

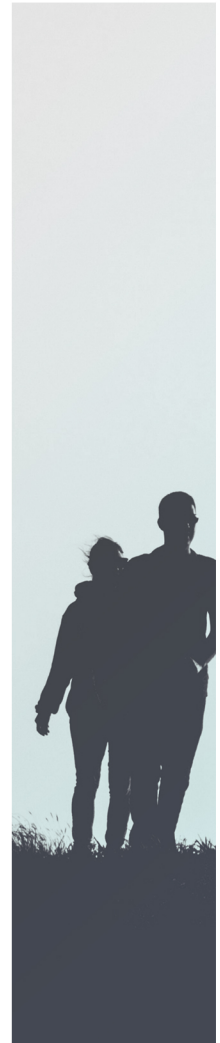


# Qualified Residential Treatment Programs

(QRTPs)



**LOUISIANA JUDICIAL TOOLKIT**



**P R E P A R E D   B Y :**

Louisiana Supreme Court

&

Pelican Center for Children and Families



# TABLE OF CONTENTS

<b>I.</b>	<b>Introduction</b>	<b>2</b>
<b>II.</b>	<b>Frequently Asked Questions (FAQs)</b>	<b>4</b>
<b>III.</b>	<b>Appendix</b>	<b>11</b>
	a. Level of Care Diagram	
	b. QRTP Bench Card for Judges	
	c. QRTP Quick Reference Guide for Judges	
	d. QRTP Model Motion and Order Templates	
	i. 60 Day Initial Review and Ruling	
	1. State’s Motion for Approval of QRTP Care Setting Template	
	2. If No Hearing Held:	
	a. Order on State’s Motion for Approval of QRTP Care Setting Template	
	3. If Hearing Held:	
	a. Judicial Determination After Hearing on QRTP Care Setting Template	
	ii. Subsequent Review Hearings	
	1. Review Hearing Order on Continued Placement in QRTP Care Setting Template	
	e. Child and Adolescent Needs and Strengths (CANS) Assessment and Independent Behavior Health Assessment (IBHA)	



# I. Introduction

Signed into law on February 9, 2018, as a part of the Bipartisan Budget Act (HR. 1892), the Family First Prevention Services Act (FFPSA) represents a significant child welfare reform effort focused on building and supporting each child’s connection to a nurturing, supportive family. The FFPSA is generally aimed at achieving stable and durable permanency. The FFPSA allows placement in congregate care settings as a strategy to help support the complex needs of children with significant exposure to trauma and/or other mental health or behavioral health needs.

By redirecting federal Title IV-E reimbursement away from congregate care,<sup>1</sup> the legislation seeks to increase the use of family-based placements and improve access to high-quality residential care for children who need it by requiring specific criteria for Title IV-E eligible congregate care settings and judicial oversight and approval.<sup>2</sup> Extensive research shows that children experience far more positive outcomes in family-based settings and, thus, should not be placed in a congregate care setting simply because a foster home is not available.<sup>3</sup> High-quality and customized congregate care can be helpful for children with such complex trauma and/or behavioral needs that a short-term stay in a congregate care setting is needed to support them in transitioning into a more family-like setting.<sup>4</sup> Nonetheless, most children will never need that level of care.<sup>5</sup>

QRTP is a new designation of care setting available to the Department of Children and Family Services (DCFS) for children in their custody. QRTP is not a medical or behavioral health treatment facility but is meant to be a trauma-informed care setting to transition a child with trauma and/or behavioral challenges to a more family-like home. The duration of stay in a QRTP needs to be monitored to ensure permanency goals are achieved. Family engagement is a key component of the QRTP model.

Louisiana has elected to implement FFPSA on October 1, 2021. Thus, the provisions related to children in the custody of DCFS who are placed in a congregate care setting, and specifically QRTPs, take effect on October 1, 2021. As of this date, federal Title IV-E reimbursement will only be available to DCFS for children placed in a congregate care setting as allowed under the FFPSA.

The Louisiana Children’s Code is aligned with FFPSA provisions requiring the least restrictive placement for a child. Article 683, for example, requires that a child be placed at the Disposition

---

<sup>1</sup> This term represents a wide array of out-of-home settings, including group homes, child care institutions, residential treatment facilities, emergency shelters, and in-patient hospitals. See Payne, C. (2016). Literature review: Alternatives to congregate care. Southern Area Consortium of Human Services, Academy for Professional Excellence, San Diego State University of Social Work. Retrieved from <http://theacademy.sdsu.edu/wp-content/uploads/2016/03/alternatives-congregate-care-feb-2016.pdf>.

<sup>2</sup> See handout: <https://capacity.childwelfare.gov/pubPDFs/cbc/congregate-care-overview-cp-20114.pdf>. p. 2.

<sup>3</sup> *Id.*

<sup>4</sup> See Annie E. Casey Foundation (2015). Every Kid Needs a Family: Giving Children in Child Welfare System the Best Chance for Success. Baltimore, MD.

<sup>5</sup> See Casey Family Programs (2017). What are the outcomes for youth placed in congregate care settings?

Hearing in the least restrictive alternative to their home if an out-of-home placement is necessary. The DCFS Case Plan “shall be designed to achieve placement in the least restrictive, most family-like, and most appropriate setting available.” La. Ch. C. art. 675. When the safety of a child can only be protected by removal from his/her parents, the least restrictive placement allows the court to secure care “as nearly as possible equivalent to that which the parents should have given him[/her].” La. Ch. C. art. 102.

The FFPSA requires the State’s Court Improvement Program (CIP) to provide training and resources to judges and legal stakeholders on the implementation of its congregate care and QRTP provisions. The CIP of the Louisiana Supreme Court partnered with the Pelican Center for Children and Families, DCFS, numerous judges, and legal and child welfare stakeholders to provide this toolkit of resources to assist judges in conducting the required QRTP reviews and rulings under the FFPSA. The toolkit includes: FAQs, Bench Card, Quick Reference Guide, Level of Care Diagram, model motions and order templates, and the QRTP assessments that will be utilized in Louisiana (Child and Adolescent Needs and Strengths (CANS) Assessment and Independent Behavior Health Assessment (IBHA)). The toolkit also explains how the required QRTP reviews and rulings fit into the existing court structure and statutory framework of Louisiana’s child welfare system.<sup>6</sup>

---

<sup>6</sup> There may be DCFS policy changes since implementation of QRTP requirements is ongoing.



## II. Frequently Asked Questions

### **(1) How does the FFPSA impact the State’s ability to receive federal Title IV-E reimbursement for a child?**

Title IV-E of the Social Security Act (42 U.S.C. § 670-679b) governs foster care funding for all States. It provides federal Title IV-E reimbursement to States to pay a portion of the foster care costs for children who were or would have been eligible for the former Aid to Families with Dependent Children (AFDC) program if not for removal from their home. A child must meet certain criteria in addition to income requirements to be “IV-E eligible.” If the child is eligible and subsequently placed in an approved IV-E placement, then the federal government reimburses the State for a majority of the foster care placement costs for that child. FFPSA now limits IV-E reimbursements for placements in congregate care settings and focuses on placing children removed from their parents with relatives or fictive kin or in foster homes.

### **(2) What levels of care are available for children in DCFS custody, from least to most restrictive?**

Children in DCFS custody should be placed in the least restrictive and most family-like setting that provides the most effective and appropriate level of care for the child. Depending on the medical and/or non-medical needs of the child and the facts of the case, the following outlines the levels of care available for a child in DCFS custody from least to most restrictive:

- Parents;
- Relatives;
- Fictive Kin;
- Certified foster home;
- Therapeutic foster home;
- Group home/congregate care setting:
  - FFPSA approved group home/congregate care setting, which must meet FFPSA requirements to be eligible for federal IV-E reimbursement beyond 14 days of placement effective October 1, 2021, including:
    - QRTP;
    - Program for prenatal, postpartum, or parenting youth;
    - Supervised independent living home for youth ages 18 and older;
    - Family-based substance abuse treatment facility for mothers and children and youth; and
    - Residential care facility for youth found to be, or at risk of becoming, sex trafficking victims; or
  - Non-QRTP group home/congregate care setting (sometimes referred to as child residential facility or non-medical group homes), which is not eligible for federal IV-E reimbursement beyond 14 days of placement effective October 1, 2021;
- If the needs of the child require specialized medical or mental health treatment (please note that each of these includes multiple requirements):

- Therapeutic group home (see <https://ldh.la.gov/index.cfm/directory/category/301> for a current list);
- Psychiatric Residential Treatment Facility (PRTF) (see <https://ldh.la.gov/index.cfm/directory/category/302> for a current list); or
- Other care settings for children who have additional specialized needs.

FFPSA may impact Title IV-E funding for placement of children in therapeutic group homes because DCFS pays for room and board. However, FFPSA does not impact the utilization of PRTFs because they are residential treatment levels of care (not congregate care) managed by Medicaid eligibility criteria. A hospital (i.e., Brentwood Hospital) is not considered a “congregate care setting” under FFPSA, or even a “placement,” but hospitals are considered an intervention that may be used when the child’s medical or mental health needs require hospitalization.

See the Level of Care Diagram in the Appendix for more information.

### **(3) What “congregate care settings” under the FFPSA restrict federal IV-E reimbursement?**

FFPSA restricts federal IV-E reimbursement for **all** congregate care settings unless certain requirements are met. The FFPSA restricts federal IV-E reimbursement to DCFS for any child in a congregate care setting that extends beyond 14 days, unless it is a: (a) QRTP for children with treatment needs (if all other FFPSA requirements are met); (b) program for prenatal, postpartum, or parenting youth; (c) supervised independent living home for youth ages 18 and older; (d) family-based substance abuse treatment facility for mothers and children and youth; or (e) residential care facility for youth found to be, or at risk of becoming, sex trafficking victims. Not all care settings may be available in Louisiana.

### **(4) What happens to federal IV-E reimbursement if a child is placed in a non-QRTP congregate care setting once statewide implementation of FFPSA occurs?**

DCFS can place a child in a non-QRTP congregate care setting, but DCFS cannot receive federal IV-E reimbursement for a child placed in a non-QRTP congregate care setting beyond 14 days unless the care setting falls into one of the categories listed in Question #3.

### **(5) Will the FFPSA provisions regarding congregate care settings apply to children in the Office of Juvenile Justice (OJJ) custody (through applicable delinquency and Family in Need of Services (FINS) cases)?**

Yes. The FFPSA provisions restrict federal IV-E reimbursement for children in OJJ custody placed in congregate care settings as they do for DCFS. Effective October 1, 2021, for OJJ to seek federal IV-E reimbursement for children in OJJ custody placed in a congregate care setting, the congregate care setting must be congruent with the provisions of the FFPSA.

