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CHILD & ADOLESCENT NEEDS AND STRENGTHS

An Information Integration Tool for Early Development

CANS-0 to 4

Manual

A large number of individuals have collaborated in the development of the **CANS-0 to 3**. Along with the CANS versions for Mental Health, Juvenile Justice and Child Welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The **CANS-0 to 3** is an open domain tool for use in service delivery systems that address the developmental needs of children, adolescents, and their families. The copyright is held by the Buddin Praed Foundation to ensure that it remains free to use. For specific permission to use, please contact Melanie Lewis of the Foundation. For more information on the **CANS-0 to 3**, please contact:

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CHILD & ADOLESCENT NEEDS AND STRENGTHS
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CHILD & ADOLESCENT NEEDS AND STRENGTHS-EARLY DEVELOPMENT (CANS-0 to 3)

INTRODUCTION AND METHOD

We have used a uniform methodological approach to develop information integration tools to guide service delivery for children and adolescents with mental, emotional and behavioral health needs, mental retardation/developmental disabilities, and child welfare and juvenile justice involvement. The basic approach allows for a series of locally constructed decision support tools that we refer to as the Child & Adolescent Needs and Strengths **(CANS)**. It provides a communication framework so that different child serving partners can develop a common language on which to communicate about the characteristics needs and strengths of children and their families. While blended funding, system of care, and other service integration strategies offer significant potential for helping child serving partners work more closely in the interest of the children they serve, communication represents a separate, independent challenge to these collaborations.

The background of the **CANS** comes from our prior work in modeling decision-making for psychiatric services. In order to assess appropriate use of psychiatric hospital and residential treatment services, we developed the Childhood Severity of Psychiatric Illness (CSPI). This measure was developed to assess those dimensions crucial to good clinical decision-making for expensive mental health service interventions. We have demonstrated its utility in reforming 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 the measurement approach has been that it is face valid and easy-to-use, yet provides comprehensive information regarding the clinical status of the child or youth.

The **CANS** builds on the methodological approach for the CSPI but expands the tool to include a broader conceptualization of needs and the addition of an assessment of strengths (Lyons, Uziel-Miller, Reyes, Sokol, 2000). It is a tool developed to assist in the management and planning of services to children and adolescents and their families with the primary objectives of permanency, safety, and improved quality in of life. The **CANS** is designed for use at two levels: 1) for the individual child and family and 2) for the system of care. The **CANS** provides a structured profile of children along a set of dimensions relevant to service planning and decision-making. Also, the **CANS** provides

information regarding the child and family's service needs for use during system planning and/or quality assurance monitoring. Due to its modular design the tool can be adapted for local applications without jeopardizing its psychometric properties. The goal of the measurement design is to ensure participation of representatives of all partners to begin building a common assessment language. The **CANS** measure is then seen predominantly as a communication strategy.

The Child & Adolescent Needs and Strengths for children from birth to three years old (**CANS-0 to 3**) is a tool developed to assist in the management and planning of services to children from birth until three years old to achieve permanency, inclusion, and healthy development. It incorporates commonly-used clinical and diagnostic markers from the fields of psychology, pediatrics, and obstetrics. Thus, for example, the measure's psychological items are based on the Diagnostic and Statistical Manual – Fourth Edition (DSM-IV) disorders of early childhood, as well as on the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3). Items pertaining to prenatal care, labor and delivery, and birth weight are based on well-accepted and frequently-used criteria in obstetrical and pediatric medicine (e.g. the Kessner Index, the Apgar Test).

The **CANS-0 to 3** is designed to be used either as a ***prospective information integration*** tool for decision support during the process of planning services or as a ***retrospective decision support*** tool based on the review of existing information for use in the design of high quality systems of services. This flexibility allows for a variety of innovative applications.

As a ***prospective*** information integration tool, the **CANS-0 to 3** provides a structured profile of children along a set of dimensions relevant to case service decision-making. The **CANS-0 to 3** provides information regarding the service needs of the child and their family for use during the development of the individual plan of care. The information integration tool helps to structure the staffing process in ***strengths-based*** terms for the care manager and the family.

