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TN

Department of
Children's Services



TENNESSEE

FAMILY ADVOCACY AND SUPPORT TOOL (FAST 2.1)

Praed Foundation

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ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of The Family Advocacy and Support Tool (FAST). Along with the CANS, versions for developmental disabilities, juvenile justice, and child welfare, 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 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. For more information on the CANS contact:

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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) 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. 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 **Family Advocacy and Support Tool-Trauma (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 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 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.

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 child and family.

- ★ Basic core items – grouped by domain - are rated for all individuals.

- ★ A rating of '1', '2' or '3' on key core questions triggers extension modules.
- ★ Individual assessment module questions provides additional information in a specific area.

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, however, 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, the N/A 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 CANS supports the belief that children, youth and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a youth's 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 and youth in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the FAST and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children, youth and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the 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' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities. 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 child and youth 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). Dimension scores can also be generated by summing items within each of the domains (Symptoms, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. FAST dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

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

Six Key Principles of 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. Different action levels exist for needs and strengths (page 8).
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 child and family, not the child 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 individual and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "**Questions to Consider**" which may be useful when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions.

Many 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, 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

Many users of the FAST and organizations complete the tool 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 quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

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 tie 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 needs, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

Some people may "take off" on a topic. Being familiar the 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 shift 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

Individuals may have families involved in their lives, and their families can be a great asset to the individual's treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe FAST and how it will be used. The description of the FAST should include

teaching the family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. 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; (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 his/her perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

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

WRAPPING IT UP

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

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a “total picture” of the individual and family, and offer them the opportunity to change any ratings as you summarize or give them the “total picture”.

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

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

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The Family and Advocacy Support Tool basic items are noted below.

Core Items

Family Together	Caregivers	Youth
Financial Resources	Adjustment to Trauma Experiences	Sexual Abuse
Residential Stability	Medical/Physical	Physical Abuse
Physical Condition of Home	Developmental	Emotional Abuse
Home Maintenance	Mental Health	Neglect
Natural Supports	Substance Use	Traumatic Grief
Family Conflict	Parental Criminal Activity	Witness to Family, School, or
Resiliency	Supervision	Community Violence
Family Safety	Discipline	Relationship with Primary
	Involvement in Caregiving Functions	Caregiver
	Knowledge of Youth and Family	Education
	Needs	Physical Health
		Developmental/Intellectual
		Mental Health
		Substance use
		High Risk Behavior
		Runaway

NOTE: All ratings are on a 4-point scale with the following action levels: '0' (no evidence that action is needed), '1' (history, watchful waiting, prevention), '2' (action needed), '3' (immediate or intensive action needed), or 'NA' (not applicable).

1. THE FAMILY TOGETHER

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.

Questions to Consider <ul style="list-style-type: none">Does the family have sufficient funds to necessary to meet the family's needs?	Ratings and Descriptions
	0 No current need; no need for action or intervention. Family has financial resources necessary to meet needs.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. 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.
	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.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Immediate or Intensive Action Needed. Family is experiencing significant financial hardship or poverty.

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.

Questions to Consider <ul style="list-style-type: none">Is the family's current housing situation stable?Are there concerns that they might have to move in the near future?	Ratings and Descriptions
	0 No current need; no need for action or intervention. Family has stable housing for the foreseeable future.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. 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.
	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.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Family has experienced homelessness in the past six months.

PHYSICAL CONDITION OF HOME (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".

Ratings and Descriptions

Questions to Consider <ul style="list-style-type: none"> • Where does the family currently live? • Does the home have access to utilities such as heat, electric, water? 	0	No current need; no need for action or intervention. No health or safety concerns on property.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. 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 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, i.e. 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, i.e. living in condemned and/or structurally unsound residence; exposed wiring, potential fire/safety hazards, or vermin infestation.
	NA	Families that are currently homeless or living in temporary emergency shelters would be rated Not Applicable

HOME MAINTENANCE (Safety Item)

This item refers to housekeeping both in terms of cleanliness and organization and safety from dangerous materials and/or objects (e.g. child proofing). Families living in a supported housing arrangement (e.g. shelter) would be rated "Not applicable".