## **(6) Can a child with an open DCFS Family Services case (not in DCFS custody) and/or in Extended Foster Care (EFC) be placed in a QRTP?**

Implementation of QRTP requirements in Louisiana is ongoing. DCFS is in the process of determining whether or not they will be able to utilize QRTPs for DCFS Family Services cases and young adults aged 18–21 who are in the EFC program.

## **(7) What is a QRTP?<sup>7</sup>**

As defined in 42 U.S.C. § 672(k)(4), 675a(c)(1), (2), QRTPs are congregate care settings that:

- Use a trauma-informed treatment model to meet the identified needs of the child;
- Facilitate participation of family members in the child’s treatment program, to the extent appropriate and aligned with the child’s best interests;
- Facilitate outreach to the child’s family members, including the child’s siblings; maintain contact information for any known biological family and fictive kin of the child; and detail outreach;
- Document how family members (including siblings) are integrated into the treatment processes and how sibling connections are maintained;
- Provide onsite nursing and clinical staff who are registered or licensed and are available 24 hours a day and 7 days a week;
- Provide discharge planning and a minimum of 6 months of family-based aftercare services;
- Require all staff to undergo and pass criminal background checks and abuse and neglect clearances; and,
- Are licensed and accredited by the Council on Accreditation (COA), Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or other approved organizations by the U.S. Department of Health and Human Services.<sup>8</sup>

## **(8) What are the requirements for placing a child in a QRTP?**

The QRTP must meet the requirements listed above and as further outlined in 42 U.S.C. § 672(k)(4), 675a(c)(1), (2), which includes:

- An Independent Assessment must be completed by a Qualified Individual within 30 days of placement in a QRTP. The Qualified Individual shall assess the strengths and needs of the child utilizing an “evidence-based validated functional assessment tool.” The tool used in Louisiana is the CANS (Child and Adolescent Needs and Strengths) Assessment. The CANS Assessment is validated by the Independent Behavior Health Assessment (IBHA). The CANS and IBHA are included in the Appendix.
- As outlined in 42 U.S.C. § 672(c)(1), (k)(2), 675a(c)(1), the Qualified Individual will specify in writing the: reasons why the child’s needs cannot be met by the child’s family or in a foster home; reasons why a QRTP is the most effective and appropriate level of care in the least restrictive environment; how a QRTP is consistent with the child’s short- and long-term goals as specified in the child’s permanency plan; and reasons why

---

<sup>7</sup> DCFS is in the process of developing the QRTP network and is optimistic that there will be five providers of QRTP in October 2021. Potential providers include Raintree Children Services, Boys Town, Cane River Children’s Services, Lighthouse Ranch for Boys, and Lafourche Parish Juvenile Justice Facility (JJF).

<sup>8</sup> See 42 U.S.C. § 672(k)(4); 675a(c)(1),(2).

placement preferences of the Family and Permanency Team and the child were not recommended (if not the same recommendation).

- Pursuant to the law, the Qualified Individual must be a trained professional or licensed clinician who is not an employee of DCFS and not connected to, or affiliated with, any placement setting in which children are placed by the State. [If a waiver requested by DCFS is granted, the Qualified Individual may be a DCFS employee, in which case DCFS will have to meet objectivity requirements.] DCFS refers children to the Qualified Individual to complete the Independent Assessment when they believe a QRTP may be in the best interest of the child.<sup>9</sup>
- The Independent Assessment process must be completed in conjunction with a Family and Permanency Team as specified in 42 U.S.C. § 675a(1)(B), which shall include parents, biological family members, relatives, and fictive kin of the child, and, as appropriate, professionals who are a resource to the child's family (e.g., teachers, treating medical or mental health providers, attorneys, CASA, and/or clergy), and additional supports selected by youth age 14 or older.
- Per 42 U.S.C. § 675a(c)(1)(B), (2)-(4), a court review and ruling to approve or not approve a QRTP care setting must occur within 60 days of a child being placed in a QRTP by DCFS. In sum, the court must determine whether the child's needs are met by a QRTP as set forth in 42 U.S.C. § 675a(c)(1)(B), (2)-(4). However, the court does not select the child's particular placement because the child is in DCFS custody, but the court approves or does not approve a QRTP as a care setting for the child. If a particular placement needs to be addressed, the court can make that finding under Louisiana Children's Code Article 672(A)(2). If the court does not timely make the initial QRTP finding within 60 days of placement in a QRTP care setting, federal IV-E reimbursement for the child's stay in a QRTP care setting will not be preserved.
- DCFS should transition the child to a foster home and/or alternate setting if the Independent Assessment determines that his/her needs can be more appropriately met in a less restrictive setting and/or the court does not approve a QRTP.
- If the court approves QRTP, the decision must be reviewed at every subsequent hearing regarding placement of the child. In sum, the court must determine whether or not a QRTP care setting continues to provide the most effective and appropriate level of care for the child as set forth in 42 U.S.C. § 675a(c)(1)(B), (2)-(4), including the efforts made by DCFS to prepare the child to return home or be placed with a fit and willing relative, legal guardian, adoptive parent, or in a foster home.
- The State must submit justifying documentation with the signed approval of the head of the State agency (i.e., Secretary of DCFS) to the Secretary of U.S. Department of Health and Human Services:<sup>10</sup>
  - For youth 13 years of age or older, once they have been in a QRTP for more than 12 consecutive or 18 nonconsecutive months; or
  - For children 12 years old or younger, once they have been in a QRTP for more than 6 consecutive or nonconsecutive months.

---

<sup>9</sup> DCFS is continuing to develop a network of Qualified Individuals. The Qualified Individual will meet the qualifications defined in the FFPSA.

<sup>10</sup> See 42 U.S.C. § 672(k)(4); 675a(c)(1),(2).



## **(9) What is the court’s responsibility with regard to QRTP reviews and rulings?**

An initial QRTP review and ruling to approve or not approve a QRTP care setting for a child must occur within 60 days of placement in a QRTP. The court shall consider the child’s Independent Assessment, determination, and other documentation to determine whether the needs of the child can be met with a foster family. If the court determines that the child’s needs cannot be met with a foster family, then the court shall determine if QRTP would provide the most effective and appropriate level of care and if QRTP is consistent with the child’s long-term and short-term goals as outlined in the child’s permanency plan/goal.

At all subsequent hearings regarding the child’s placement (e.g., Disposition, Case Review, Permanency, and Status Hearings addressing placement), the court will determine whether or not to approve the child’s continued placement in a QRTP care setting. The court shall determine whether the child’s placement in the child’s family or a foster home is not appropriate, whether a QRTP care setting provides the most effective and appropriate level of care in the least restrictive setting, and whether that placement remains consistent with the child’s short-term and long-term goals. The court shall also review the Case Plan to determine whether DCFS appropriately documented specific services and treatment for the child and family, including timelines of when it would be appropriate for the child to return to a more family-like setting.

## **(10) Is a hearing required to initially approve or not approve a QRTP?**

No. The FFPSA does not specifically state that a **hearing** must be held for the court to initially approve or not approve a QRTP care setting. An initial court **review** to approve or not approve the child’s stay in a QRTP care setting must be made within 60 days of the child’s placement in a QRTP to preserve federal IV-E reimbursement for the child’s stay in a QRTP care setting. To begin the initial QRTP review and ruling process, the State will file a motion requesting approval of QRTP, which must include the Independent Assessment, determination, and other documentation. If no objection is filed by a party within 5 days of receipt of notice of the motion, the court may rule on the motion without a hearing. Alternatively, the court can set a hearing on its own motion. While FFPSA does not require an initial hearing to review QRTP, a hearing should be held if (a) a party files an objection and/or (b) justification of a QRTP care setting is not evident in the filing. Regardless of whether a hearing is held, the required QRTP findings (summarized in Question #9 above) must be made and included in the order. See Motion for Approval of QRTP Care Setting, Order on State’s Motion for Approval of QRTP Care Setting, Judicial Determination After Hearing on QRTP Care Setting, and Review Hearing Order on Continued Placement in QRTP Care Setting templates in the Appendix to this toolkit.

## **(11) What happens if the court does not initially approve QRTP?**

If the court does not approve QRTP, DCFS can only claim federal IV-E reimbursement for up to 90 days of the child’s placement in a QRTP care setting. Thus, DCFS can maintain the child in a QRTP because the child is in DCFS custody, but DCFS’s ability to claim federal IV-E reimbursement is restricted. Disapproving QRTP under FFPSA is different than disapproving a specific placement chosen by DCFS. Pursuant to Louisiana Children’s Code Article 672(A)(2), the court does have the authority to not approve of a specific placement chosen by DCFS and order DCFS to choose a more suitable placement.

## **(12) When does the timeline begin to run for completion of the Independent Assessment and 60-Day initial QRTP court review and ruling?**

The timing starts from the date the child is placed in a QRTP care setting.

## **(13) Who is responsible for paying for and initiating the Independent Assessment when the child is in DCFS custody?**

DCFS is responsible for payment and initiating the Independent Assessment.<sup>11</sup>

## **(14) When will courts need to begin reviewing QRTP?**

Effective October 1, 2021, when the court receives a motion to approve a child's placement in a QRTP care setting, the statutory FFPSA requirements must be followed.

## **(15) What about children who were placed in a congregate care setting prior to October 1, 2021?**

Upon implementation of FFPSA, children in a congregate care setting are "grandfathered" into their current placement and reimbursement sources. Only children who are placed in or move to a new congregate care setting after October 1, 2021 are subject to FFPSA requirements.<sup>12</sup>

## **(16) What is trauma-informed care?**

The FFPSA defines trauma-informed care as those services "provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address the consequences of trauma and facilitate healing."<sup>13</sup> The FFPSA requires prevention services, residential programming, and QRTP treatment models to be trauma-informed. For more information, please see:

- <https://crossroadsnola.org/tbri/>;
- <https://www.ncjfcj.org/child-welfare-and-juvenile-law/trauma-informed-courts/>;
- <https://www.traumainformedcare.chcs.org/wp-content/uploads/2018/11/Infographic-TIC.pdf>; and
- <https://www.traumainformedcare.chcs.org/wp-content/uploads/2018/11/Fact-Sheet-Understanding-Effects-of-Trauma.pdf>.

## **(17) What is family engagement?**

Family engagement, as appropriate and in the child's best interests, is a core component of the QRTP model. The Children's Bureau defines family engagement in the context of QRTPs as a "family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes. Beyond specific cases, engaging families as key stakeholders must extend to policy development, service design, and evaluation."<sup>14</sup> "Family"

---

<sup>11</sup> The DCFS Behavioral Health and Residential Services will oversee utilization management of QRTP intervention.

<sup>12</sup> See handout: <https://www.childrensdefense.org/wp-content/uploads/2018/08/ffpsa-implementation.pdf>.

<sup>13</sup> See Children's Bureau. (2018a). Program Instruction: ACYF-CB-PI-18-07. U.S. Department of Health and Human Services, Administration on Children, Youth and Families.

