

West Virginia  
FAMILY ADVOCACY  
AND SUPPORT TOOL  
(FAST 1.0)

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REFERENCE  
GUIDE

# ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of The Family Advocacy and Support Tool (FAST). Along with the CANS and ANSA, this information integration tool is designed to support family planning and the planning and evaluation of service systems. The FAST is a communimetric tool, like the CANS and the Adult Needs and Strengths Assessment (ANSA) (Lyons, 2009). It is designed to maximize communication about the needs and strengths of families. The FAST includes ratings of the entire family (i.e. Family Together), each individual caregiver, and each individual youth.

The original version of the FAST, called the Multi-level Family Assessment, was developed in collaboration with Margaret Nickels, Ph.D., at the Juvenile Protection Agency in Chicago, Illinois. Following its initial use in a family therapy program to prevent child abuse and neglect, this tool was further developed into the FAST in collaboration with representatives of family support organizations in New Jersey. It has been further refined in various applications in Illinois, New York, and Tennessee. As such, a large number of individuals have contributed to the design, development and refinement of the FAST. It is an open domain tool, free for anyone to use. We recommend training and certification to ensure its proper and reliable use. For specific permission to use, please contact the Praed Foundation.

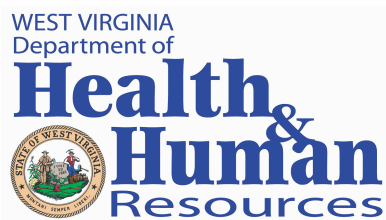
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# INTRODUCTION

## THE FAST

The **Family Advocacy and Support Tool (FAST)** is the family version of the Child and Adolescent Needs and Strengths (CANS) and part of the family of planning and outcome management tools. The purpose of the FAST is to support effective interventions when the focus of those efforts is on entire families rather than single individuals. The most common use of the FAST is in efforts to address the needs of families who are at risk of child welfare involvement.

The FAST is a communimetric tool, like the CANS and the Adult Needs and Strengths Assessment (ANSA) (Lyons, 2009). It is designed to maximize communication about the needs and strengths of families and individuals in those families. The FAST includes ratings of the family together, each individual caregiver, and each individual youth. Interventions in the family system can be directed at that system or to address the individual needs of family members or dyadic relationships within the family.

Unlike the CANS and ANSA, however, the FAST has only one action-level framework for its items.

## HISTORY AND BACKGROUND

The **FAST** 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 FAST was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized family service plans including the application of evidence-based practices.

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

The FAST is made up of domains that focus on various areas in an individual's life, and each domain is made up of a group of specific items. There are domains that address how the individual functions in everyday life, specific emotional or behavioral concerns, as well as identifies strengths. There is also a section that gathers information about general family concerns. The provider, in collaboration with the individual and family, gives a number rating to each of these items. These ratings help the provider, individual and family understand where intensive or immediate action is most needed, and also where an individual has assets that could be a major part of the treatment or service plan.

The FAST ratings, however, do not tell the whole story of an individual or the family's strengths and needs. Each section in the FAST is merely the output of a comprehensive assessment process and is documented alongside narratives developed by the care provider, individual and family that can provide more information about the individual and family.

## RATING THE ITEMS

The FAST 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 individual and family.

Each FAST rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. Unlike the CANS and ANSA, however, the FAST has only one action-level framework for its items. These item level definitions are designed to translate into the following action levels:

### Basic Design for Ratings

Rating	Level of Needs	Appropriate Action
0	No evidence of need; this may also indicate a strength	No action needed; strength can be leveraged in service/treatment plan
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment; opportunity for strength building
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

Items identified as a '0' are often strengths that can be used in strength-based planning. Items rated a '1' should be monitored and preventive efforts might be indicated. Items rated a '2' or '3' are "actionable" and should be addressed in the intervention plan.

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, this rating should be used only in the rare instances where an item does not apply to that individual being assessed. To complete the FAST, a FAST 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 FAST form (or electronic record).

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. The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The FAST 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 FAST supports the belief that individuals 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 individuals and their families to discover individual and family functioning and strengths. Failure to demonstrate a skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on family's strengths instead of weaknesses may result in enhanced motivation and improved performance. Involving the family in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the FAST and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for individuals 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 FAST assessment. A rating of '2' or '3' on a FAST need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' may identify a strength that can be used for strength-based planning. It is important to remember that when developing service and treatment plans for healthy family 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 capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the FAST can be used to monitor outcomes. This can be accomplished in two ways. First, FAST 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). Second, dimension scores can also be generated by summing items within each of the domains. These scores can be compared over the course of treatment.

The FAST has demonstrated reliability and validity. With training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications require a higher degree. The average reliability of the FAST is 0.75 with vignettes, 0.84 with case records, and can be above 0.90 with live cases. The FAST is auditable, and audit reliabilities demonstrate that the FAST tool is reliable at the item level. Validity is demonstrated with the FAST relationship to level of care decisions and other similar measures of symptoms, risk behaviors, and functioning.