Ratings and Descriptions		
Questions to Consider <ul style="list-style-type: none"> • Is the house clean? • Is the home safe for children? I.e. sharp objects, weapons, cleaning supplies away from children. 	0	No current need; no need for action or intervention. Home is clean, maintained well; poisons and medications are locked up/stored away properly and out of reach. Home is child proofed; kitchen and bathroom are functional; all utilities are operational; everyone has a bed and outlets are plugged. No concerns.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Most precautions have been taken; no danger to the youth, poisons and medication are out of reach but not locked up; home is mostly child proof, utilities are operational; minor cleaning is required, some odor present.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Some precautions have been taken, but potential hazards are obvious, e.g. poisons and medication out of sight but within reach of youth, overloaded outlets, matches and knives accessible but out of sight. Gas, heating, electricity, or plumbing sometimes doesn't work because bills have not been paid, or needed repairs have not been attended to by the family. Home is somewhat cluttered. House needs general cleaning, e.g. bathroom, bedrooms, kitchen, and basement. Beds are needed.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Home is not safe. Poisons and medications are visible and accessible, no screens on second floor windows for toddlers, outlets not plugged, few precautions taken; utilities off, due to neglect of bills or needed repair. Lack of age appropriate safe sleeping space for youth. No refrigerator. Home is dirty, kitchen presents odor due to spoiled food.
	NA	Families that are currently living in a supported housing arrangement such as a shelter would be rated Not Applicable.

NATURAL SUPPORTS

Natural supports refer to help that you do not have to pay for. This could include friends and families or a church or other organization that helps the family in times of need.

Ratings and Descriptions

<p>Questions to Consider</p> <ul style="list-style-type: none"> Does the caregiver have friends and family who provide support? Can they call on this support network to help in times of need? 	0	<p>No current need; no need for action or intervention.</p> <p>Family has substantial natural supports to assist in addressing most family, caregiver or youth needs.</p>
	1	<p>Identified need requires monitoring, watchful waiting, or preventive activities.</p> <p>Family has natural supports but some limitations exist whereby these supports are insufficient or inappropriate to address some family, caregiver or youth needs.</p>
	2	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning.</p> <p>Family has limited natural supports.</p>
	3	<p>Problems are dangerous or disabling; requires immediate and/or intensive action</p> <p>Family has no natural supports.</p>

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.

<p>Questions to Consider</p> <ul style="list-style-type: none"> Do members of the family get along? Do arguments escalate to physical altercations? 	Ratings and Descriptions	
	0	<p>No current need; no need for action or intervention</p> <p>Family has minimal conflict, gets along well and negotiates disagreements appropriately.</p>
	1	<p>Identified need requires monitoring, watchful waiting, or preventive activities.</p> <p>Family generally gets along fairly well, but when conflicts arise resolution is difficult or there is a history of significant conflict or domestic violence.</p>
	2	<p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning.</p> <p>Family is generally argumentative and significant conflict is a fairly constant theme in family communications.</p>
	3	<p>Problems are dangerous or disabling; requires immediate and/or intensive action</p> <p>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.</p>

RESILIENCY

This rating should be based on the family's ability to identify and use internal strengths in managing their lives

Ratings and Descriptions

<p>Questions to Consider</p> <ul style="list-style-type: none"> What are the strengths of the family? 	<p>0 No current need; no need for action or intervention</p> <p>Family is able to both identify and use internal strengths to better themselves and successfully manage difficult challenges.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities.</p> <p>Family is able to identify internal strengths and is able to partially utilize them.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning.</p> <p>Family is able to identify internal strengths but is not able to utilize them effectively.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action</p> <p>Family is not able to identify internal personal strengths.</p>

FAMILY SAFETY (Safety Item)

This item refers to the degree to which family members are safe from being injured in the home. This item describes whether individuals in the home present a danger to the youth. This item does not describe situations in which caregivers are unable to prevent a youth from hurting themselves despite well-intentioned efforts.