<sup>14</sup> See Children's Bureau. (2018b). Information Memorandum: ACYF-CB-IM-18-02. U.S. Department of Health and Human Services, Administration on Children, Youth and Families.

includes parents and siblings, as well as other relatives, foster parents, and kinship caregivers. QRTPs must document outreach to family and inclusion throughout the child's stay and provide 6 months of family-based supports after discharge.<sup>15</sup> For more information, please see:

- <https://www.childwelfare.gov/fei/definition/>;
- <https://youth.gov/youth-topics/family-engagement>; and
- <https://child.tcu.edu/professionals/tbri-training/#sthash.Nhm6pJrL.dpbs>.

### **(18) Where can I find more information about FFPSA and QRTPs?**

- **FFPSA:** <http://health.umt.edu/ccfwd/public-policy/ffpsa/asset%20resources/Family%20First%20Prevention%20Services%20Act.pdf>
- **Children's Bureau Information:** <https://capacity.childwelfare.gov/states/about-states/cb/family-first-prevention/>
- **American Bar Association Guide:** [https://www.americanbar.org/content/dam/aba/administrative/child\\_law/a4-familyfirstguide.pdf](https://www.americanbar.org/content/dam/aba/administrative/child_law/a4-familyfirstguide.pdf)
- **Louisiana FFPSA Webpage:** <http://www.dcf.louisiana.gov/page/family-first>

---

<sup>15</sup> *Id.*



## III. Appendix

- a. Level of Care Diagram
- b. QRTP Bench Card for Judges
- c. QRTP Quick Reference Guide for Judges
- d. QRTP Model Motion and Order Templates
  - i. 60 Day Initial Review and Ruling
    - 1. State's Motion for Approval of QRTP Care Setting Template
    - 2. If No Hearing Held:
      - a. Order on State's Motion for Approval of QRTP Care Setting Template
    - 3. If Hearing Held:
      - a. Judicial Determination After Hearing on QRTP Care Setting Template
  - ii. Subsequent Review Hearings
    - 1. Review Hearing Order on Continued Placement in QRTP Care Setting Template
- e. Child and Adolescent Needs and Strengths (CANS) Assessment and Independent Behavior Health Assessment (IBHA)

# CHILD IN NEED OF CARE LEVEL OF CARE DIAGRAM

Children in State custody should be placed in the least restrictive and most family-like setting that provides the most effective and appropriate level of care for the child

6

## SPECIALIZED MEDICAL OR MENTAL HEALTH TREATMENT

(a) Therapeutic Group Homes: Licensed by Louisiana Department of Health; Referred when the child needs psychiatric or psychological supervision and services in a residential setting 24 hours per day, seven days per week. Child's placement may not be eligible for federal IV-E reimbursement beyond 14 days of placement.

(b) Psychiatric Residential Treatment Facility (PRTF): Licensed by Louisiana Department of Health; Referred when a licensed mental health practitioner (LMHP) or physician determines that inpatient psychiatric services in a residential setting are medically necessary for the child. Not impacted by FFPSPA.

(c) Other care settings for children who have additional specialized needs.

Hospitals are not considered a placement.

Residential Treatment Care Settings

5

5 or

## FAMILY FIRST PREVENTION SERVICES ACT APPROVED GROUP HOME OR CONGREGATE CARE SETTING

(a) Qualified Residential Treatment Program (QRTTP);

(b) Program for prenatal, postpartum, or parenting youth;

(c) Supervised independent living home for youth ages 18 and older;

(d) Family-based substance abuse treatment facility for mothers and children and youth; and

(e) Residential care facility for youth found to be, or at risk of becoming, sex trafficking victims.

Not all settings may be available. Child's placement eligible for federal IV-E reimbursement only if 42 U.S.C. § 672(k)(1)-(5) 675a(c)(1)-(5) requirements met.

Child's placement not eligible for federal IV-E reimbursement beyond 14 days of placement.

Child's placement not eligible for federal IV-E reimbursement beyond 14 days of placement.

Congregate Care Settings

5

## NON-QRTP GROUP HOME OR CONGREGATE CARE SETTING

Provides room and board and services as needed and available by Medicaid providers in the community; does not provide direct treatment to the child.

Referred when no family-like care setting is willing or equipped to provide the supervision, care, support, and/or intervention the child needs, and/or when a child has demonstrated behavior or characteristics that interfere with the child's ability to function in a family-like setting.

Child's placement not eligible for federal IV-E reimbursement beyond 14 days of placement.

Child's placement not eligible for federal IV-E reimbursement beyond 14 days of placement.

Child's placement not eligible for federal IV-E reimbursement beyond 14 days of placement.

Child's placement not eligible for federal IV-E reimbursement beyond 14 days of placement.

Child's placement not eligible for federal IV-E reimbursement beyond 14 days of placement.

Child's placement not eligible for federal IV-E reimbursement beyond 14 days of placement.

Child's placement not eligible for federal IV-E reimbursement beyond 14 days of placement.

Child's placement not eligible for federal IV-E reimbursement beyond 14 days of placement.

Child's placement not eligible for federal IV-E reimbursement beyond 14 days of placement.

Congregate Care Settings

4

## THERAPEUTIC FOSTER HOME

Home of certified therapeutic foster parent(s) who completed all licensing requirements.

Assess whether moderate to serious emotional, psychological, behavioral, and/or physical conditions require a trained caregiver and comprehensive services.

Assess whether moderate to serious emotional, psychological, behavioral, and/or physical conditions require a trained caregiver and comprehensive services.

Assess whether moderate to serious emotional, psychological, behavioral, and/or physical conditions require a trained caregiver and comprehensive services.

Assess whether moderate to serious emotional, psychological, behavioral, and/or physical conditions require a trained caregiver and comprehensive services.

Assess whether moderate to serious emotional, psychological, behavioral, and/or physical conditions require a trained caregiver and comprehensive services.

Assess whether moderate to serious emotional, psychological, behavioral, and/or physical conditions require a trained caregiver and comprehensive services.

Assess whether moderate to serious emotional, psychological, behavioral, and/or physical conditions require a trained caregiver and comprehensive services.

Assess whether moderate to serious emotional, psychological, behavioral, and/or physical conditions require a trained caregiver and comprehensive services.

Family-Like Settings

3

## CERTIFIED FOSTER HOME

Home of certified foster parent(s) who completed all licensing requirements.

Assess family's household composition, lifestyle, and culture to determine if the home would be a good fit for the child.

Assess family's household composition, lifestyle, and culture to determine if the home would be a good fit for the child.

Assess family's household composition, lifestyle, and culture to determine if the home would be a good fit for the child.

Assess family's household composition, lifestyle, and culture to determine if the home would be a good fit for the child.

Assess family's household composition, lifestyle, and culture to determine if the home would be a good fit for the child.

Assess family's household composition, lifestyle, and culture to determine if the home would be a good fit for the child.

Assess family's household composition, lifestyle, and culture to determine if the home would be a good fit for the child.

2

## RELATIVE OR FICTIVE KIN (WHETHER CERTIFIED FOSTER PARENTS OR NOT)

Relatives are biologically or legally related to the child or parent. Fictive kin have a significant relationship with the child or parent.

Assess initially for safety, with a criminal clearance and an agency clearance of adult household members.

1

## BIOLOGICAL OR LEGAL PARENT

Assess threats of danger, vulnerability of child to threat, and caregiver's protective capacity to manage threats and keep vulnerable child safe.

FROM LEAST TO MOST RESTRICTIVE

# QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

B e n c h  
C a r d



42 U.S.C. § 672(k)(1)-(5), 675a(c)(1)-(5)

## PURPOSE

Family First Prevention Services Act (FFPSA) emphasizes importance of placing children with family members or in foster homes rather than congregate care settings; allows restricted use of QRTPs when necessary to achieve permanency and meet needs of children and families if eligibility requirements are met; establishes requirements for States to receive federal Title IV-E reimbursement for children placed in QRTPs; and requires judicial review and approval for QRTP and ongoing review. Judges have duty to ensure children under their jurisdiction are afforded due process, properly assessed, and placed in least restrictive setting to meet their needs.

## REQUIREMENTS FOR A QRTP

42 U.S.C. § 672(k)(4)(A)-(G)

- Licensed by DCFS, and accredited by Council on Accreditation (COA), Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission (JC), or other approved organizations by U.S. Department of Health and Human Services
- Use approved trauma-informed treatment model
- Provide 24/7 nursing/clinical care for child
- Have Independent Assessment (IA) completed by Qualified Individual (QI) within 30 days of placement in QRTP
- Involve child's family and support system in assessment and treatment process as appropriate
- Court must approve QRTP within 60 days of placement for federal IV-E reimbursement to remain available
- Provide discharge planning and family-based aftercare support for at least 6 months post-discharge

**Helpful Guidance | Purpose:** QRTP is a new designation of care setting available to DCFS for children in their custody. QRTP is not a medical or behavioral health treatment facility but a trauma-informed care setting to assist in transitioning children with trauma and/or behavioral challenges to a more family-like home.

**Helpful Guidance | Judicial Oversight:** Requirement for courts to approve or not approve QRTP promotes FFPSA goal of reducing number of children placed in congregate care through increased judicial oversight.

**Helpful Guidance | Research:** National studies have shown that 40% of children in institutional care placements have no documented clinical or behavioral need that warrants such placement. (The Annie E. Casey Foundation. (2015). Every Kid Needs a Family: Giving Children in Child Welfare System the Best Chance for Success. Baltimore, MD.)

**Helpful Guidance | Trauma-Informed Care:** Judges are encouraged to be educated in trauma and trauma-informed care to ensure decisions to approve or not approve QRTP are in best interest of child. For trauma-informed care resources, see <https://www.ncjfcj.org/child-welfare-and-juvenile-law/trauma-informed-courts/> and <https://crossroadsnola.org/tbri/>.

## TIMELINES

42 U.S.C. § 672(k)(1),(3),(5)

### Timeline starts from date of placement in QRTP.

- (1) DCFS can claim federal IV-E reimbursement for any non-QRTP or QRTP congregate care setting for up to 14 days.
- (2) IA must occur within 30 days of placement in QRTP for DCFS to claim federal IV-E funds for child beyond 14 days.
- (3) If IA is completed timely but determines QRTP is not appropriate and effective level of care, child must be moved from QRTP within 30 days of date of determination for DCFS to claim federal IV-E reimbursement.
- (4) Initial court review and ruling to approve or not approve QRTP must occur within 60 days of placement for federal IV-E eligibility to be preserved. If court does not approve QRTP, DCFS can only claim federal IV-E reimbursement for up to 90 days of child's placement in QRTP.
- (5) If QRTP is approved by court, decision shall be reviewed at every subsequent hearing regarding placement of child.
- (6) DCFS shall submit to Secretary of U.S. Department of Health and Human Services (HHS): (1) most recent versions of evidence and documentation supporting ongoing placement in QRTP and (2) signed approval by head of DCFS:
  - o For youth 13 years or older, once in QRTP for more than 12 consecutive or 18 nonconsecutive months; or
  - o For children 12 years or younger, once in QRTP for more than 6 consecutive or nonconsecutive months.
- (7) QRTP must provide discharge planning and family-based aftercare support for at least 6 months post-discharge.

