
Youth Support Assessment (YSA)

Ages 12+

[New Mexico-Children, Youth and
Families Department]

(YSA 1.0)

Praed Foundation, 1999, 2017

2017
REFERENCE
GUIDE

ACKNOWLEDGEMENTS

The Youth Support Assessment (YSA) is a brief version of the CANS developed to focus on life skills and used by providers in New Mexico's Children, Youth and Families Department's (CYFD) Youth Support Services Program. It is based on items from versions of the CANS and ANSA-Transition to Adulthood. A large number of individuals have collaborated in the development of the Child and Adolescent Needs and Strengths. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open domain tool for use in multiple individual-serving systems that address the needs and strengths of children, adolescents, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

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

John S. Lyons, PhD
Senior Policy Fellow
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
jlyons@chapinhall.org
www.chapinhall.org

April D. Fernando, PhD
Policy Fellow
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
afernando@chapinhall.org
www.chapinhall.org

Praed Foundation
<http://praedfoundation.org>
praedfoundation@yahoo.com

Michael Hock, MA
Adolescent Substance Use Reduction Effort Team Leader
Behavioral Health Services
New Mexico Children, Youth and Families Department
michael.hock@state.nm.us

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	2
INTRODUCTION	4
THE CANS	4
SIX KEY PRINCIPLES OF THE CANS	4
HISTORY AND BACKGROUND OF THE CANS	4
HISTORY	5
MEASUREMENT PROPERTIES	5
RATING NEEDS & STRENGTHS.....	6
HOW IS THE CANS USED?.....	7
CANS: A BEHAVIOR HEALTH CARE STRATEGY	8
REFERENCES.....	11
YSA BASIC STRUCTURE.....	12
CORE ITEMS	12
1. STRENGTHS DOMAIN	13
2. CULTURAL FACTORS DOMAIN	16
3. LIFE FUNCTIONING DOMAIN.....	18
4. BEHAVIORAL/EMOTIONAL NEEDS DOMAIN	22
5. TRANSITION TO ADULTHOOD	24

INTRODUCTION

THE CANS

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

SIX KEY PRINCIPLES OF THE CANS

- 1. Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.
- 2. Each item uses a 4-level rating system designed to translate immediately into action levels.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
- 3. Rating should describe the individual, not the individual in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. ‘2’ or ‘3’).
- 4. Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the individual’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or adolescent regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the individual’s developmental age.
- 5. It is about the “what” not the “why.”** The ratings are generally “agnostic as to etiology.” In other words this is a descriptive tool; only two items, Adjustment to Trauma and Intentional Misbehavior, have any cause-effect judgments.
- 6. A 30-day window is used for ratings in order to make sure assessments stay relevant to the individual’s present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE CANS

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

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

The CANS is made up of domains that focus on various areas in a youth's life, and each domain is made up of a group of specific items. There are domains that address how the youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. The care provider, along with the youth and family as well as other stakeholders, gives a number rating to each of these items. These ratings help the provider, youth and family understand where intensive or immediate action is most needed, and also where a youth has assets that could be a major part of the treatment or service plan.

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

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospitals and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, & Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy to use, yet provides comprehensive information regarding clinical status.

The CANS assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the youth and the parent/caregiver, looking primarily at the 30-day period prior to completion of the CANS. It is a tool developed with the primary objective of supporting decision making at all levels of care: children, adolescents, and families, programs and agencies, and individual-serving systems. It provides for a structured communication and critical thinking about the individual and their context. The CANS is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual's progress. It can also be used as a communication tool that provides a common language for all child-serving entities to discuss the individual's needs and strengths. A review of the case record in light of the CANS assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

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

MEASUREMENT PROPERTIES

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children/youth and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, child welfare case workers, probation officers, and family advocates. With approved training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications or more complex versions of the CANS require a higher educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level (Anderson et al., 2002). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communitometrics: a Communication Theory of Measurement in Human Service Settings*.