<p>Questions to Consider</p> <ul style="list-style-type: none"> Are there any concerns of the youth's safety at home or in the community? 	<p>Ratings and Descriptions</p>
	<p>0 No current need; no need for action or intervention</p> <p>Family provides a safe home environment and the youth is not at risk from others.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities.</p> <p>Family home environment is safe, but concerns exist about the safety of the youth due to family history or others in the neighborhood who present safety concerns.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning.</p> <p>Family home environment presents some danger from one or more individuals with access to the household.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action</p> <p>Family home environment presents a clear and immediate risk of harm to the youth from one or more individuals.</p>

2. CAREGIVER(S) RESOURCES & NEEDS

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 post-traumatic stress disorder as they are described in the DSM-V.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Has the caregiver experienced a traumatic event?• Does the caregiver experience frequent nightmares?• Are they troubled by flashbacks?• What are the caregiver's current coping skills?	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention</p> <p>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.</p> <p>The caregiver has mild 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.</p> <p>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</p> <p>The caregiver has post-traumatic stress difficulties. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post-Traumatic Stress Disorder (PTSD).</p>

MEDICAL/PHYSICAL

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

<p>Questions to Consider</p> <ul style="list-style-type: none">• How is the caregiver's health?• Does the caregiver have any health problems that limit their ability to care for the family?	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention</p> <p>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.</p> <p>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.</p> <p>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</p> <p>The caregiver has medical/physical problems that make it impossible for them to parent at this time.</p>

DEVELOPMENTAL (Safety Item)

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> Has the caregiver been identified with any developmental disabilities or intellectual disabilities? 	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention There is no evidence that the caregiver has developmental needs.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. 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> <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 developmental challenges 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 developmental challenges that make it impossible for them to parent at this time.</p>
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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.

<p>Questions to Consider</p> <ul style="list-style-type: none"> Does the caregiver have any mental health needs? Are the caregiver's mental health needs interfering with their functioning? 	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention There is no evidence that the caregiver has mental health needs.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities The caregiver is in recovery from mental health difficulties or there is a history of mental 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 mental health difficulties that interfere with their capacity to parent.</p> <hr/> <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>
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Supplemental Information: Serious mental illness would be rated '2' or '3' unless the individual is in recovery.

SUBSTANCE USE (Safety Item)

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Do caregivers have any substance use needs that make parenting difficult? • Does anyone else in the family have a serious substance use need that is impacting the resources for caregiving? 	Ratings and Descriptions
	<p>0 No current need; no need for action or intervention</p> <p>There is no evidence that the caregiver has any alcohol or drug use problems.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities</p> <p>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.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning.</p> <p>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.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action</p> <p>Caregiver has substance use problems that make it very difficult or impossible for them to parent at this time.</p>

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

PARENTAL CRIMINAL ACTIVITY (Safety Item)

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Has the caregiver been involved in a criminal cases? • Has the caregiver ever been charged with a felony? • How recent (if any) was the last charge? 	Ratings and Descriptions
	<p>0 No current need; no need for action or intervention</p> <p>There is no evidence that the caregiver has ever engaged in criminal activity.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities</p> <p>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 caregivers past and they are not actively involved in criminal activity.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning.</p> <p>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.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action</p> <p>The caregiver is currently engaged in criminal activity, for example is presently involved in a criminal case that has not been adjudicated.</p>

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 <ul style="list-style-type: none">Does the caregiver provide consistent supervision to the children?Does the caregiver think he or she needs some help with these issues?	Ratings and Descriptions
	0 No current need; no need for action or intervention 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 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.

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 <ul style="list-style-type: none">Is the caregiver able to provide appropriate limits to the children?Does the caregiver provide appropriate support to the youth to meet the caregiver's expectations?Does the caregiver think he or she needs some help with these issues?	Ratings and Descriptions
	0 No current need; no need for action or intervention 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 The caregiver is often able to set age appropriate limits and to enforce them. On occasion her/his interventions may be either too harsh or too lenient but at other times her/his 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. Her/his interventions may be erratic and overly harsh but not physically harmful. Her/his 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.

INVOLVEMENT IN CARE (Safety Item)

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

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention 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 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.

Supplemental Information: This rating should be based on the level of involvement of the caregiver(s) in the planning and provision of child welfare, behavioral health, education, primary care, and related services.