**Helpful Guidance | Monitoring Length of Stay in QRTP:** Courts should be vigilant in overseeing ongoing placement in QRTP. Duration of stay in QRTP needs to be monitored to ensure permanency goals are achieved as soon as possible. Purpose of QRTP is to ready children and families for lasting permanency. Research shows children fare better in a family-like setting.

## INDEPENDENT ASSESSMENT (IA)

42 U.S.C. § 672(k)(2),(3), 675a(c)(1)(A)(i)-(iii),(C),(D)

- (1) Assess strengths and needs of child using age-appropriate, evidence-based validated functional assessment tool approved by HHS;
- (2) Determine whether child's needs can be met with family members or through placement in foster home and, if not, which setting would provide most effective and appropriate level of care for child in least restrictive environment and be consistent with short- and long-term goals for child as specified in permanency plan for child; AND
- (3) Develop list of child-specific short- and long-term mental and behavioral health goals.

### If QI determines child should not be placed in a foster home, IA shall specify in writing:

- (1) Reasons why child's needs cannot be met by child's family or in foster home;
- (2) Why QRTP is most effective and appropriate level of care in least restrictive environment;
- (3) How QRTP is consistent with child's short- and long-term goals as specified in child's permanency plan; AND
- (4) Reasons why placement preferences of the FPT and/or child were not recommended (if not same recommendation as QI).

**Helpful Guidance | Qualified Individual (QI):** QI is a trained professional or licensed clinician who is not an employee of DCFS or care setting in which children are placed by the State. [If waiver request by DCFS is granted, QI may be a DCFS employee and will have to meet objectivity requirements.] QI and IA are paid for by DCFS.

**Helpful Guidance | Assessment Tool:** "Evidence-based validated functional assessment tool" used in Louisiana is CANS (Child and Adolescent Needs and Strengths) Assessment, which is validated by Independent Behavior Health Assessment (IBHA).

**Helpful Guidance | Levels of Care Available in State Custody:** See Level of Care Diagram.

**Helpful Guidance | Permanency Plan:** In this context, "permanency plan" is referring to permanency/case Plan goal in Case Plan; thus, the context of permanency/case Plan goal including other services and supports outlined in Case Plan should be considered.

**Helpful Guidance | Lack of Foster Homes:** Shortage and lack of foster homes are not acceptable reasons for placement in QRTP.

## FAMILY AND PERMANENCY TEAM (FPT)

42 U.S.C. § 675a(c)(1)(B)(i)-(iii)

### As part of initial IA and ongoing assessment of appropriateness of QRTP, DCFS shall assemble FPT to include:

- All appropriate biological family members, relatives, and fictive kin of child;
- As appropriate, professionals who are a resource to child's family (e.g., teachers, treating medical or mental health providers, attorneys, CASA, or clergy); AND
- If child is age 14 or older, members selected by child.

**Helpful Guidance | Distinguishing Family Team Meetings (FTMs):** There are specific federal requirements for FPT in relation to QRTP. FPT may or may not include same team members as FTMs convened in CINC cases.

**Helpful Guidance | Judge's Role in Family Engagement:** Judges should set clear expectations for family engagement.

## Case Plan

42 U.S.C. § 675a(c)(1)(B)(i)-(iii)

### DCFS shall document in Case Plan:

- Reasonable and good faith effort to identify and include all individuals listed above on FPT;
- All contact information for FPT members and family members and fictive kin not on FPT;
- Evidence that FPT meetings are held at time and place convenient for family;
- If reunification is permanency goal, evidence demonstrating parents from whom child was removed provided input as FPT members;
- Evidence that IA is determined in conjunction with FPT;
- Placement preferences of FPT in relation to IA that recognizes children should be placed with their siblings unless there is a finding by court that such placement is contrary to their best interest; AND
- If placement preferences of FPT and/or child are not placement setting recommended by QI, reasons why preferences of FPT and/or child were not recommended.

**Helpful Guidance | QRTP Case Plan:** State will file QRTP Case Plan with Motion for Approval of QRTP Care Setting. If a Case Plan has previously been approved, then State will request QRTP Case Plan be approved as an addendum to the Case Plan.

# INITIAL COURT REVIEW AND RULING

42 U.S.C. § 675a(c)(1)(B)(iii)(VI),(2)-(5)

## Within 60 days of placement in QRTP, court shall:

- (1) Consider IA, determination, and documentation provided by QI who conducted assessment;
- (2) Determine:
  - o Whether child's needs can be met through placement in a foster home; AND
  - o If not, whether QRTP provides:
    - Most effective and appropriate level of care for child;
    - In least restrictive environment; and
    - Is consistent with short- and long-term goals for child, as specified in permanency plan; AND
- (3) Approve or not approve QRTP.

**Helpful Guidance | Methods for Court Review and Ruling:** Initial court review to approve or not approve child's stay in QRTP must be made within 60 days of child's placement in QRTP to preserve federal IV-E reimbursement for child's stay in QRTP. FFPSA does not specifically state that a hearing must be held for court to initially approve or not approve QRTP. To begin initial QRTP review and ruling process, State will file motion requesting approval of QRTP, which must include IA, determination, and other documentation. If no objection is filed by any party within 5 days of receipt of notice of motion, court may rule on motion without hearing. Alternatively, court can set a hearing on its own motion. Thus, hearing should be held if party files an objection and/or justification of QRTP is not evident in filing. Regardless of whether hearing is held, required QRTP findings must be made and included in order.

**Helpful Guidance | Documents and Information to Review:** Court should review QRTP Case Plan, IA, and other supporting documentation in making its QRTP ruling. Court should also consider information required to be documented under FPT section above, including whether FPT and/or child agreed or disagreed to QRTP and reasons. Court has responsibility to determine if QRTP provides appropriate and effective level of care for child based on all evidence presented.

**Helpful Guidance | Siblings:** Unless there is a finding by court that placement with siblings is contrary to child's best interest, Case plan must document placement preferences of FPT in relation to IA recognizing children should be placed with their siblings.

**Helpful Guidance | Permanency Plan:** In this context, "permanency plan" is referring to permanency/case plan goal in Case plan; thus, the context of the permanency/case plan goal including other services and supports outlined in Case plan should be considered.

**Helpful Guidance | Court Questions:** See Quick Reference Guide for Judges.

**Helpful Guidance | Education:** Children in foster care represent one of the most vulnerable student subgroups in the country. Studies find that children in foster care are much more likely to struggle academically and fall behind in school than their peers. What impact, if any, will placement in QRTP have on school enrollment and credits?

**Helpful Guidance | Approve:** Court has authority to approve QRTP. However, court has no authority to order a specific QRTP for a child in DCFS custody. If a particular placement needs to be addressed, court can make that finding under Louisiana Children's Code Article 672(A) (2), which grants court authority to not approve specific placement chosen by DCFS and order DCFS to choose a more suitable placement.

**Helpful Guidance | Not Approve:** Court has authority to not approve QRTP. If court does not approve QRTP, this will impact federal IV-E reimbursement if DCFS decides to keep child in QRTP. Disapproving QRTP under FFPSA is different than disapproving a specific placement chosen by DCFS. If a particular placement needs to be addressed, court can make that finding under Louisiana Children's Code Article 672(A) (2), which grants court authority to not approve specific placement chosen by DCFS and order DCFS to choose a more suitable placement.

**Helpful Guidance | Case plan:** After court review and ruling, documentation of determination and approval or disapproval of QRTP shall be updated and included in Case plan.

**Helpful Guidance | Ongoing Review if Applicable:** If court approves QRTP, DCFS is required to document and submit, at all subsequent hearings regarding placement of child, information listed under "Subsequent Hearings" below (1, 2, and 3).

# SUBSEQUENT HEARINGS

42 U.S.C. § 675a(c)(1)(B)(iii)(VI),(2)-(5)

## As long as child remains placed in QRTP, court shall review its decision to approve QRTP at every subsequent hearing regarding placement of child (e.g., Disposition, Case Review, Permanency, and Status Hearings addressing placement), including the following evidence DCFS shall submit:

- (1) Demonstrating that ongoing assessment of child's strengths and needs continues to support determination that child's needs cannot be met through placement in a foster home and that QRTP provides most effective and appropriate level of care for child in least restrictive environment and is consistent with short- and long-term goals for child, as specified in the permanency plan;
- (2) Documenting specific treatment or service needs that will be met for child in QRTP and length of time child is expected to need such treatment or services; and
- (3) Documenting efforts made by DCFS to prepare child to return home or be placed with fit and willing relative, legal guardian, adoptive parent, or in a foster home.

**Helpful Guidance | Research:** National studies have shown that the benefits of an institutional care placement decline after 6 months. In addition, when agency directors review and sign off on placement recommendations, institutional care placements decline. (The Annie E. Casey Foundation. (2015). Every Kid Needs a Family: Giving Children in Child Welfare System the Best Chance for Success. Baltimore, MD.)

**Helpful Guidance | Transition Plans:** Judges should confirm that child and family are engaged in development of transition plans and services; supports are sufficient to successfully transition; and plans are individualized and detailed.

**Helpful Guidance | Court Questions:** See Quick Reference Guide for Judges.

See State's Motion for Approval of QRTP Care Setting, Order on State's Motion for Approval of QRTP Care Setting, Judicial Determination After Hearing on QRTP Care Setting, and Review Hearing Order on Continued Placement in QRTP Care Setting templates.



# Quick Reference Guide For Judges

## Qualified Residential Treatment Program

1. **Child in DCFS Custody:** Placed in QRTP care setting.
2. **Within 30 Days of placement in QRTP Care Setting:** Independent Assessment completed.
3. **Within 60 Days of placement in QRTP care setting:** Upon motion of State, court review of Independent Assessment and supporting documentation - with or without a hearing. Order child's placement in a QRTP is approved or not approved.
4. **Subsequent Hearings:** If initial approval, court reviews QRTP decision at each hearing addressing placement until discharge.

