shown any period of sobriety in the last year? | Ratings and Descriptions | |
| 0 | Child/youth has begun use in the past year. |
| 1 | Child/youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where they did not have any use. |
| 2 | Child/youth has been using alcohol or drugs for at least one year (but less than five years), but not daily. |
| 3 | Child/youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years. |

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| **READINESS TO CHANGE**  This item rates the child/youth’s understanding of their substance use and readiness to change. | | |
| Questions to Consider   * Is the child/youth abstaining from using substances, or trying to? * Is the child/youth in denial of their substance use? | Ratings and Descriptions | |
| 0 | Child/youth is abstinent and able to recognize and avoid risk factors for future substance abuse. |
| 1 | Child/youth is actively trying to remain abstinent. |
| 2 | Child/youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery. |
| 3 | Child/youth is in denial regarding the existence of any substance use problem. |

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| **PEER INFLUENCES**  This item rates the social network around the child/youth’s involvement with substance use. | | |
| Questions to Consider   * Does the child/youth’s primary peer group use drugs frequently? * Is drug use a status symbol in their peer group? | Ratings and Descriptions | |
| 0 | Child/youth's primary peer social network does not engage in alcohol or drug use. |
| 1 | Child/youth has peers in their primary peer social network who do not engage in alcohol or drug use but has some peers who do. |
| 2 | Child/youth predominantly has peers who engage in alcohol or drug use but child/youth is not a member of a gang. |
| 3 | Child/youth is a member of a peer group that consistently engages in alcohol or drug use. |

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| **PARENTAL INFLUENCES**  This item rates if the child/youth’s parents have used drugs or if they condone the child/youth using drugs. | | |
| Questions to Consider   * Does the caregiver share drugs with the child/youth? * Does the caregiver have a history of substance use? | Ratings and Descriptions | |
| 0 | There is no evidence that child/youth's parents have ever engaged in substance abuse. |
| 1 | One of child/youth's parents has a history of substance abuse but not in the past year. |
| 2 | One or both of child/youth’s parents have been intoxicated with alcohol or drugs in the presence of the child/youth. |
| 3 | One or both of child/youth's parents use alcohol or drugs with the child/youth. |

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| **ENVIRONMENTAL INFLUENCES**  This item rates prevalence of substance abuse in the community the child/youth lives in. | | |
| Questions to Consider   * Is the drug culture prevalent in the neighborhood? * Has the child/youth seen drug use at their local, park, school or rec center? | Ratings and Descriptions | |
| 0 | No evidence that the child/youth’s environment stimulates or exposes the child/youth to any alcohol or drug use. |
| 1 | Suspicion that child/youth’s environment might expose the child/youth to alcohol or drug use. |
| 2 | Child/youth’s environment clearly exposes the child/youth to alcohol or drug use. |
| 3 | Child/youth’s environment encourages or enables the child/youth to engage in alcohol or drug use. |

## [H] Substance Use—PARENT

Note: This module is to be rated on the Parent when the Substance Abuse item,in the Parent/Guardian/Other Strengths and Needs Domain, is rated 2 or 3.

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| **SEVERITY OF USE**  This item rates the severity of the substance being using as well as how frequent the use is. | | |
| Questions to Consider   * Does the parent mix substances? * Has the parent been sober for more than 30 days? * What is the parent’s drug of preference? | Ratings and Descriptions | |
| 0 | Parent is currently abstinent and has maintained abstinence for at least six months. |
| 1 | Parent has a history of substance use, but has maintained sobriety and no intervention is needed at this time. |
| 2 | Parent actively uses alcohol or drugs but not daily and/or uses a combination of substances. |
| 3 | Parent uses alcohol and/or drugs on a daily basis and/or a combination of drugs that is potentially lethal. |

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| **DURATION OF USE**  This item rates how long the parent has been using substances. | | |
| Questions to Consider   * Has the parent’s drug use begun in the last 6 months? * Has the parent shown any period of sobriety in the last year? | Ratings and Descriptions | |
| 0 | Parent has begun use in the past year. |
| 1 | Parent has been using alcohol or drugs for at least one year but has had periods of at least 30 days where they did not have any use. |
| 2 | Parent has been using alcohol or drugs for at least one year (but less than five years), but not daily. |
| 3 | Parent has been using alcohol or drugs daily for more than the past year or intermittently for at least five years. |

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| **STAGE OF RECOVERY**  This item rates the parent’s understanding of their substance use and readiness to change. | | |
| Questions to Consider   * Has the parent entered treatment? * Is the parent in denial of their substance use? | Ratings and Descriptions | |
| 0 | Parent is in maintenance stage of recovery. Parent is abstinent and able to recognize and avoid risk factors for future alcohol or drug use. |
| 1 | Parent is actively trying to use treatment to remain abstinent. |
| 2 | Parent is in contemplation phase, recognizing a problem but not willing to take steps for recovery. |
| 3 | Parent is in denial regarding the existence of any substance use problem. |

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| **RELAPSE SKILLS**  This item rates the parent’s understanding of triggers to their substance use, and if they have a plan for preventing relapse. | | |
| Questions to Consider   * Is the parent aware of triggers to their substance use? * Does the parent have a relapse plan, or need to develop one? | Ratings and Descriptions | |
| 0 | Parent has a clear relapse prevention plan, strong relapse prevention skills, and is committed to pursuing recovery. |
| 1 | Parent is motivated to pursue recovery but lacks a clear relapse prevention plan and/or skill. |
| 2 | Parent has a relapse prevention plan but lacks motivation, knowledge and skill to recognize and effectively respond to triggers. |
| 3 | Parent is not motivated to pursue recovery and does not have a relapse prevention plan. |

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| **PEER INFLUENCES**  This item rates the social network around the parent’s involvement with substance use. | | |
| Questions to Consider   * Does the parent’s primary peer group use drugs frequently? * Is drug use commonly accepted in their peer group? | Ratings and Descriptions | |
| 0 | Parent's primary peer social network does not engage in alcohol or drug use. |
| 1 | Parent has peers in their primary peer social network who do not engage in alcohol or drug use but has some peers who do. |
| 2 | Parent predominantly has peers who engage in alcohol or drug use but parent is not a member of a gang. |
| 3 | Parent is a member of a peer group that consistently engages in alcohol or drug use. |

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| **ENVIRONMENTAL INFLUENCES**  This item rates prevalence of substance abuse in the community the parent lives in. | | |
| Questions to Consider   * Is the drug culture prevalent in the neighborhood? * Has the parent seen drug use at their local, park, school or rec center? | Ratings and Descriptions | |
| 0 | No evidence that the parent’s environment stimulates or exposes the parent to any alcohol or drug use. |
| 1 | Suspicion that parent’s environment might expose the parent to alcohol or drug use. |
| 2 | Parent’s environment clearly exposes the parent to alcohol or drug use. |
| 3 | Parent’s environment encourages or enables the parent to engage in alcohol or drug use. |

## [J] Sexual Abuse Module

This module is to be rated when the Sexual Abuse item, in the Trauma-Child Module, is rated Yes.

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| **EMOTIONAL CLOSENESS TO PERPETRATOR**  This item rates the relationship the child/youth had with the person who abused them. | | |
| Questions to Consider   * What is the relationship between the perpetrator and the child/youth? | Ratings and Descriptions | |
| 0 | Perpetrator was a stranger at the time of the abuse. |
| 1 | Perpetrator was known to the child/youth at the time of event but only as an acquaintance. |
| 2 | Perpetrator had a close relationship with the child/youth at the time of the event but was not an immediate family member. |
| 3 | Perpetrator was an immediate family member (e.g. parent, sibling). |

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| **FREQUENCY OF ABUSE**  This item rates how frequently the abuse occurred. Please rate using time frames provided in the anchors. | | |
| Questions to Consider   * How often does/did the abuse occur? | Ratings and Descriptions | |
| 0 | Abuse occurred only one time. |
| 1 | Abuse occurred two times. |
| 2 | Abuse occurred two to ten times. |
| 3 | Abuse occurred more than ten times. |

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| **DURATION**  This item rates the duration of the abuse. | | |
| Questions to Consider   * How long has the abuse been happening? | Ratings and Descriptions | |
| 0 | Abuse occurred only one time. |
| 1 | Abuse occurred within a six month time period. |
| 2 | Abuse occurred within a six-month to one year time period. |
| 3 | Abuse occurred over a period of longer than one year. |

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| **PHYSICAL FORCE**  This item rates the level of force that was involved in the sexual abuse. | | |
| Questions to Consider   * Was physical force used during the abuse? | Ratings and Descriptions | |
| 0 | No physical force or threat of force occurred during the abuse episode(s). |
| 1 | Sexual abuse was associated with threat of violence but no physical force. |
| 2 | Physical force was used during the sexual abuse. |
| 3 | Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force. |

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| **REACTION TO DISCLOSURE**  This item rates how others responded to the abuse and how supportive they were upon disclosure. | | |
| Questions to Consider   * How did others react when the abuse was disclosed? | Ratings and Descriptions | |
| 0 | All significant family members are aware of the abuse and supportive of the child/youth coming forward with the description of their abuse experience. |
| 1 | Most significant family members are aware of the abuse and supportive of the child/youth for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse. |
| 2 | Significant split among family members in terms of their support of the child/youth for coming forward with the description of their experience. |
| 3 | Significant lack of support from close family members of the child/youth for coming forward with the description of their abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened. |

## [K] RUNAWAY MODULE

This module is to be completed when the Runaway item, in the Child/Youth Risk Behaviors Module, is rated a 2 or 3.