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.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention 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 The caregiver has 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 don't then it's a knowledge problem. In order to minimize the cultural issues, it is recommended thinking of this item in terms of whether there is information that can be made available to the caregivers so that they could be more effective in working with their 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. YOUTH

These ratings are made based on the LIFETIME exposure of trauma or adverse childhood experiences

SEXUAL ABUSE (Safety Item)*

This item describes the youth's experience of sexual abuse.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Has the caregiver or youth disclosed sexual abuse? • How often did the abuse occur? • Did the abuse result in physical injury? 	Ratings and Descriptions
	<p>0 No current need; no need for action or intervention</p> <p>There is no evidence that youth has experienced sexual abuse.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities</p> <p>There is a 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' action 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 that are not recent incidents and it is unclear whether or not treatment was sought for the youth, that the alleged perpetrator does not live in the home or have 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.</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 significant enough to cause physical injury and/or require medical attention, or a single incident where the alleged perpetrator resides in the home and has legal or unrestrained access to the youth.</p>

***A rating of '1', '2' or '3' on this item triggers the Sexual Abuse Module (page 29).**

PHYSICAL ABUSE (Safety Item)

This item describes the youth's experience of physical abuse.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Is physical discipline used in the home? What forms? • Has the any member of the family ever received bruises, marks, or injury from physical discipline 	Ratings and Descriptions
	<p>0 No current need; no need for action or intervention</p> <p>There is no evidence that the youth has experienced physical abuse.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities</p> <p>There is a suspicion that the youth has experienced physical abuse but no confirming evidence. Age appropriate spanking that does not leave a mark or bruise would be rated here. The threat of physical harm without actual harm inflicted would also 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 a level of physical abuse that may include one or more incidents of physical punishment (e.g. hitting, punching) when the parent/caretaker uses 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>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action</p> <p>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.</p>

EMOTIONAL ABUSE (Safety Item)

Please rate the youth's lifetime experience of emotional abuse.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • How do the members of the family talk to/interact with each other? • Is there name calling or shaming in the home? 	Ratings and Descriptions
	<p>0 No current need; no need for action or intervention</p> <p>There is no evidence that the youth has experienced emotional abuse.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities</p> <p>The 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.</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>The youth has experienced emotional abuse characterized by 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.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action</p> <p>The 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.</p>

NEGLECT

Please rate the youth's lifetime experience of neglect. 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).

Questions to Consider <ul style="list-style-type: none">• Are the youths' basic needs for food and shelter being met?• Is the youth allowed access to necessary medical care? Education?	Ratings and Descriptions
	0 No current need; no need for action or intervention There is no evidence that the youth has experienced neglect.
	1 Identified need requires monitoring, watchful waiting, or preventive activities The 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.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. The 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.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action The 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.

TRAUMATIC GRIEF

This item rates the severity of traumatic grief the youth is experiencing due to the death or loss / separation from significant caregivers, siblings, or other significant figures.

Questions to Consider <ul style="list-style-type: none">• Does the youth struggle with separating from caregiver? Does the youth approach or attach to strangers in indiscriminate ways?• Does the youth have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance?• Does the child have separation anxiety issues that interfere with ability to engage in childcare or preschool?	Ratings and Descriptions
	0 No current need; no need for action or intervention There is no evidence that the youth is experiencing traumatic grief reactions of separation from the loss of significant caregivers. The 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 The youth has experienced mild traumatic grief due to death or loss / separation from a significant person in a manner that is expected and/or appropriate given the recent nature of the loss or separation.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. The youth has experienced moderate traumatic grief or difficulties with separation in a manner that impairs functioning in some, but not all areas of daily functioning. 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 The youth has experienced 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.

WITNESS TO FAMILY, SCHOOL, COMMUNITY VIOLENCE

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

Questions to Consider <ul style="list-style-type: none">• Has any the youth ever been the victim of a crime?• Has the youth seen criminal activity in his/her community or home?	Ratings and Descriptions
	0 No current need; no need for action or intervention There is no evidence that youth has witnessed or experienced violence in his or her family, school or community.
	1 Identified need requires monitoring, watchful waiting, or preventive activities The 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 The 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).

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.