## 60-Day QRTP Care Setting Review and Ruling

- **APPOINTMENT** of attorneys for parties? CASA, if applicable?
- **REVIEW Individual Assessment (IA), determination, and documentation, which should answer the following questions:**
  - What is the date of placement in QRTP? Was IA completed within 30 days of placement date? What type of placement does IA recommend?
  - If IA recommends QRTP care setting, then:
    - What are the strengths of the child? What is child's age and specific needs: physical, social, emotional, mental, or behavioral health or academic? For each, ask: Can needs be met in child's home, with family or fictive kin or in foster home? If so, how? If not, why not?
    - If the child is not placed with siblings, has the court made a determination that placement with siblings is contrary to the child's best interest?
    - Did IA indicate that there are no alternative family placements and/or community services that could safely meet the child's needs other than a congregate care setting?
    - Why can't the child's needs be met by family or a foster home?
    - How and why will QRTP meet the child's needs and goals? How will placement provide an effective and appropriate level of care?
    - Is a QRTP care setting the least restrictive environment for the child?
    - What are the short-term and long-term goals for the child as stated in the permanent/case plan? Is a QRTP care setting consistent with these goals?
    - Were Family and Permanency Team (FPT) meetings held, and did the Qualified Individual (QI) work with FPT as part of IA? If youth 14 or older, were some members chosen by youth?
    - What were FPT's placement preferences, including those of the child and parents? Does the FPT and QI who completed the IA agree on placement? If not, what are the reasons that FPT's placement preferences were not recommended by IA?
    - What is the name of QRTP, and where is it? How far is it from child's home/community?
    - What impact, if any, will placement in QRTP have on school enrollment/credits?
    - What is the plan of care or treatment for the child while in a QRTP care setting?
    - Does the plan of care or treatment address how to continue existing needed services (therapeutic, educational, or health related services)?
    - Is family and/or sibling participation/visitation/contact being facilitated as appropriate?
    - If a new provider is necessary, have previous and current providers been connected?
- **DETERMINE if the child's needs can be met with placement in family/foster home.**
  - If the child's needs cannot, then determine whether a QRTP:
    - Provides the most effective and appropriate level of care in the least restrictive environment; AND
    - Is consistent with the child's short- and long-term goals in permanency/case plan.
- **APPROVE OR NOT APPROVE the child's placement in a QRTP care setting.**
  - (Court should not order specific QRTP care setting).

## Subsequent Hearings

- **REVIEW QRTP decision at each subsequent hearing regarding the child's placement if a QRTP care setting is initially approved.**
- **REVIEW information provided by DCFS and others, which should answer the following questions:**
  - How long has the child been in a QRTP care setting?
  - What are the strengths of the child? What are the child's specific needs: physical, social, emotional, mental, or behavioral health or academic? For each, ask: Can needs be met in child's home, with family or fictive kin or in foster home? If so, how? If not, why not?
  - If the child is not placed with siblings, has the court made the determination that placement with siblings is contrary to the child's best interest?
  - Has family and/or sibling participation/visitation/contact been facilitated as appropriate?
  - What specific treatment needs are being met for the child in a QRTP? How long is the child expected to have these needs?
  - What ongoing assessment efforts are being made with this child as it relates to the need for the child's continued placement in a QRTP care setting?
  - When was the most recent FPT meeting?
  - What are the recommendations of the FPT members?
  - What are the short-term and long-term goals for the child as stated in the permanent/case plan? Is a QRTP care setting still consistent with these goals?
  - How and why is a QRTP still meeting the child's needs in providing an effective and appropriate level of care?
  - Is a QRTP still the least restrictive environment for the child?
  - Is there a discharge plan and resource identified, i.e., adoptive placement, foster home, etc.? If so, what is it?
  - What efforts has DCFS made to prepare the child to return home? Or be placed with a fit and willing relative, legal guardian, adoptive parent, or foster home after discharge? What has been the result of each of these efforts?
  - If a new provider is necessary on discharge, has provision been made for continuity of care?
  - Does the child or parents and/or FPT object to any changes being proposed?
- **APPROVE OR NOT APPROVE the child's continued placement in a QRTP care setting.**
  - (Court should not order specific QRTP care setting).

**STATE OF LOUISIANA  
IN THE INTEREST OF**

**DOCKET NUMBER:  
SECTION:**

**DOB:**

**COURT**

**FILED:**

**PARISH OF**

**DEPUTY CLERK:**

**STATE OF LOUISIANA**

---

**STATE’S MOTION FOR APPROVAL OF  
QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) CARE SETTING**

Comes now the State of Louisiana, through its attorney, \_\_\_\_\_, and requests approval of a Qualified Residential Treatment Program (QRTP) care setting. In support, movant states as follows:

1. The child, \_\_\_\_\_, was placed in a QRTP on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.
2. An Independent Assessment was conducted by a Qualified Individual pursuant to 42 U.S.C. § 675a(c)(1) on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, which is within thirty (30) days of the child’s placement in a QRTP.
3. The Qualified Individual conducted the Independent Assessment in conjunction with the child’s Family and Permanency Team.
4. The Independent Assessment determined that the needs of the child cannot be met with family members or through placement in a foster home. The assessment further determined that a QRTP would provide the most effective and appropriate level of care for the child in the least restrictive environment and is consistent with the short- and long-term goals for the child as specified in the child’s permanency plan. If applicable, the assessment specifies the reasons why the placement preferences of the Family and Permanency Team and child were not recommended.
5. The Independent Assessment Summary is attached as Exhibit “A.” The QRTP Case Plan is attached as Exhibit “B.” If applicable, the following other supporting documentation is attached as Exhibit “C”: \_\_\_\_\_.

6. Pursuant to 42 U.S.C. § 675a(c)(2), the Court should consider the Independent Assessment, determination, and supporting documentation to find and order that:
- A. The child’s needs cannot be met through placement with relatives or in a foster home or another approved non-residential setting at this time;
  - B. A QRTP care setting is the most effective and appropriate level of care for the child in the least restrictive environment; and
  - C. A QRTP care setting is consistent with the short-term and long-term goals of the child as specified in the child’s permanency plan.

*[Only include #7 if the court has already approved the Case Plan.]*

7. The court should further find and order that the QRTP Case Plan dated \_\_\_\_\_, 20\_\_\_\_\_, be approved and made an addendum to the Case Plan dated \_\_\_\_\_, 20\_\_\_\_\_.

WHEREFORE, the State prays that this Court issue an order approving a QRTP care setting within 60 days of the child’s placement in a QRTP care setting and for all other relief deemed appropriate by this Court.  The State prays the QRTP Case Plan be approved and made an addendum to the Case Plan.

Furthermore, the State prays that if no objection is filed by a party within 5 days of receipt of notice of this motion or the court does not set a hearing on its own motion that the court rule on this motion without a hearing.

Respectfully submitted and moved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

STATE OF LOUISIANA

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PHONE NUMBER

**CERTIFICATE OF SERVICE:**

I hereby certify that a copy of the foregoing Motion was sent on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to the following via the method shown below:

\_\_\_\_\_ via: \_\_\_\_\_  
Child's Attorney

\_\_\_\_\_ via: \_\_\_\_\_  
 Unrepresented Parent  Parent's Attorney for:

\_\_\_\_\_ via: \_\_\_\_\_  
 Unrepresented Parent  Parent's Attorney for:

\_\_\_\_\_ via: \_\_\_\_\_  
 Assistant District Attorney/Bureau of General Counsel for Department of Children and Family Services

\_\_\_\_\_ via: \_\_\_\_\_  
 Department of Children and Family Services Staff/Representative

\_\_\_\_\_ via: \_\_\_\_\_  
 CASA (if appointed)

\_\_\_\_\_  
SIGNATURE

STATE OF LOUISIANA  
IN THE INTEREST OF

DOCKET NUMBER:  
SECTION:

DOB:

COURT

FILED:

PARISH OF

DEPUTY CLERK:

STATE OF LOUISIANA

---

**ORDER ON STATE'S MOTION FOR APPROVAL OF  
QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) CARE SETTING**

**THIS MATTER** came before the Court on the \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, pursuant to a motion filed by the State of Louisiana requesting approval for a QRTP care setting of the following child: \_\_\_\_\_.

Pursuant to the record herein and other supporting documentation and matters presented,  
**THE COURT HEREBY FINDS:**

- A. The child was placed in a QRTP on the \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_.
- B. An Independent Assessment was conducted by a Qualified Individual pursuant to 42 U.S.C. § 675a(c)(1) on the \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, which was within thirty (30) days of the child's placement in a QRTP care setting. The Independent Assessment determined that the needs of the child cannot be met with family members or through placement in a foster family home. The assessment further determined that a QRTP care setting would provide the most effective and appropriate level of care for the child in the least restrictive environment and is consistent with the short- and long-term goals for the child as specified in the permanency plan for the child.
- C. Pursuant to 42 U.S.C. § 675a(c)(2), the Court has considered the Independent Assessment, determination, and supporting documentation regarding a QRTP care setting within 60 days of placement in a QRTP.

**THEREFORE, THE COURT HEREBY FINDS:**

- A.  The child's needs cannot be met through placement with relatives, in a foster family home, or in another approved non-residential setting at this time.

*(OR)*

The child's needs can be met through placement with relatives, in a foster family home, or in another approved non-residential setting at this time.

**B.**  A QRTP care setting is the most effective and appropriate level of care for the child in the least restrictive environment.

*(OR)*

A QRTP care setting is not the most effective and appropriate level of care for the child in the least restrictive environment.

**C.**  A QRTP care setting is consistent with the short-term and long-term goals of the child as specific in the child's permanency plan.

*(OR)*

A QRTP care setting is not consistent with the short-term and long-term goals of the child as specific in the child's permanency plan.

**THEREFORE, THE COURT HEREBY ORDERS:**

The child's placement in a QRTP care setting is approved.

*(OR)*

The child's placement in a QRTP care setting is not approved.

IT IS FURTHER ORDERED THAT: \_\_\_\_\_.

*[If the Court previously approved the Case Plan and approves a QRTP care setting, the Court should approve the QRTP Case Plan accordingly.]*

The QRTP Case Plan dated \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, is approved and made an addendum to the Case Plan dated \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_ .

IT IS SO ORDERED.

**THUS DONE AND SIGNED ON THIS** \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_,  
Louisiana.

---

**JUDGE**

**DISTRIBUTION OF NOTICE**

**Please serve all parties and counsel of record as follows:**

**Parent:** \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Parent's Attorney:** \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Parent:** \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Parent's Attorney:** \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Child(ren)'s Attorney(s):** \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Assistant District Attorney/Bureau of General Counsel:**

\_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Please send notice and copy of order as follows:**

**Department of Children and Family Services Staff/Representative:**

Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**CASA:** \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Other:** \_\_\_\_\_  
Role: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_



STATE OF LOUISIANA  
IN THE INTEREST OF

DOCKET NUMBER:  
SECTION:

DOB:

COURT

FILED:

PARISH OF

DEPUTY CLERK:

STATE OF LOUISIANA

---

**JUDICIAL DETERMINATION AFTER HEARING ON  
QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) CARE SETTING**

**THIS MATTER came before** the Court on the \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, for a hearing pursuant to a motion filed by the State of Louisiana on the \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, requesting approval for a QRTP care setting of the following child: \_\_\_\_\_.