As *a* ***retrospective*** decision support tool, the **CANS-0 to 3** provides an assessment of the children currently in care and the functioning of the current system in relation to the needs and strengths of the child and family. It clearly points out "service gaps" in the current services system. This information can then be used to design and develop the community-based, family-focused system of care appropriate for the target population and the community. Retrospective review of prospectively completed **CANS-0 to 3** allows for a form of measurement audit to facilitate the reliability and accuracy of information (Lyons, Yeh, Leon, Uziel-Miller & Tracy, 1999).

In addition, care coordinators and supervisors can use the **CANS-0 to 3** as a ***quality assurance/monitoring*** device. A review of the case record in light of the **CANS-0 to 3** tool will provide information as to the appropriateness of the individual plan of care and whether individual goals and outcomes are achieved.

The dimensions and objective anchors used in the **CANS-0 to 3** were developed by focus groups with a variety of participants including families, family advocates, representatives of the provider community, case workers and state staff.

The dimensions of the **CANS-0 to 3** are grouped into six categories:

- **Functioning**
- **Problems**
- **Risk Factors**
- **Care Intensity & Organization**
- **Family/Caregiver Needs & Strengths**
- **Strengths**

The following is a summary of the basic structure of the dimensions, by category, for the **CANS-0 to 3** information integration tool:

Functioning Motor Sensory Developmental/Intellectual Communication Physical/Medical Family	**Care Intensity & Organization** Treatment Funding/Eligibility Transportation Service Permanence
Problems Attachment Failure to Thrive Anxiety Regulatory Problems Adjustment to Trauma	**Family/Caregiver Needs & Strengths** Physical Behavioral Health Supervision Involvement Knowledge Organization Residential Stability Resources Employment Safety
Risk Factors Birth Weight Prenatal Care Labor and Delivery Substance Exposure Sibling Problems Abuse/Neglect Maternal Availability	**Strengths** Family Interpersonal Relationship Permanence Curiosity Playfulness

ADMINISTRATION OVERVIEW

When the **CANS-0 to 3** is administered, each of the dimensions is rated on its own 4-point scale after the initial intake interview, routine service contact, or following the review of a case file. Even though each dimension has a numerical ranking, the **CANS-0 to 3** tool is designed to give a **profile** or picture of the needs and strengths of the child and family. *It is **not** designed to "add up" all of the "scores" of the dimensions for an overall score rating*. When used in a *retrospective* review of cases, it is designed to give an overall **"profile"** of the system of services and the gaps in the service system not an overall "score" of the current system. Used as a **profile** based information integration tool, it is reliable and gives the care coordinator, the family and the agency, valuable existing information for use in the development and/or review of the individual plan of care and case service decisions.

The basic design of the ratings is:

- **'0' reflects *no evidence*,**
- **'1' reflects a *mild degree* of the dimension,**
- **'2' reflects a *moderate degree*, and**
- **'3' reflects a *severe degree* of the dimension.**

Another way to conceptualize these ratings is:

- **'0' indicates *no need for action,***
- **'1' indicates a need for *watchful waiting* to see whether action is warranted (i.e., flag for monitoring and/or prevention)**
- **'2' indicates *a need for action*, and**
- **'3' indicates the need for either *immediate or intensive action*.**

The rating of 'U' for unknown should be considered a flag for a need to find this information for a complete profile or picture of the needs and strengths of the child and their family. The rating of 'U' should be used only in those circumstances in which you are unable to get any further information. It is considered an item for immediate action to find the missing information in order to have a complete description of the strengths and needs of the child and the family for a viable care coordination plan.

In order to maximize the ease of use and interpretation, please note that the last two clusters of dimensions, Caregiver Capacity and Strengths, are rated in the **reverse logical manner** to maintain consistency across the measure, i.e., **a rating of "O" is seen as a *positive* strength**. The following is the conceptualization that we use for the strengths based dimensions:

- ***'0'* indicates *a strength on which to build,***
- ***'1'* indicates *an opportunity for strength development and use in planning,***
- ***'2'* indicates *a need for strength development***
- ***'3'* indicates *a need for significant strength identification and/or creation***

Thus, in all cases in the strengths sections (caregiver and child) a low rating is positive.

It also is important to consider that some dimensions in the Functioning and Co-existing conditions a '0' indicates a strength. For example, a '0' on Sensory Functioning is a strength.