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| **FREQUENCY OF RUNNING**  This item describes how often the child/youth runs away. | | |
| Questions to Consider   * How often does the child/youth run away? | Ratings and Descriptions | |
| 0 | Child/youth has only run once in past year. |
| 1 | Child/youth has run on multiple occasions in past year. |
| 2 | Child/youth runs often but not always. |
| 3 | Child/youth runs at every opportunity. |

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| **CONSISTENCY OF DESTINATION**  This item describes whether or not the child/youth runs away to the same place, area, or neighborhood. | | |
| Questions to Consider   * Does the child/youth always run to the same spot? | Ratings and Descriptions | |
| 0 | Child/youth always runs to the same location. |
| 1 | Child/youth generally runs to the same location or neighborhood. |
| 2 | Child/youth runs to the same community but the specific locations change. |
| 3 | Child/youth runs to no planned destination. |

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| **SAFETY OF DESTINATION**  This item describes how safe the area is where the child/youth runs. | | |
| Questions to Consider   * Does the child/youth run to safe locations? | Ratings and Descriptions | |
| 0 | Child/youth runs to a safe environment that meets their basic needs (e.g. food, shelter). |
| 1 | Child/youth runs to generally safe environments; however, they might be somewhat unstable or variable. |
| 2 | Child/youth runs to generally unsafe environments that cannot meet their basic needs. |
| 3 | Child/youth runs to very unsafe environments where the likelihood that the child/youth will be victimized is high. |

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| **INVOLVEMENT IN ILLEGAL ACTIVITIES**  This item describes what type of activities the child/youth is involved in while on the run and whether or not they are legal activities. | | |
| Questions to Consider   * When the child/youth runs, is the child/youth involved in illegal acts? | Ratings and Descriptions | |
| 0 | Child/youth does not engage in illegal activities while on run beyond those involved with the running itself. |
| 1 | Child/youth engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking). |
| 2 | Child/youth engages in delinquent activities while on run. |
| 3 | Child/youth engages in dangerous delinquent activities while on run (e.g. prostitution). |

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| **LIKELIHOOD OF RETURN ON OWN**  This item describes how long the child/youth is gone when they run away. | | |
| Questions to Consider   * Does the child/youth usually return home on their own? | Ratings and Descriptions | |
| 0 | Child/youth will return from run on their own without prompting. |
| 1 | Child/youth will return from run when found but not without being found. |
| 2 | Child/youth will make themselves difficult to find and/or might passively resist return once found. |
| 3 | Child/youth makes repeated and concerted efforts to hide so as to not be found and/or resists return. |

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| **DURATION OF RUN EPISODES**  This item describes whether or not the child/youth returns from a running episode on their own, whether they need prompting, or whether they need to be brought back by force (e.g., police). | | |
| Questions to Consider   * How long is the child/youth away from home when they run? | Ratings and Descriptions | |
| 0 | Child/youth is gone for several hours, but not overnight. |
| 1 | Child/youth is gone at least one overnight (1-6 nights). |
| 2 | Child/youth is gone for a week or more. |
| 3 | Child/youth is gone for a month or more. |

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| **PLANNING**  This item describes how much planning the child/youth puts into running away or if the child/youth runs spontaneously. | | |
| Questions to Consider   * Does the child/youth plan when they run away? | Ratings and Descriptions | |
| 0 | Running behavior is completely spontaneous and emotionally impulsive. |
| 1 | Running behavior is somewhat planned but not carefully. |
| 2 | Running behavior is planned. |
| 3 | Running behavior is carefully planned and orchestrated to maximize likelihood of not being found. |

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| **INVOLVEMENT WITH OTHERS**  This item describes whether or not others help the child/youth to run away. | | |
| Questions to Consider   * Are others involved in the running activities? | Ratings and Descriptions | |
| 0 | Child/youth runs by self with no involvement of others. Others may discourage behavior or encourage child/youth to return from run. |
| 1 | Others enable child/youth running by not discouraging child/youth’s behavior. |
| 2 | Others involved in running by providing help, hiding child/youth. |
| 3 | Child/youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior. |

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| **REALISTIC EXPECTATIONS**  This item describes what the child/youth’s expectations are for when they run away. | | |
| Questions to Consider   * Does the child/youth have realistic expectations when they run away? | Ratings and Descriptions | |
| 0 | Child/youth has realistic expectations about the implications of their running behavior. |
| 1 | Child/youth has reasonable expectations about the implications of their running behavior but may be hoping for a somewhat ‘optimistic’ outcome. |
| 2 | Child/youth has unrealistic expectations about the implications of their running behavior. |
| 3 | Child/youth has obviously false or delusional expectations about the implications of their running behavior. |

[L] EXPLOITATION/TRAFFICKING

This module is to be completed when the Exploited item, in the Child/Youth Risk Behaviors Module, is rated a 2 or 3.

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| **DURATION OF EXPLOITATION**  This item describes how long the child/youth has been exploited. | | |
| Questions to Consider   * How long ago did the exploitation begin? | Ratings and Descriptions | |
| 0 | Exploitation has begun in last three months. |
| 1 | Exploitation has begun in past year. |
| 2 | Exploitation has been intermittent for more than two years. |
| 3 | Exploitation has been ongoing for more than two years. |

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| **PERCEPTION OF DANGEROUSNESS**  This item describes the child/youth’s awareness of the dangerousness of their situation and behavior. | | |
| Questions to Consider   * Does the child/youth understand the severity of danger of the situation they are involved in? | Ratings and Descriptions | |
| 0 | Child/youth is fully aware of the dangerousness of their situation and behavior. Child/youth may take precautions to reduce dangerousness, such as using protection for intercourse or avoiding conflicts. |
| 1 | Child/youth is partially aware of the dangerousness of their situation and behavior. Child/youth generally fails to take precautions. |
| 2 | Child/youth is unaware of the dangerousness of their situation and behavior. |
| 3 | Child/youth actively minimizes the dangerousness of their situation and behavior. |

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| **STOCKHOLM SYNDROME**  This item describes whether the child/youth believes that their exploiter is or is not operating in their best interests. | | |
| Questions to Consider   * Does the child/youth recognize that their exploiter is not concerned about their best interests? | Ratings and Descriptions | |
| 0 | Child/youth recognizes that their pimp or other exploiter is not operating in their best interests. |
| 1 | Child/youth suspects that their pimp or other exploiter may not be operating in their best interests. |
| 2 | Child/youth believes that the pimp or other exploiter is operating in their best interests. |
| 3 | Child/youth actively defends and justifies the behavior of their pimp or other exploiter to protect them from accusations of exploitation. |

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| **SEXUALLY TRANSMITTED DISEASE**  This item describes whether or not the child/youth has or has had a sexually transmitted disease (STD). | | |
| Questions to Consider   * Has the child/youth been diagnosed with an STD or is there suspicion that they might have one? | Ratings and Descriptions | |
| 0 | Child/youth has no currently known STDs nor any history of significant STDs. |
| 1 | Child/youth has history of serious STDs or is currently suspected of having an STD that has not yet been fully diagnosed. |
| 2 | Child/youth currently has an STD. |
| 3 | Child/youth currently has an STD that is putting them or others at risk of disability or death. |

Pregnancy/Abortion

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| **PREGNANCIES**  This item describes whether or not the child/youth has been pregnant or has impregnated another. | | |
| Questions to Consider   * Has the child/youth ever been pregnant? * Has the child/youth ever impregnated someone else? | Ratings and Descriptions | |
| 0 | Child/youth has never been pregnant nor has child/youth impregnated another. |
| 1 | Child/youth has been pregnant once or impregnated another once. |
| 2 | Child/youth has been pregnant twice or impregnated another twice. |
| 3 | Child/youth has been pregnant three or more times or has impregnated others on three or more occasions. |

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| **ABORTIONS**  This item describes whether or not the child/youth has had an abortion. | | |
| Questions to Consider   * Has the child/youth ever had an abortion? | Ratings and Descriptions | |
| 0 | Child/youth has never had an abortion. |
| 1 | Child/youth has had one abortion. |
| 2 | Child/youth has had two abortions. |
| 3 | Child/youth has had three or more abortions. |
|  | NA | Child/youth is male. |

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| **LOITERING/SOLICITATION ARRESTS**  This item includes arrests for crimes committed during or associated with exploitation. | | |
| Questions to Consider   * Has the child/youth been arrested for loitering or soliciting? * Was this committed during the exploitation? | Ratings and Descriptions | |
| 0 | Child/youth has not been arrested for loitering or soliciting. |
| 1 | Child/youth has been arrested once or twice for either loitering or soliciting. |
| 2 | Child/youth has been arrested three, four or five times for loitering or soliciting. |
| 3 | Child/youth has been arrested six or more times for loitering or soliciting. |

Prostitution History

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| **PROSTITUTION HISTORY**  This item describes whether or not the child/youth’s family members have any known involvement in prostitution and if it has had an impact on the family and/or child/youth. | | |
| Questions to Consider   * Have the child/youth’s family members had any involvement in prostitution? | Ratings and Descriptions | |
| 0 | Family members have no known history with involvement in prostitution. |
| 1 | One family member has some history of involvement with prostitution but this history has not affected relationships in the family. |
| 2 | One or more family members have a known history of involvement with prostitution. The family has been exposed to this involvement. |
| 3 | One or more family members have involved the child/youth in prostitution with them. |

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| **EXPLOITATION OF OTHERS**  This item describes whether or not the child/youth’s exploits others for personal gain. | | |
| Questions to Consider   * Does the child/youth bully or intimidate others to achieve personal gains? * If so, is another person at risk of harm due to this exploitation? | Ratings and Descriptions | |
| 0 | No evidence that the child/youth exploits other people. |
| 1 | Child/youth occasionally bullies or intimidates others to achieve personal goals. |
| 2 | Child/youth actively exploits others. |
| 3 | Child/youth’s exploitation of others is putting at least one of these individuals at risk of harm. |

Domestic Violence

## [M] TAL Skills

A young person’s ability to learn and model the skills necessary to transition into adulthood with the support of their permanent connections. The TAL Skills module looks at a youth’s overall ability to function independently while maintaining long term relationships and accessing supports.