The FAST 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 FAST and share experiences, additional items, and supplementary tools.

## SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL

As a communimetric tool, the FAST has six key principles that, if remembered, will make the assessment process move more smoothly.

1. **Items impact service planning.** 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. **Items ratings translate into Action Levels.** Each item uses a four level ('0'-'3') rating system. An item rated '2' or '3' requires action.
3. **Consider culture and development.** Culture and development must be considered before establishing the action level for each item.
4. **Agnostic as to etiology.** It is descriptive tool. Rate the "what" and not the "why." The FAST describes what is happening with the individual, but does not seek to assign a cause for a behavior or situation.
5. **It's about the individual, not the service.** Ratings should describe the individual and family, not the individual and family in services. If an intervention is present that is masking a need but must stay in place, it is factored into the rating and would result in a rating of an actionable need (i.e., '2' or '3').
6. **Specific ratings window (e.g. 30 days) can be over-ridden based on action levels.** Keep the information fresh and relevant to the individual's present circumstances. Don't get stuck on 30 days – if the need is relevant and older than 30 days, still use the information. Action levels trump time frames – if it requires action and should be on your treatment plan, rate it higher!

## HOW IS THE FAST USED?

The FAST is used in many ways to transform the lives of individuals and their families and to improve the programs and systems that serve them. This guide will help you to also use the FAST as a multi-purpose tool. **What is the FAST?**

### IT IS AN ASSESSMENT STRATEGY

When initially meeting individuals and their families, 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 care providers have found this useful to use during initial sessions, either in person or over the phone if there are follow up sessions required, to get a full picture of needs before treatment or service planning and beginning therapy or other services.

### IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the FAST is rated a '2' or '3' ('action needed' or 'immediate action needed') it indicates not only that it is a serious need for our individual/family, 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 or impacts on functioning that you rate as a 2 or 3 during your assessment process.

## **IT FACILITATES OUTCOMES MEASUREMENT**

The FAST is often completed every 6 months to measure change and transformation. We work with individuals and families and their needs tend to change over time. Needs may change in response to many factors including the quality of 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**

The FAST allows for a shared language to talk with and about our individual and their families, creating opportunities for collaboration. Additionally, when an individual leaves a treatment program, completing a closing FAST helps in describing progress, measuring ongoing needs and supporting continuity of care decisions by linking recommendations for future care that ties to current needs.

It is our hope that this guide will help you to make the most out of the FAST and guide you in filling it out in an accurate way that helps you make good clinical decisions.

## **FAST: A STRATEGY FOR CHANGE**

The FAST is an excellent strategy in addressing the family's behavioral health care needs. 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 FAST and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the family and individual members. 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 FAST domains can be a good way to think about capturing information. You can start your assessment with any of the sections—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 family 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 with the FAST items can help in having more natural conversations. So, if the family is talking about situations around the individual's anger control and then shifts into something like---“you know, he only gets angry when he is at work,” you can follow that and ask some questions about situational anger, and then explore other job-related issues.

## **MAKING THE BEST USE OF THE FAST**

To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the FAST and how it will be used. The description of the FAST should include teaching the family about the needs rating scale, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. As a best practice, share with the family the FAST domains and items and encourage the family to look over the items prior to 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 FAST ratings should be reviewed with each family and they should be encouraged to discuss with you any changes to the ratings, and any items that they feel need more or less emphasis.

## **LISTENING USING THE FAST**

Listening is the most important skill that you bring to working with the FAST. 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 a 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 or individual that you are with him/her.
- **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 FAST 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 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 FAST 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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# FAST ITEMS

The Family and Advocacy Support Tool basic items are noted below. Items noted in italics denote *Safety Items*.

Please Note: When completing **The Caregivers** domain, the primary caregiver should be completed first, and then all other caregivers can be rated. When completing **The Youth** domain, begin with the oldest youth, and then rate other youth in descending order of age.

## **The Family Together**

1. Financial Resources
2. Residential Stability
3. *Physical Condition of Home/Home Environment*
4. *Family Conflict*

## **The Caregivers**

5. Adjustment to Trauma Experiences
6. Physical Health
7. *Developmental*
8. *Mental Health*
9. *Substance Use*
10. *Criminal Activity*
11. *Supervision*
12. *Discipline*
13. *Involvement in Caregiving Functions*
14. *Knowledge of Youth and Family Needs*

## **The Youth**

15. *Sexual Abuse Status*
16. *Physical Abuse Status*
17. *Emotional Abuse*
18. *Neglect*
19. Traumatic Grief
20. Witness to Family, School and/or Community Violence
21. Relationship with Primary Caregiver
22. Education
23. Physical Health
24. Developmental
25. Mental Health
26. Substance use
27. *High Risk Behavior*
28. *Trafficking*
29. *Delinquent/Criminal Behavior*
30. *Frequency of Running Away*
31. Peer Influences
32. *Intimate Partner Relations*