Present were: \_\_\_\_\_.

Pursuant to the evidence presented, **THE COURT HEREBY FINDS:**

- A. The child was placed in a QRTP on the \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_.
- B. An Independent Assessment was conducted by a Qualified Individual pursuant to 42 U.S.C. § 675a(c)(1) on the \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, which was within thirty (30) days of the child's placement in a QRTP care setting.
- C. Pursuant to 42 U.S.C. § 675a(c)(2), the Court has considered, within 60 days of placement in a QRTP, the Independent Assessment, determination, and supporting documentation regarding placement in a QRTP care setting.

**THE COURT FURTHER FINDS:**

- A.  The child's needs cannot be met through placement with relatives, in a foster family home, or another approved non-residential setting at this time.  
*(OR)*  
 The child's needs can be met through placement with relatives, in a foster family home, or in another approved non-residential setting at this time.
- B.  A QRTP care setting is the most effective and appropriate level of care for the child in the least restrictive environment.

*(OR)*

A QRTP care setting is not the most effective and appropriate level of care for the child in the least restrictive environment.

C.  A QRTP care setting is consistent with the short-term and long-term goals of the child as specified in the child's permanency plan.

(OR)

A QRTP care setting is not consistent with the short-term and long-term goals of the child as specified in the child's permanency plan.

**THEREFORE, THE COURT HEREBY ORDERS:**

The child's placement in a QRTP care setting is approved.

(OR)

The child's placement in a QRTP care setting is not approved.

IT IS FURTHER ORDERED THAT: \_\_\_\_\_.

*[If the Court previously approved the Case Plan and approves a QRTP care setting, the Court should approve the QRTP Case Plan accordingly.]*

The QRTP Case Plan dated \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, is approved and made an addendum to the Case Plan dated \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, dated.

IT IS SO ORDERED.

**THUS DONE AND SIGNED ON THIS** \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_,  
Louisiana.

\_\_\_\_\_  
**JUDGE**

**DISTRIBUTION OF NOTICE**

**Please serve all parties and counsel of record as follows:**

**Parent:** \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent's Attorney:** \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Parent:** \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Parent's Attorney:** \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Child(ren) 's Attorney(s):** \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Assistant District Attorney/Bureau of General Counsel:**

\_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Please send notice and copy of order as follows:**

**Department of Children and Family Services Staff/Representative:**

Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**CASA:**

\_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Other:**

\_\_\_\_\_  
Role: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_

STATE OF LOUISIANA  
IN THE INTEREST OF

DOCKET NUMBER:  
SECTION:

DOB:

COURT

FILED:

PARISH OF

DEPUTY CLERK:

STATE OF LOUISIANA

---

**REVIEW HEARING ORDER ON CONTINUED PLACEMENT IN  
QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) CARE SETTING**

**THIS MATTER** came before the Court on the \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, to consider the continued placement in a QRTP care setting of the following child: \_\_\_\_\_.

Present were: \_\_\_\_\_.

Pursuant to the evidence presented, **THE COURT HEREBY FINDS:**

- A.**  The child's needs cannot be met through placement with relatives, in a foster family home, or another approved non-residential setting at this time.  
*(OR)*  
 The child's needs can be met through placement with relatives, in a foster family home, or another approved non-residential setting at this time.
- B.**  A QRTP care setting is the most effective and appropriate level of care for the child in the least restrictive environment.  
*(OR)*  
 A QRTP care setting is not the most effective and appropriate level of care for the child in the least restrictive environment.
- C.**  A QRTP care setting is consistent with the short-term and long-term goals of the child as specified in the child's permanency plan.  
*(OR)*  
 A QRTP care setting is not consistent with the short-term and long-term goals of the child as specified in the child's permanency plan.

**THEREFORE, THE COURT ORDERS AS FOLLOWS:**

The child's continued placement in a QRTP is approved.

*(OR)*

The child's continued placement in a QRTP is not approved.

**IT IS FURTHER ORDERED THAT:** \_\_\_\_\_.

**THUS DONE AND SIGNED ON THIS** \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, in \_\_\_\_\_,  
Louisiana.

\_\_\_\_\_  
**JUDGE**

**DISTRIBUTION OF NOTICE**

**Please serve all parties and counsel of record as follows:**

**Parent:** \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent's Attorney:** \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent:** \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent's Attorney:** \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Child(ren)'s Attorney(s):** \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Assistant District Attorney/Bureau of General Counsel:**

Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Please send notice and copy of order as follows:**

**Department of Children and Family Services Staff/Representative:**

Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**CASA:**

Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Other:**

Role: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_

5/10/2011

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS  
(CANS)  
FOR LOUISIANA  
COMPREHENSIVE MULTISYSTEM ASSESSMENT  
Children and Youth 5 to 17 Manual**

**Copyright Praed Foundation  
1999, 2011**

A large number of individuals have collaborated in the development of the CANS-Comprehensive. 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-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the CANS-Comprehensive assessment tool contact:

**John S. Lyons, Ph.D.**

Endowed Chair of Child & Youth Mental Health Research  
University of Ottawa  
Children's Hospital of Eastern Ontario  
401 Smyth Road, R1118  
Ottawa, ON  
Canada  
[jlyons@uottawa.ca](mailto:jlyons@uottawa.ca)  
613-562-5800 X8701

**Praed Foundation**

<http://praedfoundation.org>  
[praedfoundation@yahoo.com](mailto:praedfoundation@yahoo.com)

**James E. Hussey, MD**

Department of Health & Hospitals  
Medicaid Director  
Medicaid Behavioral Health Section  
628 North 4<sup>th</sup> Street  
7<sup>th</sup> Floor, Office 719  
Baton Rouge, Louisiana 70821  
[James.Hussey@la.gov](mailto:James.Hussey@la.gov)



## Introduction

The Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment is a multipurpose 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 so as to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. The following are the key characteristics that distinguish a communimetric tool from a traditional measure.

### SIX KEY COMPONENTS OF A COMMUNIMETRIC TOOL

1. Items are selected based on relevance to planning.
2. Action levels for all items
3. Consider culture and development before establishing the action level
4. Agnostic as to etiology—descriptive, no cause and effect
5. About the individual, not about the service. Rate needs when masked by interventions.
6. Specific ratings window (e.g. 30 days) can be over-ridden based on action levels

The CANS is easy to learn and is well liked by 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 a child and family. The way the CANS works is that each item suggests different pathways for service planning. There are four levels of each item with anchored definitions; however, these definitions are designed to translate into the following action levels (separate for needs and strengths):

For needs:

- a) No evidence
- b) Watchful waiting/prevention
- c) Action
- d) Immediate/Intensive Action

For strengths:

- a) Centerpiece strength
- b) Strength that you can use in planning
- c) Strength has been identified-must be built
- d) No strength identified

Decision support applications include the development of specific algorithms for levels of care including treatment foster care, residential treatment, intensive community services, supportive and traditional outpatient care. Algorithms can be localized for sensitivity to varying service delivery systems and cultures.

In terms of quality improvement activities, 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 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.

Finally, the CANS tool can be used to monitor outcomes. This can be accomplished in two ways. First, 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). Or, dimension scores can be generated by summing items within each of the dimensions (Symptoms, Risk Behaviors, Functioning, etc). These scores can be compared over the course of treatment. CANS dimension (domain) scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

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

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

## Basic Structure of the CANS Comprehensive Tool for Youth 5 - 17

The CANS Comprehensive Multisystem Tool expands depending upon the needs of youth and the family. Basic core items are rated for all youth and unpaid caregivers. Extension modules are triggered by key core questions. A few additional questions are required for the decision models to function. (See CANS Comprehensive 5 to 17 Form.)

### Core Items

#### Child's Functioning

Family  
Living Situation  
School  
Social Functioning  
Recreation  
Developmental  
Communication  
Judgment  
Job Functioning  
Legal  
Medical  
Physical  
Sexual Development  
Sleep  
Independent Living

#### Child's Strengths

Family  
Interpersonal  
Optimism  
Educational  
Vocational  
Talents/Interests  
Spiritual/Religious  
Community Life  
Relationship Permanence  
Youth Involvement in Treatment  
Natural Supports

#### Acculturation

Language  
Identity  
Ritual  
Cultural Stress

#### Caregiver Strengths & Needs

Supervision  
Involvement in Treatment  
Knowledge  
Organization  
Social Resources  
Residential Stability  
Physical  
Mental Health  
Substance Use  
Developmental  
Access to Child Care  
Military Transitions  
Family Stress  
Safety

#### Child's Behavioral Health Needs

Psychosis  
Impulse/Hyperactivity  
Depression  
Anxiety  
Oppositional  
Conduct  
Adjustment to Trauma  
Anger Control  
Substance Use  
Eating Disturbance

#### Child's Risk Behaviors

Suicide Risk  
Self Mutilation  
Other Self Harm  
Danger to Others  
Sexual Aggression  
Runaway  
Delinquency  
Fire Setting  
Social Behavior  
Bullying

## CODING DEFINITIONS

### LIFE DOMAIN FUNCTIONING (CHILD'S Functioning)

<b>Check</b>	<b>FAMILY</b> Please rate the highest level from the <i>past 30 days</i>
0	Child is doing well in relationships with family members.
1	Child 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 child.
2	Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.

<b>Check</b>	<b>LIVING SITUATION</b> Please rate the highest level from the <i>past 30 days</i>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers concerned about child's behavior at home.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors.

<b>Check</b>	<b>SCHOOL</b> Please rate the highest level from the <i>past 30 days</i>
0	Child is performing well in school.
1	Child is performing adequately in school although some problems may exist.
2	Child is experiencing moderate problems with school attendance, behavior, and/or achievement.
3	Child is experiencing severe problems in school with school attendance, behavior and/or achievement.

<b>Check</b>	<b>SOCIAL FUNCTIONING</b> Please rate the highest level from the <i>past 30 days</i>
0	Child has positive social relationships.
1	Child is having some minor problems in social relationships
2	Child is having some moderate problems with his/her social relationships.
3	Child is experiencing severe disruptions in his/her social relationships.

<b>Check</b>	<b>RECREATION</b> Please rate the highest level from the <i>past 30 days</i>
0	Child has and enjoys positive recreation activities on an ongoing basis.
1	Child is doing adequately with recreational activities although some problems may exist.
2	Child is having moderate problems with recreational activities. Child may experience some problems with effective use of leisure time.
3	Child has no access to or interest in recreational activities. Child has significant difficulties making use of leisure time.

<b>Check</b>	<b>DEVELOPMENTAL</b> Please rate the highest level from the <i>past 30 days</i>
0	Child has no developmental problems.
1	Child has some problems with physical immaturity or there are concerns about possible developmental delay. Child may have low IQ.
2	Child has developmental delays or mild mental retardation.
3	Child has severe and pervasive developmental delays or profound mental retardation.