This module should be rated for children 16 years of age or older and in foster care.

This section is rated used the needs scale and will therefore highlight any struggles the young person is experiencing, as shown below.

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| E | Items you wish to EXPLORE further with the family—cannot finalize UFACET with an ‘E’ |
| PF | Protective Factor is present—only indicators directly related to the 5 protective factors will have a PF option |
| 0 | No current need; no need for action or intervention. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action. |
| NA | Not applicable |

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| **ACADEMIC SUPPORT**  This item rates the youth’s ability to access educational resources and services to prepare them to complete a high school diploma or obtain a General Equivalency Degree (GED). Such services include the following: academic counseling; preparation for a GED (including assistance in applying for or studying for a GED exam). This item does not rate services to advance to post-secondary education. If young person already has a high school diploma or GED, this item is rated N/A. **(Concrete Supports)** | | |
| Questions to Consider   * Does the young person have access to services such as special education? * Does the young person have formal resources such as WIOA? * Is the young person receiving support from the school, such as meeting with the counselor, 504 plan, etc.? | Ratings and Descriptions | |
| PF | The young person actively seeks and accesses resources, formal and informal supports to help them meet their educational needs. **(Concrete Supports)** |
| 0 | The young person has access to the concrete resources they need. |
| 1 | The young person is currently receiving formal services such as an IEP or tutoring, but may need a referral in the future. |
| 2 | The young person has an identified need for formal service but has yet to be connected to them and the caseworker plans to make a referral or has made a referral during the current case. |
| 3 | The young person is in immediate need for services such as an IEP or credit recovery but does not currently have access. These services are needed immediately in order to meet the young person’s educational needs. |
|  | NA | Youth already has a high school diploma or GED. |

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| **ACADEMIC SKILLS**  This item rates whether the youth has study skills and the ability to complete their school work on their own. This item would rate whether the youth needs help with homework, study skills training, and/or literacy training. If young person already has a high school diploma or GED, this item is rated N/A. **(Cognitive and Social Emotional Competence)** | | |
| Questions to Consider   * Is the young person able to prioritize their homework and complete assignments on time? * Does the young person understand their school’s expectations for homework? * Is the young person willing to talk with their teachers and school counselor or access tutoring services to learn better study skills? * Who can help the young person with their homework? | Ratings and Descriptions | |
| PF | The young person has active interest in school and has the ability to complete their current grade level school work. **(Cognitive and Social Emotional Competence)** |
| 0 | No evidence of any problems with study skills and ability to complete their school work on their own. |
| 1 | The young person is doing adequately with school work although some problems may exist; no intervention is needed at this time. |
| 2 | The young person is having problems with school work. They may experience some problems with effective use of study skills and the caseworker plans to intervene. |
| 3 | The young person has no access to or interest in study skills training or literacy training. Youth has significant difficulties with their school work and little knowledge of or ability to use study skills. |
|  | NA | Youth already has a high school diploma or GED. |

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| **POST-SECONDARY ACCESS**  This item rates the youth’s ability to access resources and assistance in order to enter a post-secondary education setting. These services include, but are not limited to the following: classes for test preparation, such as the Scholastic Aptitude Test (SAT) and American College Testing (ACT); counseling about college; information about financial aid and scholarships; college tours; applying for Workforce Innovation and Opportunity Act (WIOA); help completing college or loan applications; and Higher Education Navigators (HENs). Post-secondary education settings include: applied technical colleges, community colleges, Job Corps, and universities. If the young person is already enrolled in higher education, this item would rate a ‘0’. If the young person is still in high school or not planning on attending post-secondary education setting, this item would be rated N/A. **(Concrete Supports)** | | |
| Questions to Consider   * Does the young person have access to a Higher Education Navigator (HEN)? * Does the young person have formal resources such as WIOA? * Is the young person receiving support from a school counselor? * Who can help them complete applications and tour colleges? | Ratings and Descriptions | |
| PF | The young person actively seeks and accesses resources, formal and informal supports to help them meet their post-secondary education needs. **(Concrete Supports)** |
| 0 | The young person has access to the concrete resources they need. |
| 1 | The young person is currently receiving formal services such as working with a HEN or WIOA worker, but may need a referral in the future. |
| 2 | The young person has an identified need for formal service but has yet to be connected to them and the caseworker plans to make a referral or has made a referral during the current case and the services have not yet been initiated. |
| 3 | The young person is in immediate need for services such as applying for college but does not currently have access. These services are needed immediately in order to meet the young person’s educational needs. |
|  | NA | Youth is still in high school or not planning on attending post-secondary education setting. |

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| **POST-SECONDARY MENTORING & SUPPORT**  This item rates the youth’s access to supports and mentoring services meant to encourage and help them achieve success **while attending** a post-secondary education setting. This may include access to tutoring while in college; a Higher Education Navigators (HENs); appropriate academic adjustments to support students with disabilities; academic support centers and programs; housing; Education Training Voucher (ETV); etc. Post-secondary education settings include: applied technical colleges, community colleges, Job Corps, and universities. If the young person is still in high school or not planning on attending post-secondary education setting, this item would be rated N/A. **(Social Connections and Concrete Supports)** | | |
| Questions to Consider   * Does the youth need help accessing housing while attending higher education? * Is the young person receiving support from a campus support group? * Does the young person have permanent connections that will be their cheerleader and mentor? * Do they have somewhere to go during holiday breaks? | Ratings and Descriptions | |
| PF | The young person actively seeks and accesses resources, formal and informal supports to help mentor and support them while attending post-secondary education. **(Social Connections and Concrete Supports)** |
| 0 | The young person has access to the concrete resources they need. |
| 1 | The young person is currently receiving formal services such as working with a HEN, WIOA and on campus academic supports, but may need a referral in the future. |
| 2 | The young person has an identified need for formal service but has yet to be connected to them and the caseworker plans to make a referral or has made a referral during the current case and the services have not yet been initiated. |
| 3 | The young person is in immediate need of services such as support for students with disabilities, but does not currently have access. These services are needed immediately in order to meet the young person’s educational needs in the post-secondary setting. |
|  | NA | Youth is still in high school or not planning on attending post-secondary education setting. |

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| **VOCATIONAL PLANNING**  This item rates the youth’s access to and investment in services that will assist them in assessing vocational and career interests and skills, and help in matching interests and abilities with vocational goals. A youth who does not have the developmental or mental capacity to plan for a vocation would be rated as N/A. **(Concrete Supports)** | | |
| Questions to Consider   * Does the youth have appropriate resources to assist in identifying vocational goals? * Do they have a disability that could interfere with their vocational goals? * Does the youth have an idea of what they want to do in the future? * Has the youth taken steps to work towards a vocational goal? | Ratings and Descriptions | |
| PF | The young person actively seeks and accesses resources, formal and informal supports, to help them assess their vocational goals and career interests. **(Concrete Supports)** |
| 0 | The young person has access to the concrete resources they need to assess vocational and career interests and skills. |
| 1 | The young person is currently receiving formal services such as working with vocational rehab or WIOA worker, but may need a referral in the future. |
| 2 | The young person has an identified need for formal service but has yet to be connected to them and the caseworker plans to make a referral or has made a referral during the current case and the services have not yet been initiated. |
| 3 | The young person is in immediate need for services such as exploring vocational options and career interests but does not currently have access to or is not invested in services. These services are needed immediately in order to meet the young person’s vocational needs. |
|  | NA | Youth does not have the developmental or mental capacity to plan for a vocation. |