Validity

Studies have demonstrated the CANS' validity, or its ability to measure children/youth's and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children/youth in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cardall, et al., 2016; Epstein, et al., 2015; Israel, et. al., 2015; Lardner, 2015).

RATING NEEDS & STRENGTHS

The CANS is easy to learn and is well liked by children/youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the individual 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 (in some versions).
- Individual assessment module questions provide additional information in a specific area (in some versions).

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

Basic design for rating Needs

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

Basic design for rating Strengths

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

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

certified care coordinator, case worker, clinician, or other care provider should read the anchor descriptions for each item and then record the appropriate rating on the CANS form (or electronic record).

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 CANS is an information integration tool, intended to include multiple sources of information (e.g., 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, adolescents, and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with children/youth and their families to discover youth 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 the youth's strengths instead of weaknesses with their families 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 CANS and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children/youth and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of '2' or '3' on a CANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus of strength-building activities. It is important to remember that when developing service and treatment plans for healthy individual 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 individual capabilities are a promising means for development, and play a role in reducing risky behaviors.

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

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

HOW IS THE CANS USED?

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

IT IS AN ASSESSMENT STRATEGY

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

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the CANS is rated a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course

of our treatment. As such, when you write your treatment plan, you should do your best to address any needs, impacts on functioning, or risk factors that you rate as a 2 or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

The CANS is often completed every 6 months to measure change and transformation. We work with children, adolescents, and families, and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

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

CANS: A BEHAVIOR HEALTH CARE STRATEGY

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

It is a good idea to know the CANS and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the youth and family. This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The CANS domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Functioning Domain or Behavioral/Emotional Needs, or Individual Strengths—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 individual 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 CANS items can help in having more natural conversations. So, if the family is talking about situations around the youth's anger control and then shift into something like---“you know, he only gets angry when he is in Mr. S's classroom,” you can follow that and ask some questions about situational anger, and then explore other school related issues.

MAKING THE BEST USE OF THE CANS

Children/youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the CANS and how it will be used. The description of the CANS should include teaching the youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or service planning. When possible, share with the youth and family the CANS domains and items (see the CANS core item list on page 12) and encourage the family to look over the items prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE CANS

Listening is the most important skill that you bring to working with the CANS. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes,” “and”—things that encourage people to continue.
- **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking “If I were this person, I would do x” or “That’s just like my situation, and I did “x.” But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the 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 CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying “OK, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

REDIRECT THE CONVERSATION TO PARENTS’/CAREGIVERS’ OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people’s observations such as “Well, my mother thinks that his behavior is really obnoxious.” It is important to redirect people to talk about their observations: “So your mother feels that when he does x that is obnoxious. What do YOU think?” The CANS is a tool to organize all points of observation, but the parent or caregiver’s perspective can be the most critical. Once you have 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 youth and family those areas of strengths and of needs. Help them to get a “total picture” of the youth 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. . .”