<b>Check</b>	<b>COMMUNICATION</b> Please rate the highest level from the <i>past 30 days</i>
0	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
1	Child has receptive communication skills but limited expressive communication skills
2	Child has both limited receptive and expressive communication skills.
3	Child is unable to communicate.

<b>Check</b>	<b>JUDGMENT</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence of problems with judgment or poor decision making that result harm to development and/or well-being.
1	History of problems with judgment in which the child makes decisions that are in some way harmful to his/her development and/or well-being. For example, a child who has a history of hanging out with other children who shoplift.
2	Problems with judgment in which the child makes decisions that are in some way harmful to his/her development and/or well-being.
3	Problems with judgment that place the child at risk of significant physical harm.

<b>Check</b>	<b>JOB FUNCTIONING</b> <i>Please rate the highest level from the past 30 days (only for youth with a job)</i>
0	Youth is excelling in a job environment.
1	Youth is functioning adequately in a job environment.
2	Youth has problems with his/her development of vocational or prevocational skills.
3	Youth is having major difficulties functioning in a job environment.
NA	Child/youth is not working.

<b>Check</b>	<b>LEGAL</b> <i>Please rate the highest level from the past 30 days</i>
0	Child has no known legal difficulties.
1	Child has a history of legal problems but currently is not involved with the legal system.
2	Child has some legal problems and is currently involved in the legal system.
3	Child has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement.

<b>Check</b>	<b>MEDICAL</b> <i>Please rate the highest level from the past 30 days</i>
0	Child is healthy.
1	Child has some medical problems that require medical treatment.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening illness or medical condition.

<b>Check</b>	<b>PHYSICAL</b> <i>Please rate the highest level from the past 30 days</i>
0	Child has no physical limitations.
1	Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

<b>Check</b>	<b>SEXUAL DEVELOPMENT</b> <i>This rating describes issues around sexual development including developmentally inappropriate sexual behavior and problematic sexual behavior. Sexual orientation or gender identity issues could be rated here if they are leading to difficulties.</i>
0	No evidence of any problems with sexual development.
1	Mild to moderate problems with sexual development. May include concerns about sexual identity or anxiety about the reaction of others.
2	Significant problems with sexual development. May include multiple older partners or high-risk sexual behavior.
3	Profound problems with sexual development. This level would include prostitution, very frequent risky sexual behavior, or sexual aggression.

<b>Check</b>	<b>SLEEP</b> <i>Please rate the highest level from the past 30 days</i>
0	Child gets a full night's sleep each night.
1	Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week problems arise. This may include occasionally waking or bed wetting or nightmares.
2	Child is having problems with sleep. Sleep is often disrupted and child seldom obtains a full night of sleep
3	Child is generally sleep deprived. Sleeping is difficult for the child and they are not able to get a full night's sleep.

<b>Check</b>	<b>INDEPENDENT LIVING SKILLS</b> <i>This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities. (only for youth age 14+)</i>
0	This level indicates a person who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.
1	This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. This level indicates a person who is fully capable of independent living. Youth needs to learn additional independent living skills.
2	This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living (e.g., difficulty with cooking, cleaning, and self-management when unsupervised) are apparent. Youth needs to learn independent living skills.
3	This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment. Youth needs an immediate intervention to develop an independent living plan.
NA	Child is younger than 14.

## CHILD STRENGTHS

<b>Check</b>	<b>FAMILY</b> <i>Please rate the highest level from the past 30 days</i>
0	Family has strong relationships and excellent communication.
1	Family has some good relationships and good communication.
2	Family needs some assistance in developing relationships and/or communications.
3	Family needs significant assistance in developing relationships and communications or child has no identified family.

<b>Check</b>	<b>INTERPERSONAL</b> <i>Please rate the highest level from the past 30 days</i>
0	Child has well-developed interpersonal skills and friends.
1	Child has good interpersonal skills and has shown the ability to develop healthy friendships.
2	Child needs assistance in developing good interpersonal skills and/or healthy friendships.
3	Child needs significant help in developing interpersonal skills and healthy friendships.

<b>Check</b>	<b>OPTIMISM</b> <i>Please rate the highest level from the past 30 days</i>
0	Child has a strong and stable optimistic outlook on his/her life.
1	Child is generally optimistic.
2	Child has difficulties maintaining a positive view of him/herself and his/her life. Child may vary from overly optimistic to overly pessimistic.
3	Child has difficulties seeing <i>any</i> positives about him/herself or his/her life.

<b>Check</b>	<b>EDUCATIONAL</b> <i>Please rate the highest level from the past 30 days</i>
0	School works closely with child and family to identify and successfully address child's educational needs OR child excels in school.
1	School works with child and family to identify and address child's educational needs OR child likes school.
2	School currently unable to adequately address child's needs.
3	School unable and/or unwilling to work to identify and address child's needs.

<b>Check</b>	<b>VOCATIONAL</b> <i>Please rate the highest level from the past 30 days</i>
0	Child has vocational skills and relevant work experience.
1	Child has some vocational skills or work experience.
2	Child has some prevocational skills or vocational interests.
3	No vocational strengths identified or youth needs significant assistance developing vocational skills.

<b>Check</b>	<b>TALENTS/INTEREST</b> <i>Please rate the highest level from the past 30 days</i>
0	Child has a talent that provides him/her with pleasure and/or self esteem.
1	Child has a talent, interest, or hobby with the potential to provide him/her with pleasure and self esteem.
2	Child has identified interests but needs assistance converting those interests into a talent or hobby.
3	Child has no identified talents, interests or hobbies.

<b>Check</b>	<b>SPIRITUAL/RELIGIOUS</b> <i>Please rate the highest level from the past 30 days</i>
0	Child receives comfort and support from religious and/or spiritual beliefs and practices.
1	Child is involved in a religious community whose members provide support.
2	Child has expressed some interest in religious or spiritual belief and practices.
3	Child has no identified religious or spiritual beliefs or interest in these pursuits.

<b>Check</b>	<b>COMMUNITY LIFE</b> <i>Please rate the highest level from the past 30 days</i>
0	Child is well-integrated into his/her community. He/she is a member of community organizations and has positive ties to the community.
1	Child is somewhat involved with his/her community.
2	Child has an identified community but has only limited ties to that community.
3	Child has no identified community to which he/she is a member.

<b>Check</b>	<b>RELATIONSHIP PERMANENCE</b> <i>This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.</i>
0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
3	This level indicates a child who does not have any stability in relationships. Independent living or adoption must be considered.

<b>Check</b>	<b>YOUTH INVOLVEMENT WITH CARE</b> <i>This item refers to the youth's participation in efforts to address his/her identified needs.</i>
0	Child is knowledgeable of needs and helps direct planning to address them.
1	Child is knowledgeable of needs and participate in planning to address them.
2	Child is at least somewhat knowledgeable of needs but is not willing to participate in plans to address them.
3	Child is neither knowledgeable about needs nor willing to participate in any process to address them.

<b>Check</b>	<b>NATURAL SUPPORTS</b> <i>Refers to unpaid helpers in the child's natural environment.. All family members and paid care givers are excluded.</i>
0	Child has significant natural supports who contribute to helping support the child's healthy development.
1	Child has identified natural supports who provide some assistance in supporting the child's healthy development.
2	Child has some identified natural supports however they are not actively contributing to the child's healthy development.
3	Child has no known natural supports (outside of family and paid caregivers).

<b>Check</b>	<b>RESILIENCY</b> <i>This rating should be based on the child/youth's ability to identify and use internal strengths in managing his/her life.</i>
0	This level indicates a Child/youth who is able to both identify and use strengths to better themselves and successfully manage difficult challenges.
1	This level indicates a Child/youth who is able to identify most of his/her strengths and is able to partially utilize them.
2	This level indicates a Child/youth who is able to identify strengths but is not able to utilize them effectively.
3	This level indicates a Child/youth who is not yet able to identify personal strengths.

<b>Check</b>	<b>RESOURCEFULNESS</b> <i>This rating should be based on the child/youth's ability to identify and use external strengths in managing his/her life.</i>
0	This level indicates a Child/youth who is able to both identify and use external strengths to better him/herself and successfully manage difficult challenges.
1	This level indicates a Child/youth who is able to identify most of his/her external strengths and is able to partially utilize them.
2	This level indicates a Child/youth who is able to identify external strengths but is not able to utilize them effectively.
3	This level indicates a Child/youth who is not yet able to identify external strengths.



## ACCULTURATION

<b>Check</b>	<b>LANGUAGE</b> <i>This item includes both spoken and sign language.</i>
0	Child and family speak English well.
1	Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

<b>Check</b>	<b>IDENTITY</b> <i>Cultural identity refers to the child's view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.</i>
0	Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Child is experiencing some confusion or concern regarding cultural identity.
2	Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture.
3	Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.

<b>Check</b>	<b>RITUAL</b> <i>Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific holidays such as kwanza, cinco de mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media).</i>
0	Child and family are consistently able to practice rituals consistent with their cultural identity.
1	Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals.
2	Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.
3	Child and family are unable to practice rituals consistent with their cultural identity.

<b>Check</b>	<b>CULTURE STRESS</b> <i>Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives.</i>
0	No evidence of stress between caregiver's cultural identify and current living situation.
1	Some mild or occasional stress resulting from friction between the caregiver's cultural identify and his/her current living situation.
2	Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress.
3	Caregiver is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress.

## CAREGIVER STRENGTHS & NEEDS

<b>Check</b>	<b>SUPERVISION</b> <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

<b>Check</b>	<b>INVOLVEMENT WITH CARE</b> <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is actively involved in planning or implementation of services and able to act as an effective advocate for child.
1	Caregiver has history of seeking help for their children. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist their child.
3	Caregiver wishes for child to be removed from their care or is not visiting child in residential care.

<b>Check</b>	<b>KNOWLEDGE</b> <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity of parent.
2	Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

<b>Check</b>	<b>ORGANIZATION</b> <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

<b>Check</b>	<b>SOCIAL RESOURCES</b> <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has significant family and friend social network that actively helps with raising the child (e.g., child rearing).
1	Caregiver has some family or friend social network that actively help with raising the child (e.g. child rearing).
2	Caregiver has some family or friend social network that may be able to help with raising the child (e.g., child rearing).
3	Caregiver no family or social network that may be able to help with raising the child (e.g. child rearing).

<b>Check</b>	<b>RESIDENTIAL STABILITY</b> <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver 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	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.

<b>Check</b>	<b>PHYSICAL</b> <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

<b>Check</b>	<b>MENTAL HEALTH</b> <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health use difficulties that make it impossible for them to parent at this time.