The **CANS-0 to 3** is an effective information integration tool for use in either the development of individual plans of care or for use in designing and planning community-based, family-focused systems of care for children and adolescents with serious mental, emotional and behavioral disorders and their families. To administer the **CANS-0 to 3** information integration tool found in this manual, the care coordinator, family advocate or other service provider has several options. 1) The interviewer can read the anchor descriptions for each dimension and then record the appropriate rating on the **CANS-0 to 3** assessment form or 2) they can use the semi-structured interview questions to generate a discussion with the family.

When the **CANS-0 to 3** is used in an initial interview process with the child and family, the person completing the **CANS-0 to 3** (parent advocate, care coordinator, etc., should be sufficiently familiar with the form to listen to the family's "story" as they would like to tell it. The interviewer can then ask those questions needed to obtain the information needed to complete the **CANS-0 to 3**

To administer the **CANS-0 to 3** information integration tool found at the end of this manual, the care coordinator or other service provider should read the anchor descriptions for each dimension and then record the appropriate rating on the **CANS-0 to 3** information integration form. One **CANS-0 to 3** form is completed for each case reviewed or for each individual child and family interviewed.

CODING CRITERIA

FUNCTIONING

MOTOR

This rating describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor functioning.

0 **Child's fine and gross motor functioning appears normal. There is no reason to believe that the child has any problems with motor functioning.**

1 **The child has mild fine (e.g. using scissors) or gross motor skill deficits. The child may have exhibited delayed sitting, standing, or walking, but has since reached those milestones.**

2 **The child has moderate motor deficits. A non-ambulatory child with fine motor skills (e.g. reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here. A full-term newborn who does not have a sucking reflex in the first few days of life would be rated here.**

3 **The child has severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift his or her head.**

SENSORY

This rating describes the child's ability to use all senses including vision, hearing, smell, touch, and kinestetics.

0 **The child's sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning.**

1 **The child has mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).**

2 **The child has moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).**

3 **The child has significant impairment on one or more senses (e.g. profound hearing or vision loss).**

DEVELOPMENTAL/INTELLECTUAL
This rating describes the child's development as compared to standard developmental milestones, as well as the child's cognitive/intellectual functioning, including attention span, persistence, and distractibility.

0 **Child's development and intellectual functioning appear to be within normal range. There is no reason to believe that the child has any developmental or cognitive problems.**

1 **The child exhibits symptoms of mild developmental delay or intellectual impairment, or moderate to severe impairments in attentional capabilities.**

2 **There is evidence of a pervasive developmental disorder, including Autistic Disorder, Rett's Disorder, Asperger's Disorder, Down's Syndrome, or other significant developmental delay.**

3 **The child exhibits symptoms of severe to profound retardation.**

COMMUNICATION
This rating describes the child's ability to communicate through any medium including all spontaneous vocalizations and articulations.

0 **Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.**

1 **Child's receptive abilities are intact, but child has limited expressive capabilities (e.g. if the child is an infant, he or she engages in limited vocalizations; if older than 24 months, he or she can understand verbal communication, but others have unusual difficulty understanding child).**

2 **Child has limited receptive and expressive capabilities.**

3 **Child is unable to communicate in any way, including pointing or grunting.**

PHYSICAL/MEDICAL
This rating describes both health problems and chronic/acute physical conditions.

0 **Child appears physically healthy. There is no reason to believe that the child has any medical or physical problems.**

1 **Child has mild or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.**

2 **Child has chronic physical or moderate medical problems, such as a chronic auto-immune disorder.**

3 **Child has severe, life threatening physical or medical problems.**

FAMILY FUNCTIONING

The definition of family should be from the perspective of the child (i.e., who does the child consider to be family). The family can include all biological relatives with whom the child remains in some contact with and individuals with relationship ties to these relatives. Family functioning should be rated independently of the problems experienced by the child.

0 The child's family appears to be functioning adequately. There is no evidence of problems in the family.

1 There are mild to moderate level of family problems, including marital difficulties or problems with siblings.

2 There is a significant level of family problems including frequent arguments, separation and/or divorce, or siblings with significant mental health or juvenile justice problems.

3 There is a profound level of family disruption including significant parental substance abuse, criminality, or domestic violence.

PROBLEMS

ATTACHMENT

This dimension should be rated within the context of the child's significant parental relationships.