REFERENCES

- Anderson, R.L. & Estle, G. (2001). Predicting level of mental health care among children served in a delivery system in a rural state. *Journal of Rural Health, 17*, 259-265.
- Anderson, R.L., Lyons, J.S., Giles, D.M., Price, J.A., & Estes, G. (2002). Examining the reliability of the Child and Adolescent Needs and Strengths-Mental Health (CANS-MH) scale from two perspectives: A comparison of clinician and researcher ratings. *Journal of Child and Family Studies, 12*, 279-289.
- American Psychiatric Association (APA) (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Ed. (DSM-5)*. Washington DC: American Psychiatric Publishing.
- Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2012). Predicting outcomes of children in residential treatment: A comparison of a decision support algorithm and a multidisciplinary team decision model. *Child and Youth Services Review, 34*, 2345-2352.
- Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2013). Patterns of out of home decision making. *Child Abuse & Neglect 37*, 871-882.
- Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2014). Out of home placement decision making and outcomes in child welfare: A longitudinal study. *Administration and Policy in Mental Health and Mental Health Services Research, 41*, published online March 28.
- Cordell, K.D., Snowden, L.R., & Hosier, L. (2016). Patterns and priorities of service need identified through the Child and Adolescent Needs and Strengths (CANS) assessment. *Child and Youth Services Review, 60*, 129-135.
- Epstein, R.A., Schlueter, D., Gracey, K.A., Chandrasekhar, R., & Cull, M.J. (2015). Examining placement disruption in Child Welfare. *Residential Treatment for Children & Youth, 32*(3), 224-232.
- Israel, N., Accomazzo, S., Romney, S., & Slatevski, D. (2015). Segregated care: Local area tests of distinctiveness and discharge criteria. *Residential Treatment for Children & Youth, 32*(3), 233-250.
- Lardner, M. (2015). Are restrictiveness of care decisions based on youth level of need? A multilevel model analysis of placement levels using the Child and Adolescent Needs and Strengths assessment. *Residential Treatment for Children & Youth, 32*(3), 195-207.
- Leon, S.C., Uziel-Miller, N.D., Lyons, J.S., & Tracy, P. (1999). Psychiatric hospital utilization of children and adolescents in state custody. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*, 305-310.
- Lyons, J.S. (2004). *Redressing the Emperor: Improving the children's public mental health system*. Westport, CT: Praeger Publishing.
- Lyons, J.S. (2009). *Communitrics: A communication theory of measurement in human service settings*. New York: Springer.
- Lyons, J.S., Kisiel, C.L., Dulcan, M., Cohen, R., & Chesler, P. (1997). Crisis assessment and psychiatric hospitalization of children and adolescents in state custody. *Journal of Child and Family Studies, 6*, 311-320.
- Lyons, J.S., Mintzer, L.L., Kisiel, C.L., & Shallcross, H. (1998). Understanding the mental health needs of children and adolescents in residential treatment. *Professional Psychology: Research and Practice, 29*, 582-587.
- Lyons, J.S. Weiner, D.A. (2009) (Eds.). *Strategies in Behavioral Healthcare: Assessment, Treatment Planning, and Total Clinical Outcomes Management*. New York: Civic Research Institute.

YSA BASIC STRUCTURE

The Youth Support Assessment basic core items are noted below.

CORE ITEMS

Strengths

Interpersonal
Natural Supports
Vocational
Talents and Interests
Community Life

Cultural Factors

Language
Identity

Life Functioning

Housing Stability
Basic Needs
Safety
Family Functioning
Social Functioning
School Functioning
Legal
Medical/Physical

Behavioral/Emotional Needs

Mental Health
Substance Use

Transition to Adulthood

Independent Living Skills
Money Management
Transportation
Caregiving Roles
Educational Attainment
Job Seeking
Job Functioning

I. STRENGTHS DOMAIN

These ratings describe a range of assets that individuals may possess that can facilitate healthy development. An absence of a strength is not necessarily a need but an indication that strength building activities are indicated. In these items the 'best' assets and resources available to the youth are rated based on how accessible and useful those strengths are.

NOTE: When you have no information/evidence about a strength in this area, use a rating of '3.'

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

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

- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.

INTERPERSONAL

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

Ratings and Descriptions

Questions to Consider

- Does the individual have the trait ability to make friends?
- Do you feel that the individual is pleasant and likable?
- Do adults or same age peers like the individual?

- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Significant interpersonal strengths. Individual has close friends and is friendly with others.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Individual has good interpersonal skills and has shown the ability to develop healthy friendships. Individual may have at least one healthy relationship, is friendly with others.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Individual requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Individual has some social skills that facilitate positive relationships with others but may not have any current healthy friendships.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of observable interpersonal skills or healthy friendships at this time, and/or individual requires significant help to learn to develop interpersonal skills and healthy friendships.