Questions to Consider <ul style="list-style-type: none">• Does the caregiver have any mental health needs?• Are the caregiver's mental health needs interfering with his/her functioning?	Ratings and Descriptions
	NA No caregiver identified, i.e. permanent guardianship, independent living.
	0 No current need; no need for action or intervention The youth has an adaptive, generally positive relationship with their primary caregiver. The youth appears to have formed a secure attachment, and can turn to primary caregiver for security, comfort or guidance.
	1 Identified need requires monitoring, watchful waiting, or preventive activities The youth has a mostly adaptive, somewhat positive relationship with their primary caregiver. The youth appears to have mild attachment problems that interfere with their ability to turn to primary caregiver for security, comfort, or guidance.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. The youth has a limited, somewhat negative relationship with their primary caregiver. The youth appears to have moderate attachment problems that interfere with their ability to turn to the primary caregiver for security, comfort, or guidance.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action The youth has significant difficulties or no ongoing relationship with their primary caregiver. The youth appears to have severe attachment problems.

SCHOOL

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

Questions to Consider <ul style="list-style-type: none">• How is the youth doing in school?• Is the youth experiencing any problems related to academic progress? Behavioral problems?	Ratings and Descriptions
	0 No current need; no need for action or intervention There is no evidence that the youth is experiencing school problems. Youth has good educational functioning. Youth is meeting or exceeding educational expectation at an age-expected grade level.
	1 Identified need requires monitoring, watchful waiting, or preventive activities Youth functioning adequately at school, mostly meeting educational expectations at an age- expected grade level.
	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.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action Youth has significant difficulties with educational functioning. Youth has significant educational problems including some behavioral problems related to academic difficulties (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.
	NA Youth who are not school aged would be rated Not Applicable.

MEDICAL/PHYSICAL

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

Questions to Consider <ul style="list-style-type: none">• How is the youth's health?• Does the youth have any chronic conditions or physical limitations?	Ratings and Descriptions
	0 No current need; no need for action or intervention No evidence that the youth has any medical or physical problems, and/or he/she is healthy.
	1 Identified need requires monitoring, watchful waiting, or preventive activities 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 serious 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.

DEVELOPMENTAL/INTELLECTUAL

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.

Questions to Consider <ul style="list-style-type: none">Does the youth's growth and development seem age appropriate?Has the youth been screened for any developmental problems?	Ratings and Descriptions
	0 No current need; no need for action or intervention No evidence of developmental delay and/or youth has no developmental problems or intellectual disability.
	1 Identified need requires monitoring, watchful waiting, or preventive activities There are concerns about possible developmental delay. Youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.
	2 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 social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action Youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

MENTAL HEALTH

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

Questions to Consider <ul style="list-style-type: none">Does the youth have any mental health needs?Are the youth's mental health needs interfering with their functioning?	Ratings and Descriptions
	0 No current need; no need for action or intervention There is no evidence that the youth is currently experiencing mental health challenges. The youth has no signs of any notable mental health problems.
	1 Identified need requires monitoring, watchful waiting, or preventive activities The youth has mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. The youth has moderate 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 The youth has significant challenges with his or her mental health. The youth has a serious psychiatric disorder.

SUBSTANCE USE

Please rate the highest level from the past 30 days

Questions to Consider <ul style="list-style-type: none">Has the youth used alcohol or drugs on more than an experimental basis?Do you suspect the youth has an alcohol or drug use problem?	Ratings and Descriptions
	0 No current need; no need for action or intervention There is no evidence that the youth uses alcohol or drugs.
	1 Identified need requires monitoring, watchful waiting, or preventive activities 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. The youth has used alcohol or drugs in the past 30 days and there is clear evidence that the use interferes with functioning in any life domain.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action The youth requires detoxification OR is addicted to alcohol and/or drugs. Also include here a youth who is intoxicated at the time of the assessment (i.e., currently under the influence).

HIGH RISK BEHAVIOR

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

Questions to Consider <ul style="list-style-type: none">Has the youth ever intentionally hurt themselves or others?	Ratings and Descriptions
	0 No current need; no need for action or intervention There is no evidence that the youth engages in high risk behaviors.
	1 Identified need requires monitoring, watchful waiting, or preventive activities The 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. The youth has engaged in high risk behaviors in the past 30 days.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action The youth has engaged in high risk behaviors in the past 30 days that place the youth or others at risk of harm.