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| **EMPLOYMENT**  This item rates the youth’s ability to seek and obtain employment, including identifying potential employers, writing resumes, completing job applications, developing interview skills, job shadowing, receiving job referrals, using career resource libraries, understanding employee benefits coverage and employee rights, WIOA shadowing opportunities; paid and unpaid internships; volunteer opportunities; and securing work permits (such as food handler’s permit). A youth who does not have the developmental or mental capacity to hold employment would be rated as N/A. **(Concrete Supports)** | | |
| Questions to Consider   * Does the youth have access to someone who can help them write a resume and practice their interview skills? * Does the youth have knowledge of available job shadow or internship opportunities? * Does the youth have the ability to get a job, but is not motivated? | Ratings and Descriptions | |
| PF | The young person has the skills to find a job and is able to proactively identify and access supports to obtain a job without prompting. **(Concrete Supports)** |
| 0 | The young person has access to the concrete resources they need. |
| 1 | The young person is currently receiving formal services such as working with vocational rehab or WIOA worker, but may need a referral in the future. |
| 2 | The young person has an identified need for formal service but has yet to be connected to them and the caseworker plans to make a referral or has made a referral during the current case and the services have not yet been initiated. |
| 3 | The young person is in immediate need for services in order to obtain employment but does not currently have access to or is not invested in services. These services are needed immediately in order to meet the young person’s financial needs. |
|  | NA | Youth does not have the developmental or mental capacity to hold employment. |

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| **EMPLOYMENT RETENTION**  This item rates the youth’s ability to retain employment, and includes their ability to perform their job duties. It also rates the youth’s access to services such as employment retention support; job coaching; learning how to work with employers and other employees; understanding workplace values such as timeliness and appearance; and understanding authority and customer relationships. If the youth is accessing Vocational Rehabilitation services and applying the skills they are learning, the item would rate a ‘0’. A youth who does not have the developmental or mental capacity to hold employment would be rated as N/A. **(Concrete Supports)** | | |
| Questions to Consider   * Does the youth have transportation to get to work? * Do they need work clothes? * Is there a pattern of prior failed employment? | Ratings and Descriptions | |
| PF | The young person has the skills to retain a job and is able to proactively identify and access supports to perform job duties without prompting. **(Concrete Supports)** |
| 0 | The young person has access to the concrete resources they need. |
| 1 | The young person is currently receiving formal services such as working with a job coach or WIOA worker, but may need a referral in the future. |
| 2 | The young person has an identified need for formal service but has yet to be connected to them and the caseworker plans to make a referral or has made a referral during the current case. |
| 3 | The young person is in immediate need for services in order to retain employment but does not currently have access or invested in services. These services are needed immediately in order to meet the young person’s employment needs. |
|  | NA | Youth does not have the developmental or mental capacity to hold employment. |

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| **BUDGET AND FINANCIAL MANAGEMENT**  This item rates the youth’s skills in regards to managing their finances and living within their means. It includes the following skills and abilities: Living within a budget; opening and using a checking and savings account; balancing a checkbook; developing consumer awareness and smart shopping skills; accessing information about credit, loans and taxes; and filling out tax forms. A youth who does not have the developmental or mental capacity to perform these activities would be rated as N/A. **(Concrete Supports)** | | |
| Questions to Consider   * Does the young person have someone that can help them develop a budget? * Does the young person have a checking or savings account? * Can they fill out their taxes? * Do they know how to use a debit or credit card? * When they leave care, does the young person have someone they go to when in a financial crisis? * Has their credit report been reviewed? | Ratings and Descriptions | |
| PF | The young person actively seeks and accesses resources, formal and informal supports to help them develop and build their budgeting and financial management skills without prompting **(Concrete Supports)** |
| 0 | The young person has access to the concrete resources they need. |
| 1 | The young person is currently receiving formal services such as attending the basic life skills classes or working with a support on a monthly budget. |
| 2 | The young person has an identified need for formal service but has yet to be connected to them and the caseworker plans to make a referral or has made a referral during the current case and the services have not yet been initiated. |
| 3 | The young person is in immediate need for services such as addressing a discrepancy on their credit report but does not currently have access. These services are needed immediately in order to support the young person’s financial goals. |
|  | NA | Youth does not have the developmental or mental capacity to perform budget and financial management activities. |

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| **OBTAINING HOUSING**  This item rates the youth’s ability to identify and obtain appropriate housing. This includes the youth’s ability to locate and maintain housing, including filling out a rental application and acquiring a lease, handling security deposits and utilities, understanding tenant rights and responsibilities, handling landlord complaints, and obtaining a housing voucher or housing assistance. A youth who does not have the developmental or mental capacity to live on their own would be rated as N/A. **(Concrete Supports)** | | |
| Questions to Consider   * Does the youth have access to affordable housing? * Do they have access to or qualify for a housing voucher? * Has the team seen or reviewed the rental agreement? * Is the housing option a safe environment? | Ratings and Descriptions | |
| PF | The young person actively seeks and accesses resources, formal and informal supports to help mentor and support them while identifying and obtaining housing on their own. **(Concrete Supports)** |
| 0 | The young person has access to the concrete resources they need. |
| 1 | The young person is currently receiving formal services such as working with the TAL Coordinator or housing authority, but may need a referral in the future. |
| 2 | The young person has an identified need for formal service but has yet to be connected to them and the caseworker plans to make a referral or has made a referral during the current case and the services have not yet been initiated. |
| 3 | The young person is in immediate need for services such as handling a landlord complaint, but does not currently have access. These services are needed immediately in order to meet the youth’s housing needs. |
|  | NA | Youth does not have the developmental or mental capacity to live on their own. |

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| **HOME MANAGEMENT SKILLS**  This item rates the youth’s skills in managing and understanding practices for keeping a healthy and safe home. This includes the youth’s ability to maintain a clean, organized environment, their skills regarding food preparation, laundry, housekeeping, living cooperatively, meal planning, grocery shopping and basic maintenance and repairs. | | |
| Questions to Consider   * Does the youth have the skills to keep their room clean? * Can they do their own laundry? * Can they plan for and cook a meal and manage their grocery shopping on their own? * Does the youth have skills to perform basic household repairs? | Ratings and Descriptions | |
| 0 | No evidence of any problems with the young person’s skills in managing a safe and healthy home. |
| 1 | The young person is doing adequately in managing their home environment although some problems may exist; no intervention is needed at this time. |
| 2 | The young person is having problems with managing a safe and healthy home. They may experience some problems with effective use of home management skills and the caseworker plans to intervene. |
| 3 | The young person has no access to learning home management skills or no interest in maintaining a healthy and safe home. The young person has significant difficulties with their home management skills and the caseworker needs to take immediate action. |

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| **FINANCIAL RESOURCES**  This item rates whether the child/youth has sufficient financial resources to support themselves in meeting basic needs and self-identified goals. Before a child/youth can live independently with success, they need to establish sufficient financial resources to cover the costs of rent, food, and clothing, as well as other expenses. Included in the evaluation of financial resources would be whether the young person has access to sufficient funds to pay for educational costs for their planned education. | | |
| Questions to Consider   * Does the youth have the means to meet basic needs? * Is there some concern that child/youth cannot cover day to day expenses? | Ratings and Descriptions | |
| 0 | No evidence of financial difficulties and/or child/youth has financial resources necessary to meet needs. |
| 1 | Child/youth has financial resources necessary to meet most needs; however, some limitations exist. |
| 2 | Child/youth has financial difficulties that limit their ability to meet needs. |
| 3 | Child/youth is experiencing financial hardship, poverty. |

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| **BASIC HEALTH SKILLS**  This item rates if the youth has basic knowledge and skills related to health education and risk prevention, such as nutrition, fitness and exercise, first aid, information on sexuality and sex education (such as pregnancy prevention and family planning, and information regarding prevention of STDs), prevention of substance use and alcohol abuse, adolescent brain development, etc. Does not include receipt of direct medical care or substance abuse treatment. **(Knowledge of Adolescent Development)** | | |
| Questions to Consider   * Are there dietary concerns that could lead to health risks? * Have they completed a sex education course? Are they practicing safe sex? * Do they understand how their brain develops? * Do they understand the impact of substance abuse on their health? | Ratings and Descriptions | |
| PF | The young person is actively seeking, acquiring, and using accurate information in order to maintain good health. **(Knowledge of Adolescent Development)** |
| 0 | No evidence of any problems with the young person’s knowledge of their health; they have received prevention education and understand their responsibility and consequences of unhealthy choices. |
| 1 | The young person is working with a formal or informal support to improve their basic knowledge, although some problems may exist; no intervention is needed at this time. |
| 2 | The young person has limited basic knowledge and is willing to build their skills. They may experience some problems due to the limited knowledge and the caseworker plans to intervene. |
| 3 | The young person has no access to support, interest in learning or practicing basic health skills. The young person is at risk of unhealthy practices that could impact their well-being. Immediate education or intervention is required. |

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| **ACCESS TO HEALTHCARE RESOURCES**  This item rates if the youth has access to and knows how to use medical and dental care benefits and insurance, and knows how to maintain and access their own health records. They have knowledge of their right and ability to access Medicaid benefits after they are released from foster care. A youth who does not have the developmental or mental capacity to perform these activities would be rated as N/A. **(Concrete Supports)** | | |
| Questions to Consider   * Can the young person make their own appointments? * Do they know what a co-pay is? * If they get denied a medical service, do they know how to appeal or advocate for their medical needs? * Do they understand how to maintain their Medicaid after they leave care? | Ratings and Descriptions | |
| PF | The young person has full knowledge of how to advocate for and access their medical and dental care. They can identify and access the necessary resources and supports. **(Concrete Supports)** |
| 0 | The young person has access to the concrete resources they need. |
| 1 | The young person is currently receiving formal services to meet their medical and dental needs; they are working with a support to learn how to make their own appointments and gain a basic understanding of their benefits; and no intervention is needed at this time. |
| 2 | The young person is currently receiving services to meet their medical and dental needs, but does not have a voice in the process or understand their own benefits; the caseworker plans to intervene. |
| 3 | The young person is in immediate need for services. They are not receiving the medical or dental care they need due to lack of knowledge of their benefits. These services are needed immediately in order to educate the young person on their medical benefits and to arrange appropriate healthcare. |
|  | NA | Youth does not have the developmental or mental capacity to access their healthcare resources. |