# I. THE FAMILY TOGETHER

## 1. FINANCIAL RESOURCES

This item refers to the income and other sources of money available to family members (particularly caregivers) that can be used to address family needs.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Does the family have sufficient funds necessary to meet the family's needs?</li> </ul>	<p>Ratings and Descriptions</p>
	<p>0 No current need; no need for action or intervention. This may indicate a strength. Family has financial resources necessary to meet needs.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. Family has financial resources necessary to meet most needs, but the family has a history of financial hardship or there is reason to believe that mild difficulties might exist.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Family has moderate financial difficulties that limit their ability to meet significant family needs.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Family is experiencing significant financial hardship or poverty.</p>

## 2. RESIDENTIAL STABILITY

This item refers to the stability of the family's housing. This does not refer to the risk of placement outside of the family home for any member of the family.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Is the family's current housing situation stable?</li> <li>Are there concerns that they might have to move in the near future?</li> </ul>	<p>Ratings and Descriptions</p>
	<p>0 No current need; no need for action or intervention. This may indicate a strength. Family has stable housing for the foreseeable future.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. Family currently has stable housing; however, the family has a history of housing instability or there is reason to believe that there may be mild difficulties maintaining housing due to things such as difficulty paying rent or utilities or conflict with a landlord.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Family has had to move in the past year or will have to move in the near future due to housing difficulties.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Family has experienced homelessness in the past six months, expects to be homeless in the immediate future, and/or is currently homeless with no plan for meeting basic needs for protection from the elements.</p>

### 3. PHYSICAL CONDITION OF HOME/HOME ENVIRONMENT (Safety Item)

This item refers to the physical condition of the house or apartment in which the family is currently residing. Shelters would be rated "Not applicable."

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. This may indicate a strength. No health or safety concerns on property.
	1	Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. There is a history of health or safety concerns with the physical condition of the home or there is reason to believe that there may be mild health concerns on the property that pose no immediate threat and are easily correctable.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Serious substantiated health or safety hazards, e.g., overcrowding, inoperative or unsafe water and utility hazards, vermin, or other health and sanitation concerns.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Substantiated life-threatening health or safety hazards, e.g., living in condemned and/or structurally unsound residence, exposed wiring, potential fire/safety hazards, or vermin infestation. Also includes drug paraphernalia manufacturing.
	NA	Families that are currently homeless or living in temporary emergency shelters would be rated Not Applicable

### 4. FAMILY CONFLICT (Safety Item)

This item refers to how much fighting and arguing occurs between family members. Domestic violence refers to physical fighting in which family members might get hurt.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. This may indicate a strength. Family has minimal conflict, gets along well and negotiates disagreements appropriately.
	1	Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. Family generally gets along fairly well, but when conflicts arise resolution is difficult or there is a history of significant conflict or domestic violence.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Family is generally argumentative and significant conflict is a fairly constant theme in family communications.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action Family experiences domestic violence. There is threat or occurrence of physical, verbal or emotional altercations. If the family has a current restraining order against one member, then they would be rated here.

# 2. THE CAREGIVERS

## 5. ADJUSTMENT TO TRAUMATIC EXPERIENCES

This rating covers the reactions of individuals to a variety of traumatic experiences. For example, this dimension covers both adjustment disorders and Posttraumatic Stress Disorder as they are described in the DSM-5.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>• Has the caregiver experienced a traumatic event?</li> <li>• Does the caregiver experience frequent nightmares?</li> <li>• Are they troubled by flashbacks?</li> <li>• What are the caregiver's current coping skills?</li> </ul>	<p>0 No current need; no need for action or intervention. This may indicate a strength. There is no evidence that the caregiver has experienced trauma or there is evidence that the caregiver has adjusted well to their traumatic experiences.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. The caregiver has some adjustment problems and exhibits some signs of distress or has a history of having difficulty adjusting to traumatic experiences.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning. The caregiver has marked adjustment problems and is symptomatic in response to a traumatic event (e.g., anger, depression, and anxiety).</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver has post-traumatic stress difficulties. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Posttraumatic Stress Disorder (PTSD).</p>

## 6. PHYSICAL HEALTH

This item refers to chronic medical or physical conditions such as asthma, diabetes, HIV/AIDS, heart issues, etc.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>• How is the caregiver's health?</li> <li>• Does the caregiver have any health problems that limit their ability to care for the family?</li> </ul>	<p>0 No current need; no need for action or intervention. This may indicate a strength. There is no evidence that the caregiver has medical/physical health problems. The caregiver is generally healthy.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. The caregiver is in recovery from medical/physical problems or there is a history of physical health problems.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. The caregiver has medical/physical problems that interfere with their capacity to parent.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver has medical/physical problems that make it impossible for them to parent at this time.</p>