NATURAL SUPPORTS

Refers to unpaid helpers in the individual's natural environment. These include people who provide social support to the target individual and family. All family members and paid caregivers are excluded.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Who does the individual consider to be a support?• Does the individual have non-family members in the individual's life that are positive influences?	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Individual has significant natural supports that contribute to helping support the individual's healthy development.</p>
	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Individual has identified natural supports that provide some assistance in supporting the individual's healthy development.</p>
	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Individual has some identified natural supports, however, they are not actively contributing to the individual's healthy development.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Individual has no known natural supports (outside of family and paid caregivers).</p>

VOCATIONAL

This item is used to refer to the strengths of the school/vocational environment and may or may not reflect any specific educational/work skills possessed by the individual (e.g., computer skills). Generally, this item is reserved for adolescents and young adults and is not applicable for those 14 years and younger.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual currently have a job?• If so, what is the individual's current vocation?	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Individual is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.</p>
	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. This level indicates an individual with pre-vocational and some vocational skills but limited work experience.</p>
	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. This level indicates an individual with some pre-vocational skills but who is not presently working in any area related to those skills. This also may indicate an individual with a clear vocational preference.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. This level indicates an individual with no known or identifiable vocational or pre-vocational skills and no expression of any future vocational preferences.</p>
	<p>NA This item can be rated 'Not Applicable' when the individual is under 14 years old.</p>

TALENTS AND INTERESTS

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• What does the individual do with free time?• What does the individual enjoy doing?• Is the individual engaged in any pro-social activities?• What are the things that the individual does particularly well?	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Individual with significant creative/artistic strengths. An individual who receives a significant amount of personal benefit from activities surrounding a talent would be rated here.</p>
	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Individual with a notable talent. For example, an individual who is involved in athletics or plays a musical instrument but without gaining significant personal benefit would be rated here.</p>
	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Individual who has expressed interest in developing a specific talent or talents even if they have not developed that talent to date.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Individual with no known talents, interests, or hobbies.</p>

COMMUNITY LIFE

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the individual feel like they are part of a community?• Are there activities that the individual does in the community?	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Individual has extensive and substantial long-term ties with the community and/or support. For example, individual may be a member of a community group for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.</p>
	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Individual has significant community ties although they may be relatively short-term (i.e., past year).</p>
	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Individual has limited ties and/or supports from the community.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Individual with no known ties or supports from the community.</p>

2. CULTURAL FACTORS DOMAIN

All individuals are members of some identifiable cultural group. These ratings describe possible problems that individuals may experience with the relationship between their cultural membership and the predominant culture in which they live.

Question to Consider for this Domain: How does the individual’s membership in a particular cultural group impact their stress and well-being?

For the Cultural Factors Domain , use the following categories and action levels:	
0	No current need; no need for action or intervention.
1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.

LANGUAGE
 This item includes both spoken, written and sign language and issues of literacy. This item concerns any language-related needs a family might have that affect their access to and/or participation in services.

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

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

Questions to Consider <ul style="list-style-type: none"> • Does the individual identify with any racial/ethnic/cultural group? • Does the individual find this group a source of support? 	Ratings and Descriptions 0 No current need; no need for action or intervention. Individual has clear and consistent cultural identity and is connected to others who share their cultural identity.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Individual is experiencing some confusion or concern regarding their cultural identity.

IDENTITY continued

- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.
Individual has significant struggles with their own cultural identity. Individual may have cultural identity, but is not connected with others who share this culture.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Individual has no cultural identity, or is experiencing significant problems due to conflict regarding their cultural identity.

3. LIFE FUNCTIONING DOMAIN

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

The items in this domain are aligned with the research literature on wraparound philosophy. Functioning well in all life domains is the goal of a lifetime developmental framework.

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

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

- 0 No current need; no need for action or intervention.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

HOUSING STABILITY

This item rates the individual’s current and likely future housing circumstances. It does not include the likelihood that the individual will be removed from the household. If the individual lives with a caregiver, the caregiver’s housing is rated.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • What is the individual’s current housing situation? • How many times has the individual moved in the past year? 	0 No current need; no need for action or intervention. Individual has stable housing for the foreseeable future.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Individual has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual’s functioning. Individual has moved multiple times in the past year. Housing is unstable.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Individual has experienced periods of homelessness in the past six months.