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| **HEALTHY RELATIONSHIPS**  This item rate if the youth has a basic knowledge of how to create and sustain healthy marriages/romantic relationships, healthy dating practices, spousal communication, basic childcare/parenting skills, and domestic/family violence prevention. A youth who does not have the developmental or mental capacity to perform these activities would be rated as N/A. **(Knowledge of Adolescent Development)** | | |
| Questions to Consider   * Are they dating? Do they know their rights in a relationship? * Do they understand and use the word “no” to create safe boundaries? * Do they have issues with relationship boundaries? * Is there a pattern of unhealthy prior relationships? | Ratings and Descriptions | |
| PF | The young person is actively seeking, acquiring, using accurate information, and demonstrating skills to maintain healthy relationships. **(Knowledge of Adolescent Development)** |
| 0 | No evidence of any problems with the young person’s knowledge of healthy relationships; they have developed and utilize basic communication skills and understand their responsibility and consequences of unhealthy relationships. |
| 1 | The young person is working with a formal or informal support to improve their basic knowledge, although some problems may exist; no intervention is needed at this time. |
| 2 | The young person has limited basic knowledge and is willing to build their skills. They may experience some problems due to the limited knowledge and the caseworker plans to intervene. |
| 3 | The young person has no access to support, interest in learning or practicing healthy relationship skills. The young person is at risk of unhealthy relationships that could impact their well-being. Immediate education or intervention is required. |
|  | NA | Youth does not have the developmental or mental capacity to create or sustain healthy relationships. |

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| **OPTIMISM TOWARDS FUTURE**  This item rates the youth’s hopefulness and confidence about their ability to have success in the future, and their belief that their life is important and meaningful. The item also rates whether the youth has a positive sense of self and a solid sense of their identity. A youth who can envision positive future possibilities and make and achieve goals would rate a ‘0’, while one that has difficulty seeing any positives about themselves or their future would rate a ‘3’. **(Youth Resilience and Knowledge of Adolescent Development** and **Cognitive and Social Emotional Competence)** | | |
| Questions to Consider   * Are they willing to set future goals? * Do they dream about what they want to do in the future? * Do they believe they will be successful? * Do they have someone that will be a support to help them focus on their future? | Ratings and Descriptions | |
| PF | The young person is actively taking steps toward their future and has a clear vision of their future goals. **(Youth Resilience and Knowledge of Adolescent Development** and **Cognitive and Social Emotional Competence)** |
| 0 | The young person can envision positive future possibilities. They have internal motivation to make and achieve goals. |
| 1 | The young person is working with a formal or informal support to help build a more solid sense of identity, although some problems may exist; no intervention is needed at this time. |
| 2 | The young person has a limited ability to focus on their future. They may experience some problems due to their limited optimism and the caseworker plans to intervene. |
| 3 | The young person does not have the desire or ability to see any positives in themselves or their future. Immediate intervention is required. |

## [N] BIRTH TO FIVE RISK FACTORS

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| **BIRTH WEIGHT**  This item describes the child’s birth weight as compared to normal development. | | |
| Questions to Consider   * How did the child’s birth weight compare to typical averages? | Ratings and Descriptions | |
| 0 | Child within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here. |
| 1 | Child born underweight. A child with a birth weight of between 1500 grams (3.3. pounds) and 2499 grams would be rated here. |
| 2 | Child considerably under-weight at birth to the point of presenting a development risk to them. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here. |
| 3 | Child extremely under-weight at birth to the point of threatening their life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here. |

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| **PRENATAL CARE**  This item refers to the health care and pregnancy-related illness of the mother that impacted the child in utero. | | |
| Questions to Consider   * What kind of prenatal care did the biological mother receive? * Did the mother have any unusual illnesses or risks during pregnancy? | Ratings and Descriptions | |
| 0 | Child’s biological mother had adequate prenatal care (e.g. 10 or more planned visits to a physician) that began in the first trimester. Child’s mother did not experience any pregnancy-related illnesses. |
| 1 | Child’s biological mother had some shortcomings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here; her care must have begun in the first or early second trimester. A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here. |
| 2 | Child’s biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here. |
| 3 | Child’s biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here. |

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| **LABOR AND DELIVERY**  This item refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child during childbirth. | | |
| Questions to Consider   * Where there any unusual circumstances related to the labor and delivery of the child? | Ratings and Descriptions | |
| 0 | Child and mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here. |
| 1 | Child or mother had some mild problems during delivery, but there is no history of adverse impact. An emergency C-section or a delivery-related physical injury (e.g. shoulder displacement) to the baby is rated here. |
| 2 | Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or needed some resuscitative measures at birth is rated here. |
| 3 | Child had severe problems during delivery that have long-term implications for development (e.g. extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here. |

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| **FAILURE TO THRIVE**  This item rates the presence of problems with weight gain or growth. | | |
| Questions to Consider   * Does the child have any problems with weight gain or growth either now or in the past? * Are there any concerns about the child’s eating habits? * Does the child’s doctor have any concerns about the child’s growth or weight gain? | Ratings and Descriptions | |
| 0 | No evidence of failure to thrive. |
| 1 | The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area. |
| 2 | The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, or have a rate of weight gain that causes a decrease in two or more major percentile lines over time (75th to 25th). |
| 3 | The infant/child has one or more of all of the above and is currently at serious medical risk. |

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| **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   * Does the child have any problems with eating, including being picky, overeating or hoarding food? | Ratings and Descriptions | |
| 0 | There is no evidence of eating disturbances. |
| 1 | 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 | Infant/child has problems with eating that impair their functioning. Infants may be finicky eaters, spit food or overeat. Infants may have problems with oral motor control. Children may overeat, have few food preferences and not have a clear pattern of when they eat. |
| 3 | Infant/child has problems with eating that put them at-risk developmentally. The child and family are very distressed and unable to overcome problems in this area. |

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| **ELIMINATION**  This item refers to all dimensions of elimination. | | |
| Questions to Consider   * Does the child have any unusual difficulties with urination or defecation (e.g. constipation)? | Ratings and Descriptions | |
| 0 | There is no evidence of elimination problems. |
| 1 | Infant/child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion. |
| 2 | Infant/child demonstrates problems with elimination on a consistent basis that is interfering with their functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Young child may experience the same issues as infants along with encopresis and enuresis. |
| 3 | Infant/child demonstrates significant difficulty with elimination to the extent that they and/or the parent is in significant distress or interventions have failed. |

## [O] Progress in Residential Treatment

### (Only reassessments when child/youth is in residential)

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| **INVESTMENT IN PLACEMENT AND TREATMENT**  This item rates how the child/youth is responding to their treatment and/or placement. This items rates a child/youth’s motivation to change through their actions and/or attitudes regarding residential treatment. | | |
| Questions to Consider   * Is the child/youth engaged in treatment? * Does the child/youth recognize the need for this level of treatment? * Is the child/youth showing some signs of stabilization? | Ratings and Descriptions | |
| 0 | Child/youth accepts the reality that they are in a residential treatment setting and may even acknowledge the need for positive change in their life. |
| 1 | Child/youth sometimes voices the desire to be elsewhere, which may or may not be associated with temporary misbehavior or negative mood. |
| 2 | Child/youth routinely communicates the desire to be elsewhere, which is associated with acting out behaviors and/or a persistently negative mood. |
| 3 | The child/youth is showing high risk acting out behaviors or an extremely persistent and distressed mood related to being in the current treatment environment. |

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| **COMMUNITY OR OFF-SITE BEHAVIORS**  This item rates how a child/youth behaves when granted time away from the treatment center. This item does not rate Home Visit behavior. | | |
| Questions to Consider   * Can the child/youth maintain behaviorally when out in public? * Has the child/youth earned community based activity privileges? * Does the child/youth require one on one supervision during off site time? | Ratings and Descriptions | |
| 0 | Child/youth often or always meets expectations for socially appropriate behaviors during community-based activities with staff and peers. |
| 1 | Child/youth needs occasional redirection, encouragement, or limit setting is necessary to ensure acceptable behavior during community-based activities with staff and peers. |
| 2 | Child/youth requires frequent redirection, encouragement, or limit-setting is needed to maintain acceptable behavior during community-based activities with staff and peers. |
| 3 | Child/youth’s activities have been greatly restricted due to the high likelihood of risky, unacceptable or disruptive behaviors occurring in the community. |