### 7. DEVELOPMENTAL (Safety Item)

This item refers to developmental disabilities including autism and intellectual disabilities.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Has the caregiver been identified with any developmental disabilities or intellectual disabilities?</li></ul>	<p>0 No current need; no need for action or intervention. This may indicate a strength. There is no evidence that the caregiver has developmental needs.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. The caregiver has developmental challenges, but they do not currently interfere with parenting or there is a history of those challenges interfering with parenting.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. The caregiver has developmental challenges that interfere with their capacity to parent.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver has developmental challenges that make it impossible for them to parent at this time.</p>

### 8. MENTAL HEALTH (Safety Item)

This item refers to mental health needs only (not substance abuse or dependence). A formal mental health diagnosis is not required to rate this item.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Does the caregiver have any mental health needs?</li><li>• Are the caregiver's mental health needs interfering with their functioning?</li></ul>	<p>0 No current need; no need for action or intervention. This may indicate a strength. There is no evidence that the caregiver has mental health needs.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. The caregiver is in recovery from mental health difficulties or there is a history of mental health problems.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. The caregiver has mental health difficulties that interfere with their capacity to parent.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has mental health difficulties that make it very difficult or impossible for them to parent at this time.</p>

**Supplemental Information:** Serious mental illness would be rated '2' or '3' unless the individual is in recovery.

## 9. SUBSTANCE USE (Safety Item)

This item includes problems with alcohol, illegal drugs and/or prescription drugs.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>• Do caregivers have any substance use needs that make parenting difficult?</li><li>• Does anyone else in the family have a serious substance use need that is impacting the resources for caregiving?</li></ul>	0 No current need; no need for action or intervention. This may indicate a strength. There is no evidence that the caregiver has any alcohol or drug use problems.
	1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. The caregiver may have mild problems with work or home life that result from occasional alcohol or drug use or there is a history of substance use problems.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. The caregiver has clear problems with alcohol or drug use that interferes with their life, there is a documented history of substance use problems, or the caregiver has a diagnosable substance-related disorder.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has substance use problems that make it very difficult or impossible for them to parent at this time.

**Supplemental Information:** Substance-Related Disorders would be rated '2' or '3' unless the individual is in recovery.

## 10. CRIMINAL ACTIVITY/ENVIRONMENT (Safety Item)

This item refers to the caregiver's current and/or prior history of prior misdemeanor or felony charges and/or convictions.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>• Has the caregiver been involved in a criminal cases?</li><li>• Has the caregiver ever been charged with a felony?</li><li>• How recent (if any) was the last charge?</li></ul>	0 No current need; no need for action or intervention. This may indicate a strength. There is no evidence that the caregiver has ever engaged in criminal activity.
	1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. The caregiver has a history of criminal activity, but the youth has not been in contact with the caregiver for at least 1 year or there is evidence that the criminal involvement is entirely in the caregiver's past and they are not actively involved in criminal activity.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. The caregiver has recently been involved in criminal activity and the youth has been in contact with the caregiver in the past year or the caregiver has a history of involvement in criminal activity and there is no evidence that they have stopped this involvement.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver is currently engaged in criminal activity that involved a child or child's safety.

### 11. SUPERVISION (Safety Item)

This item refers to the success with which the caregiver is able to monitor youth in their care. This item should be rated consistent with the developmental needs of the youth.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. This may indicate a strength. There is no evidence that the caregiver has difficulties supervising the youth in their care. The caregiver demonstrates consistent ability to supervise youth in their care according to their developmental needs.
	1	Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. The caregiver demonstrates generally good ability to supervise youth in their care but some problems may occur occasionally or there is a history of inadequate supervision.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. The caregiver has difficulty maintaining an appropriate level of supervision of youth in their care.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver has significant problems maintaining any supervision of youth in their care.

### 12. DISCIPLINE (Safety Item)

Discipline refers to the caregiver's ability to encourage positive behaviors by youth in their care through the use of a variety of different techniques including, but not limited to, praise, redirection, and punishment.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. This may indicate a strength. There is no evidence that the caregiver has difficulty with discipline. The caregiver generally demonstrates the ability to discipline youth in their care in a consistent and benevolent manner. They usually are able to set age appropriate limits and to enforce them.
	1	Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. The caregiver is often able to set age appropriate limits and to enforce them. On occasion their interventions may be either too harsh or too lenient but at other times their expectations of youth in their care may be too high or too low, or there is a history of inappropriate discipline.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. The caregiver demonstrates limited ability to discipline youth in their care in a consistent and benevolent manner. They are rarely able to set age appropriate limits and to enforce them. Their interventions may be erratic and overly harsh but not physically harmful. Their expectations of youth in their care are frequently unrealistic.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver disciplines youth in their care in an unpredictable fashion. There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, or physically harmful.

### 13. INVOLVEMENT IN CAREGIVING FUNCTIONS (Safety Item)

This item refers to the degree to which the caregiver is actively involved in being a parent/caregiver.