0 There is no evidence of attachment problems. The parent-child relationship is characterized by satisfaction of child's needs and child's development of a sense of security and trust.

1 There are mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment. Child does not evidence attachment difficulties in all situations and at all times, but rather at times of stress (e.g. transitions, separations, or reunions).

2 There are moderate problems with attachment. Child is having problems with attachment that require intervention. Children with developmental delays may experience challenges with attachment and would be rated here. A child who meets criteria for Separation Anxiety Disorder would be rated here

3 There are severe problems with attachment. A child who is completely unable to separate (e.g. cannot leave the vicinity of the caregiver at all) or a child who appears to have severe problem with forming or maintaining relationships with caregivers would be rated here. A child who has received a diagnosis of Reactive Attachment Disorder would be rated here.

FAILURE TO THRIVE
Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.

0 **The child does not appear to have any problems with regard to weight gain or development. There is no evidence of failure to thrive.**

1 **The child has mild delays in physical development (e.g. is below the 25th percentile in terms of height or weight).**

2 **The child has significant delays in physical development that could be described as failure to thrive (e.g. is below the 10th percentile in terms of height or weight).**

3 **The child has severe problems with physical development that puts their life at risk (e.g. is at or beneath the 1st percentile in height or weight).**

ANXIETY
Symptoms included in this dimension are those consistent with anxiety disorders of early childhood as described in DSM-IV.

0 **This rating is given to a child with no anxiety problems.**

1 **This rating is given to a child with mild anxiety problems. This level is used to rate either a mild anxiety problem or a level of symptoms that is below the threshold for the other listed disorders. For example, infrequent sleep problems, difficulties with transitions, and acute social anxiety or shyness would be rated here.**

2 **This rating is given to a child with a moderate level of anxiety. For example, frequent and disruptive sleep problems or obsessive behaviors in play would be rated here.**

3 **This rating is given to a child with a severe level of anxiety. This level is used to indicate an extreme case of an anxiety disorder of early childhood.**

REGULATORY PROBLEMS
This category refer to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled.

0 **Child does not appear to have any problems with self-regulation.**

1 **Child has mild problems with self-regulation (e.g. unusually intense activity level, mild or transient irritability).**

2 **Child has moderate to severe problems with self-regulation (e.g. chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation).**

3 **Child has profound problems with self-regulation that place his/her safety, well being, and/or development at risk (e.g. child cannot be soothed at all when distressed, child cannot feed properly).**

ADJUSTMENT TO TRAUMA

This rating covers the reactions of children to any of a variety of traumatic experiences from child abuse and neglect to forced separation from family. This dimension covers both adjustment disorders and post traumatic stress disorder from DSM-IV.

0 **Child has not experienced any trauma.**

1 **Child has some mild adjustment problems to separation from parent(s) or other caregivers or as a result of earlier abuse. A preverbal child may experience some regression in toileting or sleep behaviors, and a verbal child may be somewhat distrustful or unwilling to talk about parent(s) or other caregivers.**

2 **Child has marked adjustment problems associated either with separation from parent(s) or other caregivers or with prior abuse. Child may have nightmares, night fears, or other notable symptoms of adjustment difficulties.**

3 **Child has post-traumatic stress difficulties as a result of either separation from parent(s), multiple other caregivers, or prior abuse. Symptoms may include intrusive thoughts, hypervigilance, constant anxiety, and other common symptoms of Post Traumatic Stress Disorder (PTSD).**

RISK FACTORS

BIRTH WEIGHT

This dimension describes the child's weight as compared to normal development.

0 **Child is within normal range for weight and has been since birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.**

1 **Child was born under weight but is now within normal range, or child is slightly beneath normal range. A child with a birth weight of between 1500 grams (3.3. pounds) and 2499 grams would be rated here.**

2 **Child is considerably under weight to the point of presenting a development risk to the child. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.**

3 **Child is extremely under weight to the point of the child's life is threatened. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.**

PRENATAL CARE

This dimension refers to the health care and birth circumstances experience by the child in utero.

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 mother had some short-comings 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-relayed 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/pre-eclampsia would be rated here.**

LABOR AND DELIVERY

This dimension refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child.