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| **HOME VISITS**  This item rates a child/youth’s behavior during visits to their home and/or visits to transitional placements. This item also rates the homes readiness to care for the child/youth during home visits. This item also rates the child/youth’s ability to demonstrate behavior skills they are learning in residential treatment. | | |
| Questions to Consider   * Do home visits go well? * Does the child/youth follow rules when on home visits? * Do the caregivers have the skills needed to care for the child/youth during home visits? | Ratings and Descriptions | |
| 0 | Home visits are occurring with few or no obstacles. |
| 1 | Home visits are a mild concern due to the parent-child/youth relationship status, transportation arrangements, potentially risky child/youth behaviors away from a highly structured setting, parenting weaknesses, or similar concerns. Or, home visits have not occurred yet, but there is no cause for concern. |
| 2 | Home visits are a moderate concern due to parent-child/youth relationship problems, transportation arrangements, potentially risky child/youth behaviors away from a highly structured setting, parenting deficits, or similar concerns. |
| 3 | Home visits are a serious concern due to parent-child/youth relationship problems, transportation obstacles, potentially risky child/youth behaviors away from a highly structured setting, parenting deficits, or similar concerns.  **Or:** No caregiver has been identified. No home visits are occurring or planned. |

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| **CAREGIVER PARTICIPATION**  This item rates the involvement and knowledge level of the identified caregiver in the child/youth’s treatment and planning. Caregiver to be rated is the caregiver who the child/youth will transition to living with upon discharge from treatment. (This may not be the biological parent in cases where step down placement is needed.) | | |
| Questions to Consider   * Does the caregiver attend meetings about the child/youth? * Is the caregiver involved in decision making for treatment, and planning? * Is there a caregiver identified? | Ratings and Descriptions | |
| 0 | Adequate to good participation by caregiver in family-related interventions. |
| 1 | Caregiver occasionally misses family-related services, but is communicating with staff and is open to receiving support, education, and information. |
| 2 | Caregiver is under-involved with family-related treatment services, or is uncooperative with the child/youth’s treatment program. |
| 3 | Caregiver is nearly or completely absent from all family-related treatment services. The caregiver is communicating a desire to not participate in the child/youth’s treatment program.  **Or:** No caregiver or parent figure is currently identified. |

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| **CAREGIVER AND CHILD/YOUTH INTERACTIONS**  This item rates the quality of the interactions between the child/youth and the prospective caregiver the child/youth will live with upon discharge from residential treatment. (This may not be the biological parent in cases where step down placement is needed.) | | |
| Questions to Consider   * Can the child/youth and caregiver resolve disagreements appropriately? * Do both the caregiver and child/youth have and understanding of expectation for the child/youth’s behavior? * Have both the child/youth and caregiver reported positive interactions? | Ratings and Descriptions | |
| 0 | Child/youth and caregivers are relating in a reasonably safe, caring, and/or stable manner at this stage of treatment. |
| 1 | Child/youth and caregivers sometimes relate in unhealthy or unstable ways, but most of the time their relationship is adequate at this stage of treatment. |
| 2 | Child/youth and caregivers have a pattern of interacting in unhealthy or unstable ways, which is more impaired than expected for this stage of treatment. |
| 3 | Child/youth and caregivers have extremely unhealthy or unstable interactions, which are much more impaired than expected for this stage of treatment.  **Or:** No caregiver is involved/identified. |

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| **PROGRESS TOWARDS GOALS AND OBJECTIVES**  This item rates the child/youth’s progression in treatment. This item rates whether a child/youth is meeting the goals of treatment and can demonstrate the skills they are acquiring**.** | | |
| Questions to Consider   * Is the child/youth making progress? * Are the goals appropriate and attainable? * Has the child/youth internalized treatment? | Ratings and Descriptions | |
| 0 | Satisfactory to good rate of progress toward treatment plan goals and objectives. |
| 1 | Somewhat slow or inconsistent rate of progress, but overall improvement is occurring. |
| 2 | Moderately slow rate of progress in achieving treatment goals and objectives. Overall improvements of any size may be difficult to identify week to week. |
| 3 | No identifiable progress or the child/youth’s functioning is regressing over weeks or months. |

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| **PREPARATION FOR DISCHARGE PLACEMENT**  This item rates the child/youth’s readiness for discharge and if discharge at this time is appropriate. If the child/youth has reached a level of stability where the remaining concerns can be managed in a family setting, the child/youth should be staffed for discharge. | | |
| Questions to Consider   * Is there a plan for discharge? * What major concerns remain before discharge is appropriate? * Is the child/youth stable enough to maintain in a family-based setting? | Ratings and Descriptions | |
| 0 | Ready for discharge. |
| 1 | Nearly ready, but some concerns remain, a plan for discharge has been identified. |
| 2 | Not yet ready, but discharge setting identified. Serious concerns remain. |
| 3 | Not ready, no discharge setting identified. |

## [P] LGBTQ MODULE

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| **CHOSEN FAMILY SUPPORT**  This item rates the degree of support that a child/youth has from their chosen or identified family. | | |
| Questions to Consider   * Does child/youth have people in their life that they consider their chosen family? * Do they feel supported by these people? | Ratings and Descriptions | |
| 0 | Child/youth has a well-developed and supported group of people who function as a chosen family. |
| 1 | Child/youth has at least one close friend who functions as a chosen family. |
| 2 | Child/youth can identify one or more people in their life with whom they would like to have a family-like relationship but currently those relationships are not at the level of caring and support. |
| 3 | Child/youth cannot identify any possible chosen family members. |

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| **OTHER ADULT SUPPORTS**  This item rates the degree of support that a child/youth has from significant adults who are accepting of their sexuality. | | |
| Questions to Consider   * Does child/youth have adults in their life who are accepting of their sexuality? * Do they feel supported by these adults? | Ratings and Descriptions | |
| 0 | Child/youth has multiple significant adult supports who are accepting of the child/youth’s sexuality. |
| 1 | Child/youth has at least one significant adult support who is accepting of the child/youth’s sexuality. |
| 2 | Child/youth has no current significant adult supports; however, they have generally positive relationships with adults, some of whom are supportive and accepting of the child/youth’s sexuality. |
| 3 | Child/youth has no adult relationships that are supportive and/or accepting of the child/youth’s sexuality. |

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| **PEER CONNECTIONS**  This item rates the degree of stable and long-standing connections that a child/youth has from peers who share their sexual or gender orientation. | | |
| Questions to Consider   * Does the child/youth have peers who share their sexual or gender orientation? * Are these relationships stable and long-standing? | Ratings and Descriptions | |
| 0 | Child/youth has significant (stable and long-standing) multiple peer connections who share the child/youth’s sexual/gender orientation. |
| 1 | Child/youth has at least one stable and long-standing peer connection who shares the child/youth’s sexual/gender orientation. |
| 2 | Child/youth knows others who share the child/youth’s sexual/gender orientation but does not have any stable or long-standing relationships. |
| 3 | Child/youth is isolated from others who share the child/youth’s sexual/gender orientation. |

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| **OPPORTUNITIES FOR OPENNESS**  Perceived stigma – the expectation that one will be rejected and discriminated against – leads to a state of continuous vigilance and concealment of one’s sexual and/or gender orientation and identity that can affect one’s health. This item rates the degree to which a child/youth can be open in all aspects of life. | | |
| Questions to Consider   * Does child/youth feel like they can be open about their sexual or gender orientation? * Do they feel they need to hide it always or in some circumstances? | Ratings and Descriptions | |
| 0 | Child/youth is generally able to be open in all aspects of life. |
| 1 | Child/youth has significant opportunities to be open and can be most of the time. |
| 2 | Child/youth has limited opportunities for openness. |
| 3 | Child/youth feels dramatically restricted and rarely feels able to be open. |

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| **COMING OUT**  Studies note that youth who disclosed their sexual/gender identity to more people in their support networks were less likely to have high levels of distress related to their sexual identity. Disclosure of identity, however, is a multifaceted issue, and may also lead to harassment and victimization. This item rates the degree to which a child/youth has come out regarding sexual orientation to the significant people in their life. | | |
| Questions to Consider   * Has child/youth come out to significant people in their life? * Are there some people that the child/youth has not come out to yet? | Ratings and Descriptions | |
| 0 | Child/youth has come out with regard to sexual orientation/gender identity with all significant people in the child/youth’s life. |
| 1 | Child/youth has come out with regard to sexual orientation/gender identity with most but not all significant people in the child/youth’s life. |
| 2 | Child/youth has come out with regard to sexual orientation/gender identity with some people. |
| 3 | Child/youth has not yet come out with regard to sexual orientation/gender identity. |

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| **CAREGIVER ACCEPTANCE**  Studies have found that family acceptance during adolescence predicted increased self-esteem, social support, and general health status, and also protected against depression, substance abuse, and suicidal behaviors among LGBTQ youth. Research also suggests that family rejection may be associated with negative mental health outcomes. This item rates the degree of caregiver support and acceptance of a child/youth’s sexual orientation/gender identity. | | |
| Questions to Consider   * Does the primary caregiver know about the child/youth’s sexual orientation/gender identity? * Is the primary caregiver supportive, accepting or rejecting? | Ratings and Descriptions | |
| 0 | Primary caregiver(s) are fully supportive of the child/youth and accepting of the child/youth’s sexual orientation/gender identity. |
| 1 | Primary caregiver(s) are generally (but not fully) supportive of the child/youth and accepting of the child/youth’s sexual orientation/gender identity. Caregiver may be accepting but not supportive. |
| 2 | Primary caregiver(s) are not supportive or accepting of the child/youth’s sexual orientation/gender identity or the primary caregiver(s) have no knowledge of the child/youth’s sexual orientation/ gender identity. |
| 3 | Primary caregiver(s) are rejecting of the child/youth’s sexual orientation/gender identity. |