<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• How actively involved is the caregiver in the daily life of the family?</li><li>• Is the caregiver an advocate for the youth?</li><li>• Would they like any help to become more involved?</li></ul>	<b>Ratings and Descriptions</b>	
	0	No current need; no need for action or intervention. This may be a strength. There is no evidence that the caregiver is not involved with caregiving functions. The caregiver is actively and fully involved in daily family life.
	1	Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. The caregiver is generally involved in daily family life. The caregiver may occasionally be less involved for brief periods of time because they are distracted by internal stressors and/or other external events or responsibilities or there is a history of caregiver un-involvement.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. The caregiver is involved in daily family life but only maintains minimal daily interactions for extended periods of time.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver is mostly uninvolved in daily family life. The caregiver may not interact with their children on a daily basis.

### 14. KNOWLEDGE OF FAMILY AND CHILD NEEDS (Safety Item)

This item refers to the caregiver's ability to recognize the needs of the family and individual family members.

<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Is the caregiver able to identify the needs of the family? Of the individual family members?</li><li>• Is the caregiver's lack of understanding of the family's needs interfering with the family's functioning?</li></ul>	<b>Ratings and Descriptions</b>	
	0	No current need; no need for action or intervention. This may be a strength. There is no evidence that the caregiver has difficulty understanding the needs of the family and individual family members. The caregiver has strong understanding of family and youth needs.
	1	Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. The caregiver has an understanding of family and youth needs, but may still require some help in learning about certain aspects of these needs or there is a history of caregiver lack of knowledge.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. The caregiver requires assistance in understanding family and/or youth needs.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver requires substantial assistance in identifying and understanding family and youth needs.

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

# 3. THE YOUTH

## 15. SEXUAL ABUSE (Safety Item)

This item describes the youth's experience of sexual abuse. Rate this item based on the youth's LIFETIME exposure or experience.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• Has the caregiver or youth disclosed sexual abuse?</li> <li>• How often did the abuse occur?</li> <li>• Did the abuse result in physical injury?</li> </ul>	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention. This may indicate a strength. No evidence that youth has experienced sexual abuse.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building.</p> <p>Suspicion that the youth has experienced sexual abuse with some degree of evidence or the youth has experienced sexual abuse including, but not limited to, direct exposure to sexually explicit materials. Evidence for suspicion of sexual abuse could include evidence of sexually reactive behavior as well as exposure to a sexualized environment or Internet predation. Youth who have experienced secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) also would be rated here, if the abuse is not current, did not occur recently, or involve the type of incident that would otherwise be rated at the '2' or '3' level.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.</p> <p>Youth has experienced one or more incidents of sexual abuse and it is unclear whether or not treatment was sought for the youth. The perpetrator has legal or unrestrained access to the youth, or where the alleged perpetrator is of similar age and protective measures have been taken by the parent/caregiver or they are not sufficient.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action.</p> <p>Youth has experienced severe, chronic sexual abuse with multiple episodes or lasting over an extended period of time; sexual abuse may have caused physical injury and/or required medical attention; or a single incident where the alleged perpetrator resides in the home and has legal or unrestrained access to the youth.</p>

## 16. PHYSICAL ABUSE (Safety Item)

This item describes the youth's experience of physical abuse. Rate this item based on the youth's LIFETIME exposure or experience.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• Is physical discipline used in the home? What forms?</li> <li>• Has any member of the family ever received bruises, marks, or injury from physical discipline?</li> </ul>	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention. This may indicate a strength. No evidence that the youth has experienced physical abuse.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building.</p> <p>Suspicion that the youth has experienced physical abuse but no confirming evidence. Age appropriate spanking that does not leave a mark or bruise, or the threat of physical harm without actual harm inflicted would be rated here.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.</p> <p>Youth has experienced physical abuse that may include one or more incidents of physical discipline or intentional harm that results in injuries, such as bruises or marks. Physical punishment that includes the use of items such as belts or paddles or that is done out of anger by the caretaker would be rated here.</p>

**16. PHYSICAL ABUSE (Safety Item) continued**

3 Problems are dangerous or disabling; requires immediate and/or intensive action.  
Youth has experienced severe and repeated physical abuse with the intent to do harm and/or that causes sufficient physical harm to necessitate medical attention. Unexplained injuries for non-accidental trauma such as hemorrhages, subdural hematoma and breaks, as well as disorders such as Munchausen by Proxy Syndrome, qualify here.

**17. EMOTIONAL ABUSE (Safety Item)**  
This item describes the youth’s experience of emotional abuse. Rate this item based on the youth’s LIFETIME exposure or experience.

Ratings and Descriptions

- 0 No current need; no need for action or intervention. This may indicate a strength. No evidence that the youth has experienced emotional abuse.

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- 1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building.  
Youth has experienced occasional emotional abuse. For instance, may experience some insults or is occasionally referred to in a derogatory manner by caregivers or may have been at times denied emotional support or attention.

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- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth’s functioning.  
Youth has experienced emotional abuse over an extended period of time or a one-time extreme incident (e.g. a six year-old being forced to wear diapers publically by a parent frustrated with bedwetting). For instance, the youth may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.