RUNAWAY

In general, to classify as a runaway or elopement, the child is gone overnight or very late into the night. Impulsive behavior that represents an immediate threat to personal safety would also be rated here.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li data-bbox="142 468 375 527">• Has the youth ever run away?<li data-bbox="142 537 375 695">• If so, when was the last occurrence and what was the duration of the flight?<li data-bbox="142 705 375 764">• Where has the youth run to?	0 No current need; no need for action or intervention Youth has no history of running away or ideation of escaping from current living situation.
	1 Identified need requires monitoring, watchful waiting, or preventive activities Youth has no recent history of running away but has not expressed ideation about escaping current living situation. Youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has run from home once or run from one treatment setting. Also rated here is a youth who has runaway to home (parental or relative).
	3 Problems are dangerous or disabling; requires immediate and/or intensive action Youth has run from home and/or treatment settings in the recent past and present an imminent flight risk. A youth who is currently a runaway is rated here.

[a] SEXUAL ABUSE MODULE

PLEASE NOTE: This module should be completed if Youth domain, Sexual Abuse item (pg. 21) was rated '1', '2', or '3' for any youth.

COMMERCIAL SEXUAL EXPLOITATION of a MINOR (CSEM)

This item rates whether the youth has been Commercially Sexually Exploited (CSEM) in their lifetime. Refer to the Supplemental Information for the definition of a "commercial sex act" as defined by the Tennessee Code Annotated § 39-13-301(15)

Questions to Consider

- Has the youth been commercially sexually exploited?
- Is the youth under 18 years of age?
- How often did this exploitation occur and for how long?

Ratings and Descriptions

- | | |
|-----|--|
| No | There is no evidence that the youth has been commercially sexually exploited. |
| Yes | Youth has been commercially sexually exploited where conduct was induced or obtained by coercion, deception, or which conduct is induced or obtained from a person under eighteen (18) years of age. |

Supplemental Information: Please note that as defined by the Tennessee Code Annotated § 39-13-301(15), a "commercial sex act" is:

- a. Any sexually explicit conduct for which anything of value is directly or indirectly given, promised to or received by any person, which conduct is induced or obtained by coercion or deception or which conduct is induced or obtained from a person under eighteen (18) years of age; or
- b. Any sexually explicit conduct that is performed or provided by any person, which conduct is induced or obtained by coercion or deception or which conduct is induced or obtained from a person under eighteen (18) years of age.

CSEM RISK SCORE

If the Sexual Abuse item is rated '1', '2' or '3' and CSEM item is 'YES', then this is a known CSEM case.

If (the Sexual Abuse item is rated '1', '2' or '3' and CSEM item is 'NO') or any of the following items are rated '1', '2' or '3' (Residential Stability, Relationship with Primary Caregiver, Substance Abuse, High Risk Behavior, Runaway, Physical Abuse, Emotional Abuse), then the CSEM Risk Algorithm is calculated

The CSEM Risk Algorithm is calculated as follows:

- If Residential Stability = '2' or '3', then give 1 point
- If Substance Abuse = '2' or '3', then give 1 point
- If High Risk Behavior = '2' or '3', then give 1 point
- If Runaway = '1', '2' or '3', then give 1 point
- If Sexual Abuse = '1', '2' or '3', then give 1 point
- If Physical Abuse = '2' or '3', then give 1 point
- If Emotional Abuse = '2' or '3', then give 1 point
- If Relationship with Primary Caregiver = '2' or '3', then given 1 point
- Sum up the number of points (range is 0 to 8)

If the sum of the points (e.g., the CSEM Risk Score) is 0 – 2, then case is Low Risk. If CSEM Risk Score is 3 – 5, then case is Medium Risk. If CSEM Risk Score is 6 – 8, then case is High Risk. If (Sexual Abuse is yes) and (the answer to CSEM item is yes), then this is a Known CSEM Case.

CSEM Risk Score	Description
Low Risk	(Sexual Abuse is '1', '2' or '3') and (CSE item is 'NO') and (CSE Risk Score = 0 – 2)
Medium Risk	(Sexual Abuse is '1', '2' or '3') and (CSE item is 'NO') and (CSE Risk Score = 3 – 5)
High Risk	(Sexual Abuse is '1', '2' or '3') and (CSE item is 'NO') and (CSE Risk Score = 6 – 8)
Known CSEM Case	If (Sexual Abuse IS 'YES') and (CSE item IS 'YES')