BASIC NEEDS

This item rates the individual’s current ability to meet basic requirements for living such as food, clothing, water, heat. If the individual lives with a caregiver, the household’s basic needs are rated. Do not include housing, transportation, or safety in this item.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Does the individual have access to food, clothing, water, heat? • Does the individual have a caregiver for support? 	0 No current need; no need for action or intervention. Individual has basic needs met for the foreseeable future without assistance.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Individual is meeting basic needs but requires occasional assistance.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual’s functioning. Individual relies on public assistance (e.g., SNAP) or donations to meet basic needs.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Individual is not able to meet basic needs.

SAFETY

This item rates the individual's current level of safety in their home and community. Safety concerns may include, but are not limited to, family violence, dating violence, community violence, gang violence, human trafficking, abuse and neglect.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. Home and community environments appear to be safe.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Environment is safe but future safety is uncertain; safety planning is important.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Safety is threatened but individual has temporary protection, or is in a safe place at least temporarily.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Environment is not safe; possible Child Protective Services or policy involvement already happening or is likely to happen.

Questions to Consider

- Are there safety concerns in the community?
- Has there been recent police involvement in the individual's home or community?

Ratings and Descriptions

- 0 No current need; no need for action or intervention.
Home and community environments appear to be safe.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Environment is safe but future safety is uncertain; safety planning is important.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.
Safety is threatened but individual has temporary protection, or is in a safe place at least temporarily.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Environment is not safe; possible Child Protective Services or policy involvement already happening or is likely to happen.

FAMILY FUNCTIONING

Family ideally should be defined by the individual; however, in the absence of this knowledge consider biological and adoptive relatives and their significant others with whom the individual has contact as the definition of family. Foster families should only be considered if they have made a significant commitment to the individual.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. Individual gets along well with family members.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Individual is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with the individual.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual's problems with parents, siblings and/or other family members are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual's problems with parents, siblings, and/or other family members are debilitating, placing them at risk. This would include problems of domestic violence, absence of any positive relationships, etc.

Questions to Consider

- Is there conflict in the family relationship that requires resolution?
- Is treatment required to restore or develop positive relationship in the family?

Ratings and Descriptions

- 0 No current need; no need for action or intervention.
Individual gets along well with family members.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Individual is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with the individual.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.
Individual's problems with parents, siblings and/or other family members are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Individual's problems with parents, siblings, and/or other family members are debilitating, placing them at risk. This would include problems of domestic violence, absence of any positive relationships, etc.

SOCIAL FUNCTIONING

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

Questions to Consider <ul style="list-style-type: none">• Is the individual pleasant and likeable?• Do same age peers like the individual?• Do you feel that the individual can act appropriately in social settings?	Ratings and Descriptions	
	0	No current need; no need for action or intervention. Individual interacts appropriately with others and builds and maintains relationships.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Individual has occasional difficulty interacting with others and building and/or maintaining relationships.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual has moderate problems with their social relationships. Individual often has problems interacting with others and building and maintaining relationships.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual's disruptions in their social relationships is debilitating. Individual consistently and pervasively has problems interacting with others and building and maintaining relationships.

SCHOOL FUNCTIONING

This item describes the individual's overall functioning at school and may include attendance, behavior and achievement.

Questions to Consider <ul style="list-style-type: none">• How are the individual's grades?• Is the individual having difficulty with any subjects?• Is the individual at risk for failing any classes or repeating a grade?	Ratings and Descriptions	
	0	No current need; no need for action or intervention. Individual is performing well in school.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Individual is performing adequately in school although some problems may exist.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual is experiencing moderate problems with school attendance, behavior, and/or achievement.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual is experiencing severe problems in school with school attendance, behavior and/or achievement.
	NA	Individual is not in school.

LEGAL

This item describes the individual's (not the family's) involvement with the legal system. This could include involvement in the Juvenile or Adult Justice systems.