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- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.  
Youth has experienced severe and repeated emotional abuse over an extended period of time. For instance, the youth is completely ignored by caregivers, or threatened/terrorized by others.

Questions to Consider

- How do the members of the family talk to/ interact with each other?
- Is there name calling or shaming in the home?

**18. NEGLECT (Safety Item)**  
Neglect can refer to a lack of food, shelter or supervision (physical neglect) or lack of access to needed medical care (medical neglect), or failure to receive an academic instruction (educational neglect). Rate this item based on the LIFETIME exposure or experience.

Ratings and Descriptions

- 0 No current need; no need for action or intervention. This may indicate a strength. No evidence that the youth has experienced neglect.

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- 1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building.  
Youth has experienced neglect such as a caregiver’s failure to provide adequate expectations or supervision. For instance, youth may have been left at home alone for a number of hours without adult supervision.

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- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth’s functioning.  
Youth has experienced neglect, including failure to provide adequate supervision (for instance, youth may have been left at home alone overnight) and occasional unintentional failure to provide adequate food, shelter, or clothing, with rapid corrective action.

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- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.  
Youth has experienced neglect, including multiple and prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis. The neglect places the youth in a situation that requires actions and/or decisions beyond the youth’s maturity, physical ability and/or mental ability.

Questions to Consider

- Are the youth’s basic needs for food and shelter being met?
- Is the youth allowed access to necessary medical care? Education?

## 19. TRAUMATIC GRIEF

This item describes the level of traumatic grief the youth is experiencing due to the death or loss/separation from significant caregivers, siblings, or other significant figures. History of out of home placements should be considered for this item.

	Ratings and Descriptions
Questions to Consider	0 No current need; no need for action or intervention. This may indicate a strength. No evidence that the youth is experiencing traumatic grief reactions of separation from the loss of significant caregivers. Youth has not experienced a traumatic loss (e.g., the death of a loved one), or the youth has adjusted well to separation.
	1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. Youth's experience of traumatic grief is in a manner that is expected and/or appropriate given the recent nature of the loss/separation from a significant person.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has experienced moderate traumatic grief or difficulties with separation in a manner that impairs functioning in some way. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth is experiencing significant traumatic grief reactions. The youth exhibits impaired functioning across most or all areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

## 20. WITNESS TO FAMILY, SCHOOL, AND/OR COMMUNITY VIOLENCE

This rating describes the severity of exposure to family, school or community violence.

	Ratings and Descriptions
Questions to Consider	0 No current need; no need for action or intervention. This may indicate a strength. No evidence that youth has witnessed or experienced violence in his or her family, school or community.
	1 Identified need requires monitoring, watchful waiting, prevention, or preventive activities; opportunity for strength building. Youth has witnessed occasional fighting or other forms of violence in his or her family, school or community. Youth has not been directly impacted by the violence and exposure has been limited.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has witnessed multiple instances of family, school, or community violence and/or the significant injury of others, or has had family members or friends injured as a result of violence, or is the direct victim of violence that was not life threatening.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has witnessed or experienced severe and/or repeated instances of family, school or community violence and/or the death of another person as a result of the violence, or is the direct victim of violence that was life threatening, or has experienced chronic or ongoing impact as a result of the violence (e.g., family member injured and no longer able to work).

## 21. RELATIONSHIP WITH PRIMARY CAREGIVER

This item refers to the youth's relationship with the person who is their primary caregiver. Most often the primary caregiver is the caregiver with whom you are working on a plan. This item is rated Not Applicable (NA) for youth with no caregiver identified, in permanent guardianship or living independently. Youth living in congregate care environments are also rated NA.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none"><li>• Does the youth struggle with separating from caregiver? Does the youth approach or attach to strangers in indiscriminate ways?</li><li>• Does the youth have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance?</li><li>• Does the child have separation anxiety issues that interfere with ability to engage in childcare or preschool?</li></ul>	<p>0 No current need; no need for action or intervention. This may indicate a strength. Youth has an adaptive, generally positive relationship with their primary caregiver. Youth has formed a secure attachment, and can turn to primary caregiver for security, comfort or guidance.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, prevention, or preventive activities; opportunity for strength building. Youth has a mostly adaptive, somewhat positive relationship with their primary caregiver. Youth has some attachment problems that may interfere with their ability to turn to primary caregiver for security, comfort, or guidance.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has a limited, somewhat negative relationship with their primary caregiver. Youth has attachment problems that interfere with their ability to turn to the primary caregiver for security, comfort, or guidance.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has significant difficulties or no ongoing relationship with their primary caregiver. Youth's attachment difficulties prevent them from turning to primary caregiver for security, comfort or guidance.</p> <hr/> <p>NA No caregiver identified (i.e. in permanent guardianship or independent living); OR youth is living in a congregate care environment.</p>