0 **Child and biological 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 child does not appear to be affected by these problems. An emergency C-Section or a delivery-related physical injury (e.g. shoulder displacement) to the child would be 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 who needed some resuscitative measures at birth, would be 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.**

SUBSTANCE EXPOSURE

This dimension describes the child's exposure to substance use and abuse both before and after birth.

0 **Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.**

1 **Child had either mild in utero exposure (e.g. mother injested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is current alcohol and/or drug use in the home.**

2 **Child was exposed to significant alcohol or drugs in utero. Any injestion of illegal drugs during pregnancy (e.g. heroin, cocaine), or significant use of alcohol or tobacco, would be rated here. Alcohol and/or drug use is not currently in the home.**

3 **Child was exposed to alcohol or drugs in utero and continues to be exposed in the home. Any child who evidenced symptoms of substance withdrawal at birth (e.g. crankiness, feeding problems, tremors, weak and continual crying) would be rated here.**

PARENT OR SIBLING PROBLEMS

*This dimension describes how this child's parents and older siblings have done/are doing in their respective developments***.**

0 **The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems**

1 **The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems (e.g. Attention Deficit, Oppositional Defiant, or Conduct Disorders). It may be that child has at least one healthy sibling.**

2 **The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem (e.g. a severe version of any of the disorders cited above, or any developmental disorder).**

3 **One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems (all siblings must have some problems).**

ABUSE/NEGLECT

This dimension describes the child's history and current risk for abuse/neglect.

0 **There is no evidence that child has been abused or neglected, nor does parent/caregiver have any history of abuse or neglect.**

1 **There is no evidence that child has been abused or neglected. Parent/caregiver does have a history of neglecting or abusing children in the past, but has received treatment to address this behavior.**

2 **There is no evidence that child has been abused or neglected. Parent/caregiver does have a history of neglecting or abusing children in the past, and has not received treatment for the behavior.**

3 **There is evidence that the child has been or is currently being abused or neglected.**

MATERNAL AVAILABILITY

This dimension addresses the primary caretaker's emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 3 months (12 weeks) post-partum.

0 **The child's mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.**

1 **The primary caretaker experienced some minor or transient stressors which made her slightly less available to the child (e.g. another child in the house under two years of age, an ill family member for whom the caretaker had responsibility, a return to work before the child reached six weeks of age).**

2 **The primary caretaker experienced a moderate level of stress sufficient to make him/her significantly less emotionally and physically available to the child in the weeks following the birth (e.g. major marital conflict, significant post-partum recuperation issues or chronic pain, two or more children in the house under four years of age).**

3 **The primary caretaker was unavailable to the child to such an extent that the child's emotional or physical well-being was severely compromised (e.g. a psychiatric hospitalization, a clinical diagnosis of severe Post-Partum Depression, any hospitalization for medical reasons which separated caretaker and child for an extended period of time, divorce or abandonment).**

INTENSITY AND ORGANIZATION OF SERVICES

TREATMENT

This rating describes the intensity of the treatment needed to address the problems, risk behaviors, and functioning of the child or youth.

0 **Child has no behavioral/physical/medical treatment needs to be administered by the parent/primary caregiver.**

1 **Child requires weekly behavioral/physical/medical treatment by the parent/primary caregiver.**

2 **Child requires daily behavioral/physical/medical treatment by the parent/primary caregiver. This would include ensuring the child takes daily medication.**

3 **Child requires multiple and complex daily behavioral/physical/medical treatments by the parent/primary caregiver (complicated treatment cases).**

FUNDING/ELIGIBILITY

This rating describes the degree of concerns about whether there are any problems with either eligibility or funding for needed services.

0 **There are no concerns about eligibility or funding of needed services nor any concerns in the foreseeable future.**

1 **There is a mild level of concern regarding eligibility or funding of needed services in the future.**

2 **Individual is not eligible for some needed services or there is immediate concern regarding the funding of some services.**

3 **Individual is not eligible for significant needed services or there is a significant conflict between program eligibility and/or funding and need.**

TRANSPORTATION

This rating reflects the level of transportation required to ensure that the child or youth could effectively participate in his/her own treatment.

0 **Child has no transportation needs.**

1 **Child has occasional transportation needs (e.g. appointments). These needs would be no more than weekly and not require a special vehicle. Child with a parent(s) who needs transportation assistance to visit a child would be rated here.**

2 **Child has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g. daily) that do not require a special vehicle.**

3 **Child requires frequent (e.g. daily) transportation in a special vehicle.**

SERVICE PERMANENCE
This dimension rates the stability of the service providers who have worked with the child and/or family.