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| **EXPERIENCED HOMONEGATIVITY**  This item rates the degree to which a child/youth has experienced negativity from others and/or the environment in which they live due to their sexual or gender orientation. | | |
| Questions to Consider   * Has the child/youth experienced negative comments about their sexual or gender orientation? | Ratings and Descriptions | |
| 0 | Child/youth has no experience of homonegativity. People in the child/youth’s world are supportive and non-biased. |
| 1 | Child/youth has limited experience with homonegativity. Child/youth is aware of bias and may have occasionally experienced some but it has not adversely affected them. Or, child/youth may have a history of experiencing hurtful homonegativity but is no longer exposed to the negative environments. |
| 2 | Child/youth has experienced homonegativity that has had an impact on their life, choices or functioning. |
| 3 | Child/youth has experienced extreme homonegativity on multiple occasions from multiple people. |

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| **INTERNAL HOMONEGATIVITY**  This item rates the degree to which a child/youth has a negative view of their sexual orientation or of others who are LGBTQ. | | |
| Questions to Consider   * Does the child/youth accept their sexual orientation or gender identity? * Do they have a negative view of self or others? | Ratings and Descriptions | |
| 0 | Child/youth is fulling accepting of their sexual orientation/gender identity. |
| 1 | Child/youth is generally accepting of their sexual orientation or gender identity but has some doubts, fears or concerns. |
| 2 | Child/youth has a somewhat negative view of their sexual orientation and/or gender identity. |
| 3 | Child/youth has an extreme and blaming view (self or others) regarding their sexual orientation or gender identity. |

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| **TARGETED FOR SEXUALITY**  LGBTQ youth report experiencing elevated levels of harassment, victimization and violence. School-based victimization due to known or perceived identity has been documented. This item rates the degree to which a child/youth has been targeted for physical or emotional abuse due to their sexual orientation or gender identity. | | |
| Questions to Consider   * Is a child being teased, bullied or harmed due to their sexual orientation or gender identity? * Is there a history of harassment or victimization? | Ratings and Descriptions | |
| 0 | Child/youth has never been targeted for physical or emotional abuse due to sexual orientation and/or gender identity. |
| 1 | Child/youth has been targeted for physical or emotional abuse in the past due to sexual orientation and/or gender identity but not recently. |
| 2 | Child/youth is being targeted for physical or emotional abuse due to sexual orientation and/or gender identity. |
| 3 | Child/youth is being targeted with an extreme and dangerous level of physical or emotional abuse due to sexual orientation and/or gender identity. |

## [Q] Visitation with parent/ guardian/other MODULE

Positive contact between parents/guardians and children/youth is critical for both the adults and children/youth to maintain bonds and promote positive change. This domain measures visitation between parents/guardians and their children/youth. The caseworker observations and interactions with the children/youth and family before, during and after the visits are used to rate these items. Caseworker may use collateral information to rate these items if the visits are supervised by a third party or have moved to unsupervised.

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| For the **Visitation with Parent/Guardian/Other Domain,** use the following categories and action levels: | |
| E | Items you wish to EXPLORE further with the family—cannot finalize UFACET with an ‘E’ |
| PF | Protective Factor is present—only indicators directly related to the 5 protective factors will have a PF option |
| 0 | No current need; no need for action or intervention. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action. |
| NA | Not applicable |

Quality of visitation when used along with SDM risk level provide guidance as to when visitation should be modified throughout a case, such as when visits can move to unsupervised or when the court should consider a trial home placement. Lack of quality visits or disruptive visits can be signs that we need to address parent/child/youth contact in some other way, such as in therapy.

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| **FREQUENCY and DURATION**  **of VISITS**  This item refers to visits occurring between a parent/caregiver and their child(ren). This item should reflect the pattern of behavior in regards to visits. If a parent has an emergency and has to miss one visit, it would not be rated an automatic ‘2’; however, if the parent’s behavior shows a pattern of frequently missed visits then it would rate a ‘2’. The caseworker should also consider a pattern of the parent coming late or leaving early from visits. The score should not be impacted when a parent arrives on time but the foster parent is late, or a child/youth refuses to attend a visit. If the visit is unsupervised, the item should rate a ‘0’ or ‘1’ unless there is a known problem with the parent being available at the time the visit is scheduled. The caseworker needs to explain the situation in the notes. | | |
| Questions to Consider   * Is the caregiver on time for visits? * Does the caregiver leave early or arrive late frequently? * Does the caregiver “no show” visit without calling prior to the missed visit? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  Caregiver regularly attends visits and stays the entire time, or calls to reschedule visits more than 24 hours in advance. The parent may be actively requesting more frequent and/or extended visitation. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Caregiver has a history of frequently rescheduling visits, missing visits, arriving late, or leaving early but has recently begun attending on time for the entire duration and DCFS does not need to intervene. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Caregiver sporadically attends visits, has issues with arriving late, leaving early or no show. DCFS plans to intervene. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Caregiver has missed a majority of visits or only attends for less than half the scheduled time. The child/youth is struggling due to lack of contact with the parent and the lack of consistent visitation is a barrier to reunification. Or visitation has ceased due to court order. |

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| **ENGAGEMENT WITH CHILD(REN)/YOUTH**  This item refers to quality of interaction between the parent/guardian and child/youth during visits. Caregivers who are making reasonable attempts to engage with a resistant child/youth should be rated a ‘1’ on this item and concerns should be addressed in therapy. | | |
| Questions to Consider   * Does the caregiver tend to spend the visit talking with the caseworker rather than focusing on the child? * Does the caregiver arrive under the influence of drugs or alcohol to the visit? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  Caregiver is attentive and engaged during visits. Caregiver engages the child/youth in an age-appropriate manner and with age-appropriate activities. The caregiver focuses on the child/youth and responds appropriately to the child(ren)’s needs. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Caregiver has a history of struggling to focus on the child(ren) but has recently improved and now focuses on the child. DCFS does not need to intervene. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Caregiver struggles to focus on the child(ren), often answers cell phone or brings others to the visits that are a distraction and/or the parent appears to be under the influence of illegal substances or alcohol during the visit. DCFS needs to intervene. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Caregiver ignores the child(ren) during visits, and/or discusses inappropriate subject matter with the child(ren). Caregiver seems distracted and disengaged, or visitation has ceased due to court order and/or visits have had to be ended early due to parental misbehavior. |

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| **DEMONSTRATION OF PARENTING SKILLS**  This item refers to the caregiver‘s ability to demonstrate a pattern of parenting skills during visits. Parents who may be currently receiving parenting services may still rate a ‘0’ or ‘1’ if they are demonstrating the skills they have acquired. The caseworker should take into consideration whether the parent is showing improvement in the interaction with the child(ren) when there are multiple children/youth with a high level of needs. | | |
| Questions to Consider   * Does the caregiver use skills acquired from parenting courses? * Does the caregiver have age-appropriate expectations of the child? * Does the parent bring age-appropriate activities, snacks and questions for the child? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  Caregiver is able to appropriately parent the child(ren) during visits. Caregiver takes on the parenting role during visits. Parent comes prepared by bringing age-appropriate activities, snacks, or other supplies specific to the child/youth’s needs and the length of the visit (such as diapers). |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Caregiver has a history of being overly strict or allowing the child/youth to misbehave without parenting the child, or parent used to come unprepared, however recently the parent has begun demonstrating parenting skills they have learned and DCFS does not need to intervene. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Caregiver does not take on the parenting role and relies on the person supervising the visit to parent the child/youth and/or the caregiver responds inappropriately to the child/youth (e.g., becoming overly angry or non-responsive). The caregiver is completely overwhelmed by having the child/youth around; they have no idea how to interact and DCFS intervention is necessary. Caregiver does not arrive prepared for the visit or brings activities that are not age-appropriate. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Caregiver does not take on parenting role and arrives unprepared for visits. Caregiver may allow risky behavior during a visit, and/or caregiver becomes physically or verbally aggressive during visits, and/or caregiver has such unrealistic expectation of the child/youth that the child/youth may be at risk. DCFS feels the visits may need to be supervised therapeutically. Or visitation has ceased due to court order. |

## [R] Substitute Caregiver MODULE

### (Foster Parents, Kinship Caregiver, etc)

Substitute Caregivers play a vital role in the positive outcome of the children/youth placed in their care. Understanding the needs of a substitute caregiver is vital to making sure the child/youth’s needs are met. This domain measures each substitute caregiver’s individual functioning in regards to the children/youth placed in their care. This information is gathered from various sources including input from child/youth and family team members, as well as from interactions directly with the caseworker. **These items are only rated at the time of reassessment**. These items are **not** rated if the child/youth is in congregate care setting such as a hospital, facility, or group home.

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| For the **Substitute Caregiver Domain,** use the following categories and action levels: | |
| E | Items you wish to EXPLORE further with the family—cannot finalize UFACET with an ‘E’ |
| PF | Protective Factor is present—only indicators directly related to the 5 protective factors will have a PF option |
| 0 | No current need; no need for action or intervention. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action. |
| NA | Not applicable |

While it is important to focus on the family which we are re-unifying with, the needs of the substitute caregiver are equally important. We should always be focused on both the primary and concurrent goals of each case and be assessing whether or not the current situation has enough support to meet their needs as well as the needs of the children/youth placed in their care.