## 22. EDUCATION

This item refers to the youth's status with school. If the youth has completed their schooling then use '0.' If youth has dropped out without completing then use a '3.' This item reflects School Achievement, School Attendance and School Behavior.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none"><li>• How is the youth doing in school?</li><li>• Is the youth experiencing any problems related to academic progress? Behavioral problems?</li></ul>	<p>0 No current need; no need for action or intervention. This may indicate a strength. No evidence that the youth is experiencing school problems. Youth has good educational functioning and is meeting or exceeding educational expectation at an age-expected grade level.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. Youth is functioning adequately at school, mostly meeting educational expectations at an age-expected grade level.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth is functioning below educational expectations and/or requires a specialized educational setting in order to learn at an adequate level. Youth has been truant at some point during the school year.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has significant difficulties with educational functioning, including some behavioral problems related to academic difficulties (e.g., chronic truancy, suspensions, expulsions, being held back, etc.). Youth may be placed in a specialized educational setting but remains unable to learn at an adequate level.</p> <hr/> <p>NA Youth who are not school aged would be rated Not Applicable.</p>

### 23. PHYSICAL HEALTH

This item is used to describe the youth's current medical/physical health.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• How is the youth's health?</li><li>• Does the youth have any chronic conditions or physical limitations?</li></ul>	0 No current need; no need for action or intervention. This may indicate a strength. No evidence that the youth has any medical or physical problems, and/or youth is healthy.
	1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. Youth has transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has medical or physical problems that require medical treatment or intervention. Or youth has a chronic illness or a physical challenge that requires ongoing medical intervention.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to youth's safety, health, and/or development.

**Supplemental Information:** Most transient, treatable conditions would be rated as a '1.' Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2.' The rating '3' is reserved for life threatening medical conditions.

### 24. DEVELOPMENTAL

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• Does the youth's growth and development seem age appropriate?</li><li>• Has the youth been screened for any developmental problems?</li></ul>	0 No current need; no need for action or intervention. This may indicate a strength. No evidence of developmental delay, developmental problems or intellectual disability.
	1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. Concerns about possible developmental delay. Youth may have low IQ, a documented delay, or documented borderline intellectual disability. Some deficits in adaptive functioning are indicated.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has developmental delays – e.g., deficits in communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others – that impacts their functioning.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has severe and pervasive developmental delays, or profound intellectual and developmental disabilities that impact adaptive functioning in one or more areas – e.g., communication, social participation and independent living across multiple environments – and place the youth at risk.

## 25. MENTAL HEALTH

This item is used to describe the youth's current mental health. A formal mental health diagnosis is not required to rate this item.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• Does the youth have any mental health needs?</li><li>• Are the youth's mental health needs interfering with their functioning?</li></ul>	0 No current need; no need for action or intervention. This may indicate a strength. No evidence that the youth is currently experiencing mental health challenges. Youth has no signs of any notable mental health problems.
	1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. Youth has a history of mental health challenges, but none currently; or youth has some problems with adjustment that are not currently impacting their functioning.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has mental health challenges and/or a diagnosable mental health problem that interferes with their functioning.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has significant challenges with their mental health. Youth has a serious psychiatric disorder.

## 26. SUBSTANCE USE

This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by a youth. This rating is consistent with DSM-5 substance-related and addictive disorders. Problems related to the use of tobacco or caffeine are also rated in this item.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• Has the youth used alcohol or drugs on more than an experimental basis?</li><li>• Do you suspect the youth has an alcohol or drug use problem?</li></ul>	0 No current need; no need for action or intervention. This may indicate a strength. No evidence that the youth uses alcohol or drugs.
	1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. The youth has a history of using alcohol or drugs; or there is reason to suspect the youth of substance use.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has a substance use problem that consistently interferes with the ability to function in any life domain.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has a substance use problem that may result in danger to self, public safety issues, or the need for detoxification of the youth. Immediate and/or intensive interventions are indicated. Also include here a youth who is intoxicated at the time of the assessment (i.e., currently under the influence).

## 27. HIGH RISK BEHAVIOR (Safety Item)

High risk behaviors include self-injurious behavior, behavior that is dangerous to others, sexually promiscuous or aggressive behaviors, or delinquent behaviors.

	Ratings and Descriptions
Questions to Consider	0 No current need; no need for action or intervention. This may indicate a strength. No evidence that the youth engages in high risk behaviors.
	1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. This may have been a risk behavior in the past. Youth has a history of engaging in high risk behaviors, or there is reason to suspect the youth of engaging in high risk behaviors.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has engaged in high risk behaviors in the past 30 days.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has engaged in high risk behaviors in the past 30 days that place them or others at risk of harm.

## 28. TRAFFICKING (Safety Item)

This item describes the history and current risk of the youth being trafficked by others. Human trafficking is defined as: Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or commercial sex when the person induced to perform such act has not attained 18 years of age. The recruitment, harboring, transportation, provision, or obtaining of a person for labor services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery. (This definition is a WV definition §61-2-17. Human trafficking; criminal penalties). See signs of trafficking in Supplemental Information (below).