Questions to Consider <ul style="list-style-type: none">• Has the individual been arrested?• Has the individual had any other legal problems that did not result in an arrest?	Ratings and Descriptions	
	0	No current need; no need for action or intervention. Individual has no known legal difficulties.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Individual has a history of legal problems but currently is not involved with the legal system and is not currently on parole or probation.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual has some legal problems, is currently involved in the legal system and may have active parole and/or probation mandates.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual has serious current or pending legal difficulties that place them at risk for a re-arrest or individual is currently incarcerated.

MEDICAL/PHYSICAL

This item includes both health problems and chronic/acute physical conditions.

Questions to Consider <ul style="list-style-type: none">• Does the individual have anything that limits their physical activities?• How much does this interfere with the individual's life?	Ratings and Descriptions	
	0	No current need; no need for action or intervention. No evidence of physical or medical problems.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Mild or well-managed physical or medical problems. This might include well-managed chronic conditions like diabetes or asthma or other conditions that result in mild limitations on activities.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Unmanaged physical or medical conditions that are moderate in severity. This might include unmanaged chronic conditions like asthma or other conditions that require ongoing medical intervention.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Unmanaged physical or medical conditions that are potentially severe or life threatening.

4. BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

These ratings identify the behavioral health needs (including mental health and substance use) of the individual. This is not a diagnostic tool. Information about behavioral health issues can be obtained from the GAIN-SS, another screening tool, or extensive interactions with and observations of the individual. These items are intended to rate the extent to which behavioral health issues are impacting functioning and/or whether treatment and other supports are being used or are needed.

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

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

- 0 No current need; no need for action or intervention.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

MENTAL HEALTH

This item describes problems related to mental or emotional health. The existence or severity of mental health issues should be assessed based on the GAIN-SS internalizing and externalizing scores when possible. This item rates the extent to which these issues are impacting functioning and/or being treated.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the individual have any mental health or emotional health needs? 	<p>Ratings and Descriptions</p> <ul style="list-style-type: none"> 0 No current need; no need for action or intervention. Individual has no notable history of mental or emotional health issues or difficulties at the present time. 1 Identified need requires monitoring, watchful waiting, or preventive activities. Individual has had mental health issues in the past, or individual has mental health issues but these issues do not interfere with the individual's functioning. This rating is also used to reflect a mental health issue that is well-managed with treatment or other supports. 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual has mental health issues that interfere with their functioning, but does not completely preclude functioning in an unstructured setting. 3 Problems are dangerous or disabling; requires immediate and/or intensive action. Individual has mental health issues that severely limit functioning and may result in danger to self or public safety issues. Immediate and/or intensive interventions are indicated.
--	--

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 an individual. The existence or severity of substance use should be assessed based on the GAIN-SS substance use scores when possible. This item rates the extent to which substance use is impacting functioning and/or being treated.

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

5. TRANSITION TO ADULTHOOD

The following items are required for individuals 14 years, 6 months, and older. However, any of these items can be rated regardless of age if they represent a need for a specific individual. The N/A option is generally used for items in this domain when an individual is younger than 14 years, 6 months AND the item does not represent a specific need for the individual.

Question to Consider for this Domain: What are the needs of the individual related to areas of functioning that are important to living independently?

For the **Transition to Adulthood Domain**, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

INDEPENDENT LIVING SKILLS

This item is used to describe the youth's ability to take responsibility for and also manage him/herself in an age appropriate way. Skills related to healthy development towards becoming a responsible adult and living independently may include cooking, housekeeping, etc. Ratings for this item focus on the presence or absence of short- or long-term risks associated with impairments in independent living abilities.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"> • Does the individual have impairments that impact their ability to live independently? • What are some skills that the individual still needs to build? 	0 No current need; no need for action or intervention. Individual who is fully capable of independent living. No evidence of any deficits or barriers that could impede the development of skills to maintain one's own home.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. This level indicates an individual with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems are generally addressable with training or supervision.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. This level indicates an individual with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing self when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. This level indicates an individual with profound impairment of independent living skills. This individual would be expected to be unable to live independently given current status. Problems require a structured living environment.
	NA Individual is younger than 14 years and 6 months.