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| **INVESTMENT IN PERMANENCY GOALS**  This item refers to the substitute caregiver’s involvement and support of the primary and concurrent permanency goals for the child(ren) placed in their care. Substitute caregivers who are unable/unwilling to adopt or who are against the primary permanency goal (i.e. a caregiver who sabotages reunification) would rate a ‘2’ or ‘3’. | | |
| Questions to Consider   * Does the substitute caregiver agree with the identified permanency goals? * Is the substitute caregiver supportive of the family the children/youth may be reunifying with? * Is the substitute caregiver willing/able to be the permanent placement if need be? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  Caregiver is actively supportive of both permanency goals. The caregiver participates in Child and Family Team meetings and follows through with all services required in the case. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Caregiver has disagreed with the goals in the past, but is currently more supportive and/or caregiver has had barriers to the permanency goals is the past, but those barriers have been resolved. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Caregiver is resistant to the permanency plans, either by demonstrating through actions or verbalizing an unwillingness to follow the required services (e.g., not bringing the child/youth to visits with parents) and/or caregiver has strong reservations about their role as the concurrent permanency goal. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Caregiver is actively sabotaging reunification effort or is threatening to have the child/youth removed from their home. Caregiver has expressed an unwillingness to provide long term permanency. |

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| **RESPONSE TO STRESS**  This item refers to the caregiver’s reaction to and ability to cope with stressful events. This item looks at if a caregiver has problem solving skills or is prone to “shut down” when stress arises. This item does not rate if stress is present but rates the caregiver’s reaction to the stress. | | |
| Questions to Consider   * How does the substitute caregiver respond when under stress? * Does the substitute caregiver have appropriate coping strategies when facing stress? * Is the substitute caregiver resilient? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  No evidence caregiver needs help or assistance when stressed or facing a setback. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  There is a history or suspicion of need for assistance when facing stress or a setback; however the caregiver is able to manage without intervention at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  The caregiver has limited or no problem solving skills. They shut down during times of stress and setback, and these shut downs may lead to unwanted consequences such as missed UA’s or loss of employment. Intervention is necessary. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  The caregiver has only negative coping skills, these may include: drug use, refusing to go to work or treatment, becoming violent or having complete shut downs when stressed or facing a setback. These responses affect work and life functioning. |

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| **RESPITE/BABYSITTING**  This item refers to the substitute caregiver’s access to and use of respite care when needed. | | |
| Questions to Consider   * Is the substitute caregiver willing to call a babysitter so they can have a night out? * Does the substitute caregiver know their options for respite care? * Does the substitute caregiver have an individual identified that they can call during an emergency that’s allowed to care for the children/youth placed in the home? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  Caregiver has access to approved respite care and/or babysitting and is willing to use it when needed. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Caregiver has either had limited or no access to respite care in the past, but has more access now or the caregiver has previously been unwilling to use available respite care, but has recently begun using it when needed. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Caregiver does not have access to or is unwilling to use respite care/babysitting; or has only sporadic availability of respite care and the caseworker needs to work with the caregiver on identifying this resource. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Caregiver has no access or is unwilling to use respite care/babysitting and the caregiver has expressed feeling overwhelmed. The placement maybe in jeopardy if this situation does not get addressed immediately. |

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| **TRANSPORTATION SUPPORT**  This item refers to the substitute caregiver’s access to transportation to meet the requirements of children/youth placed with them. | | |
| Questions to Consider   * Does the substitute caregiver need help getting the children/youth placed with them to appointments? * Does the substitute caregiver have reliable transportation options? * Does the substitute caregiver have trouble making it to appointments for the children/youth because of transportation issues? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  Caregiver has a reliable mode of transportation and is able to get the child(ren) placed with them to school, visitation and all appointments without issue. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Caregiver has struggled in the past with transporting the child(ren) placed with them, but has come up with a working solution on their own; DCFS does not need to assist. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Caregiver does not have access to reliable transportation or is unable or unwilling to make all of the appointments, schooling, or visitation of the child(ren) placed with them. DCFS is going to work with the family on transportation support. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Caregiver has no access or is unwilling to transport the child(ren) placed with them and as a result the child(ren) have been missing school, visits or appointments and DCFS may be considering a placement change. |

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| **CAREGIVER UTILIZATION OF SERVICES FOR THE CHILD(REN)**  This item refers to the substitute caregiver’s access to and utilization of support services for the needs of the child(ren) placed in their care; this would include services such as therapy, school, and medical care. Limited access to services based on location, such as living in a small rural town, would not have an item rated ‘2’ unless the family has refused available services.  Note: This item does not include problems with service providers. | | |
| Questions to Consider   * Does the substitute caregiver take the child/youth to all needed services? * Does the substitute caregiver cancel appointments for the child/youth and fail to reschedule? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  Caregiver has access to all services needed by the child(ren); they access these services as recommended. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Caregiver has been inconsistent with accessing services for the children/youth in the past but has recently shown consistency taking them. DCFS does not need to intervene at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Caregiver does not have access to or is unwilling to use recommended services for the child(ren) placed in their care and the child/youth’s needs are not being met. DCFS plans to intervene. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Caregiver has no access or is unwilling to use available recommended services and the need for these services for the child/youth is so great that the placement is threatening to disrupt or the child/youth is unsafe. Removal from the substitute caregiver is imminent. |

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| **UNDERSTANDING OF THE CHILD(REN)’S NEEDS**  This item refers to the substitute caregiver’s understanding and acceptance of the child/youth’s unique individual needs. If a sibling group is placed with a caregiver, and the caregiver is unaware of or unresponsive to any of the sibling’s needs, this item would rate a ‘2’ or higher. If this is the case, the caseworker needs to explain the situation in the notes. | | |
| Questions to Consider   * Does the substitute caregiver know how to advocate for the needs of the children/youth placed with them? * Does the substitute caregiver demonstrate an awareness of all individual needs of each child/youth in their care? | Ratings and Descriptions | |
| 0 | No current need; no need for action or intervention.  Caregiver is aware of and responds appropriately to each child/youth’s individual needs. |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.  Caregiver may have focused on only one child/youth’s needs or may have a history of minimizing or exaggerating the needs of the child(ren) placed with them, but has been more consistent lately. DCFS does not need to intervene at this time. |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.  Caregiver has limited or no understanding of the needs of the child(ren) placed with them or is unwilling to accept the needs and DCFS plans to intervene. Caregivers may have unrealistic expectations of the child(ren) or only focus on one of the children/youth placed with them. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.  Caregiver has refused to accept the needs of the child(ren) placed with them and this denial is leading to DCFS considering a change of placement because the child(ren) are not receiving needed interventions and/or the caregiver is discontinuing services for the children/youth against the recommendation of the team. |

# qUICK rEFERENCE gUIDE

**Bullying:** Social Functioning (35), Education (42), Trauma (44), Community Violence (52) School Attendance (65).

**Coaching:** Parent Caregiver Collaboration (9)

**Custody Dispute:** Parent Caregiver Collaboration (9), Family Conflict/Communication (9)

**Dirty Home:** Physical Home Environment (14), Mental Health (22)

**Destruction of Property:** Child/Youth Risk Behaviors (41); Delinquent Behavior (62)

**Failure to Protect:** Family Role Appropriateness (11)

**Gambling Addiction:** Mental Health (22), Financial Resources (14)

**Gang Involvement (Caregiver):** Cultural Considerations (12), Trauma (24), Community Violence (52) Witness to Criminal Activity (52)

**Gang Involvement (Child):** Child/Youth Risk Behaviors (41), Trauma (44), Community Violence (52) Witness to Criminal Activity (52)

**Homelessness:** Residential Stability (15)

**Hoarding:** Physical Home Environment (14), Mental Health (22), Trauma (24)

**Hoarding Food (Child):** Eating Disturbance (39), Behavioral/Emotional Needs (43)

**LGBTQ Identity Issues:** Sexual Development (38), Cultural Considerations (12), Identity (47)

**Nightmares (Caregiver):** Mental Health (22), Trauma (24)

**Nightmares (Child):** Sleep (39), Behavioral Emotional Needs (43), Trauma (44)

**Organization (Caregiver):** Investment in Interventions (18), Mental Health (22), Developmental (23)

**Parentified Child:** Family Role Appropriateness (11)

**Polygamy:** Complex Family Systems (10), Cultural Consideration s(12); Cultural Stress (48)

**Pornography Addiction:** Mental Health (22)

**Prostitution:** Sexual Development (38)

**Sexually Acting Out:** Sexual Development (38)

**Sexual Exploitation (Caregiver):** Trauma (24), Sexual Abuse (49)

**Sexual Exploitation (Child):** Trauma (44), Sexual Abuse (49)

**Sexual Perpetration:** Child/Youth Risk Behavior (41), Sexual Aggression (60)

**Sexual Reactivity:** Sexual Development (38)

**Sibling Conflict:**  Family Conflict/Communication (9)

**Targeted Child:**  Family Conflict/Communication (9)

**Under aged Drinking (17-under):**  Behavioral/Emotional Needs (33), Substance Use (57)

**Under aged Drinking (18-20):** Substance Use (23)