	Ratings and Descriptions
Questions to Consider	0 No current need; no need for action or intervention. This may indicate a strength. No evidence that the youth has been trafficked, or the youth is at risk of being trafficked.
	1 Identified need requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. This may have been a risk behavior in the past. Youth has a history of being trafficked for sex or labor, but is effectively out of the situation and is not under current notable risk.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has been forced to provide sex or other labor within the last year. Youth may not yet be removed/separated from risks of continued trafficking.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth is currently being trafficked and forced to provide sex or other high-risk work.

**Supplemental Information:** Signs of trafficking include, but are not limited to:

- Youth pressured to perform sexual acts/photos for money, favors, shelter, food or gifts.
- Youth stripped of identifying documents such as passport or driver's license.
- Youth denied basic needs and social contacts in order to keep others from realizing they were being trafficked.
- Person trafficking threatened to report youth to authorities or to harm the youth's family if they did not do what they were told.
- Youth is from another country and reports owing someone who helped them get into the country.
- Youth forced to work jobs in which they would be compensated, but the money goes to someone else.
- Youth's medical care withheld when injury or illness occurred.
- Youth asked to lie about age.
- Youth felt like they could not leave the job or situation they were in due to threats from the trafficker.

### 29. DELINQUENT/CRIMINAL BEHAVIOR (Safety Item)

This item describes any behavior that has the potential of placing the youth at risk of juvenile justice sanctions (e.g., truancy, curfew violations, driving without a license). Sexual offenses should be included as delinquent behavior.

	Ratings and Descriptions
Questions to Consider	0 No current need; no need for action or intervention. This may indicate a strength. No evidence or no history of delinquent or criminal behavior.
<ul style="list-style-type: none"><li>Has the youth broken any laws (even if the youth has not been charged or caught)?</li><li>Has the youth ever been arrested?</li></ul>	1 Need that requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. This may have been a risk behavior in the past. History or suspicion of delinquent behavior, but none in the recent past.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Currently engaged in delinquent or criminal behavior (e.g., vandalism, shoplifting, etc.) that puts the youth at risk.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the youth at risk of sanctions. Examples include car theft, residential burglary and gang involvement.

### 30. FREQUENCY OF RUNNING AWAY (Safety Item)

This item describes the youth's history and current risk of running away.

	Ratings and Descriptions
Questions to Consider	0 No current need; no need for action or intervention. This may indicate a strength. Youth has no history of running away or ideation of escaping from current living situation.
<ul style="list-style-type: none"><li>Has the youth ever run away?</li><li>If so, when was the last occurrence and what was the duration of the flight?</li></ul>	1 Need that requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. This may have been a risk behavior in the past. Youth has a history of running away, but not in the recent past.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has run from home or from treatment settings multiple times in the recent past.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth who runs from home and/or treatment settings at every opportunity and is an imminent flight risk. A youth who is currently a runaway is rated here.

### 31. PEER INFLUENCES

This item describes the role of the youth's primary peer social network in influencing negative behavior such as high risk or delinquent behaviors, or substance use. The youth's level of development is an important consideration in rating this item.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Do the youth's friend engage in high risk or delinquent behavior (e.g., substance use, gang involvement, involvement in illegal activities such as theft)?</li><li>If so, when was the last occurrence and what was the duration of the flight?</li></ul>	<p>0 No current need; no need for action or intervention. This may indicate a strength. Youth's primary peer social network does not engage in problematic behavior.</p> <hr/> <p>1 Need that requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. This may have been a risk behavior in the past. Youth has peers in their primary peer social network who do not engage in problematic behavior, but has some peers who do.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has peers in their primary social network who predominantly engage in problematic behavior.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has peers in their primary social network who engage in problematic behavior that endangers self and others.</p>

### 32. INTIMATE PARTNER RELATIONS (Safety Item)

This item describes the youth's romantic or intimate (?) relationship with another peer. This may be a boyfriend, girlfriend, or significant other.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Is the youth in a romantic partnership or relationship at this time?</li><li>What is the quality of this relationship</li><li>Does the youth see the relationship as a source of comfort/strength or source of distress/ conflict?</li></ul>	<p>0 No current need; no need for action or intervention. This may indicate a strength. Youth has a strong, positive, adaptive partner relationship with another; or youth has maintained a positive partner relationship in the past but is not currently in a relationship, or youth has no current interest in a romantic relationship. Also rated here is a child who is too young for romantic relationships.</p> <hr/> <p>1 Need that requires monitoring, watchful waiting, or preventive activities; opportunity for strength building. This may have been a risk behavior in the past. Youth has a generally positive intimate partner relationship with another person. They may have had a problematic partner relationship in the past.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth's intimate partner relationship interferes with his/her functioning.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth is currently involved in a negative or unhealthy relationship with another person. This relationship is either dangerous or disabling to the youth (e.g., a domestic violence situation).</p>