MONEY MANAGEMENT

This item reflects the presence or absence of skills related to money management. Skills may include budgeting, paying bills, banking, saving, managing debts, building credit, etc.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none">• Is the individual able to pay their bills on time?• Does the individual have assistance managing their money?	0 No current need; no need for action or intervention. Individual is fully capable of managing their money effectively. Debts or other bills may exist but are well-managed.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Individual has occasional problems with money management skills. Some problems exist such as occasionally missing bills.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual has frequent problems with money management when unsupervised. Lack of money management skills is negatively impacting (or has the potential to negatively impact) life functioning.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Individual has profound problems with money management. This may include default on debts, foreclosure or eviction, etc.
	NA Individual is younger than 14 years and 6 months.

TRANSPORTATION

This item is used to rate the level of transportation required to ensure that the individual could effectively participate in their own treatment and in other life activities. Only unmet transportation needs should be rated here.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none">• Does the individual have daily transportation needs?• Does the individual have a personal vehicle?• Can the individual independently navigate a public transit system?	0 No current need; no need for action or intervention. Individual has no unmet transportation needs.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Individual has occasional unmet transportation needs (e.g. appointments). These needs would be no more than weekly and not require a special vehicle. The needs can be met with minimal support, for example, assistance with bus routes or provision of a bus card.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g. daily) that do not require a special vehicle but access to transportation is difficult.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Individual requires frequent (e.g. daily) transportation in a special vehicle or is completely reliant on others for transportation.
	NA Individual is younger than 14 years and 6 months.

CAREGIVING ROLES

This item is intended to rate the individual in any caregiver roles. For example, an individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. The individual has a parenting/caregiving role and they are functioning appropriately in that role.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. The individual has responsibilities as a parent/caregiver but occasionally experiences difficulties with this role.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. The individual has responsibilities as a parent/caregiver and either the individual is struggling with these responsibilities or these issues are currently interfering with the individual's functioning in other life domains.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. The individual has responsibilities as a parent/caregiver and the individual is currently unable to meet these responsibilities or these responsibilities are making it impossible for the individual to function in other life domains.
	NA	Individual is not a caregiver/parent.

EDUCATIONAL ATTAINMENT

This item rates the degree to which the individual has completed their identified own educational goal.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. Individual has achieved all of their identified educational goals OR has no educational goals and educational attainment has no impact on lifetime vocational functioning.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Individual has set educational goals and is currently making progress towards achieving them.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual has set educational goals but is currently not making progress towards achieving them.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Individual has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning.
	NA	Individual is younger than 14 years and 6 months.

JOB SEEKING

This item describes skills needed to seek and get a job. Skills may include writing a resume, completing applications, interviewing, searching for jobs, networking, etc.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none">• Does the individual have a job?• What are some of the individual's vocational skills?	0 No current need; no need for action or intervention. Individual is fully capable of seeking and obtaining a job and has a lot of experience applying in the job market of interest.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Individual has some job seeking skills but has little experience applying for jobs in the job market of interest.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual has significant gaps in job seeking skills that limit their current ability to apply for jobs.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Individual has severe limitations such as computer skills, literacy levels, or interpersonal communication that make it very difficult to apply for jobs.
	NA Individual is younger than 14 years and 6 months.

JOB FUNCTIONING

This item describes and individual's functioning in vocational or employment settings.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none">• Does the individual have a job?• Has the individual received any warnings or consequences for their attendance, performance, or behavior at work?	0 No current need; no need for action or intervention. Individual is employed in a job and experiencing no problems in attendance, performance, or relationships at work.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Individual is employed but may have some difficulties at work with attendance, performance, or relationships.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning. Individual has significant job-related problems with attendance, performance, or relationships.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Individual is experiencing severe problems in an employment situation with performance or relationships. Individual may have recently been fired.
	NA Individual is not employed.