0 **Service providers have been consistent for more than the past two years. This level is also used to rate a child/family who is initiating services for the first time or re-initiating services after an absence from services of at least one year.**

1 **Service providers have been consistent for at least one year, but changes occurred during the prior year.**

2 **Service providers have been changed recently after a period of consistency.**

3 **Service providers have changed multiple times during the past year.**

FAMILY/CAREGIVER NEEDS AND STRENGTHS

Caregiver refers to parent(s) or other adult with primary care-taking responsibilities for the child.

PHYSICAL/ BEHAVIORAL HEALTH
Physical and behavioral health includes medical, physical, mental health, and substance abuse challenges faced by the caregiver(s).

0 **Caregiver(s) has no medical, physical or behavioral health limitations that impact assistance or attendant care.**

1 **Caregiver(s) has some medical, physical or behavioral health limitations that interfere with provision of assistance or attendant care (e.g. minor difficulty with walking or movement, a well-managed condition such as lupus, diabetes, or migraines). A Caregiver with a well – managed psychiatric condition would be rate here(e.g. someone who is engaged in treatment for a depressive or anxious disorder).**

2 **Caregiver(s) has significant medical, physical or behavioral health limitations that prevent them from being able to provide some of needed assistance or make attendant care difficult (e.g. significant problems with walking or movement, a severe medical condition such as cancer).**

3 **Caregiver(s) is unable to provide any needed assistance or attendant care due to the severity of medical, physical or behavioral health problems.**

SUPERVISION
This rating is used to determine the caregiver's capacity to provide the level of monitoring and discipline needed by the child.

0 **This rating is used to indicate a caregiver circumstance in which supervision and monitoring is appropriate and well functioning.**

1 **This level indicates a caregiver circumstance in which supervision is generally adequate but inconsistent. This may include a placement in which one member is capable of appropriate monitoring and supervision but others are not capable or not consistently available.**

2 **This level indicates a caregiver circumstance in which supervision and monitoring are very inconsistent and frequently absent.**

3 **This level indicates a caregiver circumstance in which appropriate supervision and monitoring are nearly always absent or inappropriate.**

INVOLVEMENT

This rating should be based on the level of involvement the caregiver(s) has in planning and provision of mental health and related services.

0 **This level indicates a caregiver(s) who is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child.**

1 **This level indicates a caregiver(s) who is actively involved in the planning and/or implementation of services for the child.**

2 **This level indicates a caregiver(s) who is only somewhat involved in the care of the child. Caregiver may consistently visit individual if in out-of-home placement, but does not become involved in service planning and implementation.**

3 **This level indicates a caregiver(s) who is uninvolved with the care of the child.**

KNOWLEDGE

This rating should be based on caregiver's knowledge of the specific strengths of the child and any problems experienced by the child and their ability to understand the rationale for the treatment or management of these problems.

0 **This level indicates that the present caregiver is fully knowledgeable about the child's strengths, needs, and limitations.**

1 **This level indicates that the present caregiver, while being generally knowledgeable about the child, has some mild deficits in knowledge or understanding of either the child's condition or his/her needs and assets.**

2 **This level indicates that the caregiver does not know or understand the child well and that notable deficits exist in the caregiver's ability to relate to the child's problems and strengths.**

3 **This level indicates that the present caregiver has a significant problem in understanding the child's current condition. They are unable to cope with the child, given his/her status at the time, not because of the child's needs but because the caregiver does not understand/ accept the situation.**

ORGANIZATION

This rating should be based on the ability of the caregiver to participate in or direct the organization of the household, services, and related activities.

0 **Caregiver(s) is well organized and efficient.**

1 **Caregiver(s) has some difficulties with organizing or maintaining household to support needed services. For example, may be forgetful about appointments.**

2 **Caregiver(s) has significant difficulty organizing or maintaining household to support needed services. Caregiver has significant impairments in ability to organize necessary medical or rehabilitative care for child.**

3 **Caregiver(s) is unable to organize household to support needed services.**

RESIDENTIAL STABILITY

This dimension rates the caregivers current and likely future housing circumstance.

0 **Caregiver(s) has stable housing for the foreseeable future.**

1 **Caregiver(s) has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise in at some point within the next three months.**

2 **Caregiver(s) has moved multiple times in the past year. Housing is unstable.**

3 **Caregiver(s) has experienced periods of homelessness in the past six months.**

RESOURCES

This rating refers to the financial and social assets (extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family.

0 **Caregiver(s) has sufficient resources so that there are few limitations on what can be provided for the child.**

1 **Caregiver(s) has the necessary resources to help address the child's basic needs and are helpful in the care and treatment of the child.**

2 **Caregiver(s) has limited financial and other resources (e.g. grandmother living in same town who is sometimes available to watch child).**

3 **Caregiver has severely limited resources that are available to assist in the care and treatment of the child.**

EMPLOYMENT

This dimension describes the caregivers current employment status.

0 **Caregiver(s) has stable employment that they enjoy and consider a stable, long-term position.**

1 **Caregiver(s) is employed but concerns exist about the stability of this employment.**

2 **Caregiver(s) is not employed currently but has history of successful employment**

3 **Caregiver(s) is not employed and has no or only very limited history of employment.**

SAFETY

This rating refers to the safety of the assessed child. It does not refer to the safety of other family or household members based on any danger presented by the assessed child.

0 **This level indicates that the present placement is as safe or safer for the child (in his or her present condition) as could be reasonably expected.**

1 **This level indicates that the present placement environment presents some mild risk of neglect, exposure to undesirable environments (e.g. drug use or gangs in neighborhood, etc.) but that no immediate risk is present.**

2 **This level indicates that the present placement environment presents a moderate level of risk to the child, including such things as the risk of neglect or abuse or exposure to individuals who could harm the child.**

3 **This level indicates that the present placement environment presents a significant risk to the well being of the child. Risk of neglect or abuse is imminent and immediate. Individuals in the environment offer the potential of significantly harming the child.**

STRENGTHS

FAMILY

Family refers to all biological or adoptive relatives with whom the child or youth remains in contact along with other individuals in relationships with these relatives.

0 **Significant family strengths. This level indicates a family with much love and mutual respect for each other. Family members are central in each other's lives. Child is fully included in family activities.**

1 **Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members.**

2 **Mild level of family strengths. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other.**

3 **This level indicates a child with no known family strengths. Child is not included in normal family activities.**

INTERPERSONAL

This rating refers to the interpersonal skills of the child both with peers and adults.

0 **Significant interpersonal strengths. Child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating**

relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.

1 **Moderate level of interpersonal strengths. Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions him- or herself.**

2 **Mild level of interpersonal strengths. Child may be shy or uninterested in forming relationships with others, or – if still an infant – child may have a temperament that inhibits attachment to others.**

3 **This level indicates a child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g. social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant who consistently exhibits gaze aversion would be rated here.**

RELATIONSHIP PERMANENCE

This rating refers to the stability of significant relationships in the child's life. This likely includes family members but may also include other individuals.

0 **This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.**

1 **This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A child who has a stable relationship with only one parent may be rated here.**

2 **This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.**

3 **This level indicates a child who does not have any stability in relationships. A child who has been placed in more than one foster home would be rated here.**

CURIOUSITY

This rating describes the child's self-initiated efforts to discover his/her world.

0 **This level indicates a child with exceptional curiosity. Infants display mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.**

1 **This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.**

2 **This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.**

3 **This level indicates a child with very limited or no observable curiosity. Child may seem frightened of new information or environments.**

PLAYFULNESS

This rating describes the child's enjoyment of play alone and with others.

0 **This level indicates a child with substantial ability to play with self and others. Child enjoys play, and if old enough, regularly engages in symbolic and means-end play. If still an infant, child displays changing facial expressions in response to different play objects.**

1 **This level indicates a child with good play abilities. Child may enjoy play only with self or only with others, or may enjoy play with a limited selection of toys.**

2 **This level indicates a child with limited ability to enjoy play. Child may remain preoccupied with other children or adults to the exclusion of engaging in play, or may exhibit impoverished or unimaginative play.**

3 **This level indicates a child who has significant difficulty with play both by his/her self and with others. Child does not engage in symbolic or means-end play, although he or she will handle and manipulate toys.**

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