<b>Check</b>	<b>SUBSTANCE USE</b> <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

<b>Check</b>	<b>DEVELOPMENTAL</b> <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

<b>Check</b>	<b>ACCESSIBILITY TO CHILD CARE SERVICES</b> <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has access to sufficient child care services.
1	Caregiver has limited access to child care services. Needs are met minimally by existing, available services.
2	Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs.
3	Caregiver has no access to child care services.

<b>Check</b>	<b>MILITARY TRANSITIONS</b> <i>Please rate the higher level from the past 30 days.</i>
0	Caregiver not experiencing any transitions related to military service. Caregivers not involved in military services would be rated here.
1	Caregiver anticipating a transition related to military service in the near future or a caregiver experienced a transition in the past which was challenging.
2	Caregiver experiencing a transition related to military service.
3	Caregiver experiencing a transition related to military service that has a major impact on their care giving roles.

<b>Check</b>	<b>FAMILY STRESS</b> <i>Please rate the highest level from the past 30 days</i>
0	Caregiver able to manage the stress of child/children's needs.
1	Caregiver has some problems managing the stress of child/children's needs.
2	Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.

<b>Check</b>	<b>SAFETY*</b> <i>Please rate the highest level from the past 30 days</i>
0	Household is safe and secure. Child is at no risk from others.
1	Household is safe but concerns exist about the safety of the child due to history or others in the neighborhood who might be abusive.
2	Child is in some danger from one or more individuals with access to the household.
3	Child is in immediate danger from one or more individuals with unsupervised access.

**\*All referrants are legally required to report suspected child abuse or neglect to the hotline**

### **CHILD BEHAVIORAL/EMOTIONAL NEEDS**

<b>Check</b>	<b>SOMATIZATION</b>
0	This rating is for a child with no evidence of unexplained somatic symptoms.
1	This rating indicates a child with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.
2	This rating indicates a child with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child may meet criteria for a somatoform disorder. Additionally, the child could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).
3	This rating indicates a child with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.

<b>Check</b>	<b>BEHAVIORAL REGRESSION</b>
0	This rating is given to a child with no evidence of behavioral regression.
1	This rating is given to a child with some regressions in age-level of behavior (e.g., thumb sucking, whining when age inappropriate).
2	This rating is given to a child with moderate regressions in age-level of behavior including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting.
3	This rating is given to a child with more significant regressions in behaviors in an earlier age as demonstrated by changes in speech or loss of bowel or bladder control.

<b>Check</b>	<b>PSYCHOSIS</b> <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
2	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child or others at risk of physical harm.

<b>Check</b>	<b>IMPULSIVITY/HYPERACTIVITY</b> <i>Please rate based on the past 30 days</i>
0	No evidence
1	Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
2	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain.
3	Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm.

<b>Check</b>	<b>DEPRESSION</b> <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning.
2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain.

<b>Check</b>	<b>ANXIETY</b> <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

<b>Check</b>	<b>OPPOSITIONAL</b> <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

<b>Check</b>	<b>CONDUCT</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals.
2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
3	Evidence of a severe level of conduct problems as described above that places the child or community at significant risk of physical harm due to these behaviors.

<b>Check</b>	<b>ADJUSTMENT TO TRAUMA</b> <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of problems associated with traumatic life event/s.
2	Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain.
3	Clear evidence of symptoms of Post Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.

<b>Check</b>	<b>ANGER CONTROL</b> <i>Please rate based on the past 30 days</i>
0	No evidence of any significant anger control problems.
1	Some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
2	Moderate anger control problems. Child's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
3	Severe anger control problems. Child's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

<b>Check</b>	<b>SUBSTANCE USE</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History or suspicion of substance use.
2	Clear evidence of substance abuse that interferes with functioning in any life domain.
3	Child requires detoxification OR is addicted to alcohol and/or drugs. Include here a child/youth who is intoxicated at the time of the assessment (i.e., currently under the influence).

<b>Check</b>	<b>EATING DISTURBANCE</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence of eating disturbance
1	Mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
2	Clear evidence of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This child may meet criteria for a DSM-IV Eating Disorder (Anorexia or Bulimia Nervosa). Food hoarding also would be rated here.
3	Eating disturbance is disabling. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

### CHILD RISK BEHAVIORS

<b>Check</b>	<b>SUICIDE RISK</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History but no recent ideation or gesture.
2	Recent ideation or gesture but not in past 24 hours.
3	Current ideation and intent OR command hallucinations that involve self-harm.

<b>Check</b>	<b>SELF-MUTILATION</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of self-mutilation.
2	Engaged in self mutilation that does not require medical attention.
3	Engaged in self mutilation that requires medical attention.

<b>Check</b>	<b>OTHER SELF HARM</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence of behaviors other than suicide or self-mutilation that place the child at risk of physical harm.
1	History of behavior other than suicide or self-mutilation that places child at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child.
2	Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
3	Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.

<b>Check</b>	<b>SEXUALLY REACTIVE BEHAVIORS</b> — <i>Sexually reactive behavior includes both age-inappropriate sexualized behaviors that may place a child at risk for victimization or risky sexual practices.</i>
0	No evidence of problems with sexually reactive behaviors or high-risk sexual behaviors.
1	Some evidence of sexually reactive behavior. Child may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with single partner. This behavior does not place child at great risk. A history of sexually provocative behavior would be rated here.
2	Moderate problems with sexually reactive behavior that place child at some risk. Child may exhibit more frequent sexually provocative behaviors in a manner that impairs functioning, engage in promiscuous sexual behaviors or have unprotected sex with multiple partners.
3	Significant problems with sexually reactive behaviors. Child exhibits sexual behaviors that place child or others at immediate risk.

<b>Check</b>	<b>DANGER TO OTHERS</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of homicidal ideation, physically harmful aggression or fire setting that has put self or others in danger of harm.
2	Recent homicidal ideation, physically harmful aggression, or dangerous fire setting but not in past 24 hours.
3	Acute homicidal ideation with a plan or physically harmful aggression OR command hallucinations that involve the harm of others. Or, child set a fire that placed others at significant risk of harm.

<b>Check</b>	<b>SEXUAL AGGRESSION</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence of any history of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent.
1	History of sexually aggressive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or excessive masturbation.
2	Child is engaged in sexually aggressive behavior in the past year but not in the past 30 days.
3	Child has engaged in sexually aggressive behavior in the past 30 days.

<b>Check</b>	<b>RUNAWAY</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of runaway from home or other settings involving at least one overnight absence, at least 30 days ago.
2	Recent runaway behavior or ideation but not in past 7 days.
3	Acute threat to runaway as manifest by either recent attempts OR significant ideation about running away OR child is currently a runaway.

<b>Check</b>	<b>DELINQUENCY</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of delinquency but no acts of delinquency in past 30 days.
2	Recent acts of delinquency.
3	Severe acts of delinquency that places others at risk of significant loss or injury or place child at risk of adult sanctions.

<b>Check</b>	<b>FIRE SETTING</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of fire setting but not in the past six months.
2	Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months.
3	Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

<b>Check</b>	<b>SOCIAL BEHAVIOR</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her.
1	Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
2	Moderate level of problematic social behavior. Child is intentionally engaging in problematic social behavior that is causing problems in his/her life. Child is intentionally getting in trouble in school, at home, or in the community.
3	Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community)

<b>Check</b>	<b>BULLYING</b>
0	Youth has never engaged in bullying at school or in the community.
1	Youth has been involved with groups that have bully other youth either in school or the community; however, youth has not had a leadership role in these groups.
2	Youth has bullied other youth in school or community. Youth has either bullied the other youth individually or led a group that bullied youth
3	Youth has repeated utilized threats or actual violence to bully youth in school and/or community.

**INDIVIDUALIZED ASSESSMENT MODULES**

*Complete any specific module only if indicated by core item(s) on the initial page(s)*



**SCHOOL MODULE**  
**Coding Definitions**

<b>Check</b>	<b>SCHOOL BEHAVIOR</b> <i>Please rate the highest level from the past 30 days</i>
0	Child is behaving well in school.
1	Child is behaving adequately in school although some behavior problems exist.
2	Child is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.
3	Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

<b>Check</b>	<b>SCHOOL ACHIEVEMENT</b> <i>Please rate the highest level from the past 30 days</i>
0	Child is doing well in school.
1	Child is doing adequately in school although some problems with achievement exist.
2	Child is having moderate problems with school achievement. He/she may be failing some subjects.
3	Child is having severe achievement problems. He/she may be failing most subjects or more than one year behind same age peers in school achievement.

<b>Check</b>	<b>SCHOOL ATTENDANCE</b> <i>Please rate the highest level from the past 30 days</i>
0	Child attends school regularly.
1	Child has some problems attending school but generally goes to school. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending school regularly in the past month.
2	Child is having problems with school attendance. He/she is missing at least two days each week on average.
3	Child is generally truant or refusing to go to school.

<b>Check</b>	<b>RELATION WITH TEACHER(S)</b> <i>Please rate the highest level from the past 30 days</i>
0	Child has good relations with teachers.
1	Child has occasional difficulties relating with at least one teacher. Child may have difficulties during one class period (e.g. math, gym).
2	Child has difficult relations with teachers that notably interferes with his/her education.
3	Child has very difficult relations with all teachers or all the time with their only teacher. Relations with teachers currently prevents child from learning.

**DEVELOPMENTAL DISABILITY MODULE**  
**Coding Definitions**

<b>Check</b>	<b>COGNITIVE</b> <i>Please rate the highest level from the past 30 days</i>
0	Child's intellectual functioning appears to be in normal range. There is no reason to believe that the child has any problems with intellectual functioning.
1	Child has low IQ (70 to 85) or has identified learning challenges.
2	Child has mild mental retardation. IQ is between 55 and 70.
3	Child has moderate to profound mental retardation. IQ is less than 55.

<b>Check</b>	<b>DEVELOPMENTAL</b> <i>Please rate the highest level from the past 30 days</i>
0	Child's development appears within normal range. There is no reason to believe that the child has any developmental problems.
1	Evidence of a mild developmental delay.
2	Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
3	Severe developmental disorder.

<b>Check</b>	<b>SELF-CARE DAILY LIVING SKILLS</b> <i>Please rate the highest level from the past 30 days</i>
0	Child's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child has any problems performing daily living skills.
1	Child requires verbal prompting on self-care tasks or daily living skills.
2	Child requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
3	Child requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

**FAMILY/CAREGIVER    MODULE**  
**Coding Definitions**

<i>Check</i>	<b>SELF-CARE/DAILY LIVING SKILLS</b> <i>This rating describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, safety, clothing) of their youth.</i>
0	The caregiver has the daily living skills needed to care for their youth
1*	The caregiver needs verbal prompting to complete the daily living skills required to care for their youth.
2	The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their youth.
3	The caregiver is unable to complete the daily living skills required to care for their youth. Caregiver needs immediate intervention.

<i>Check</i>	<b>CULTURE STRESS</b> <i>Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives.</i>
0	No evidence of stress between caregiver's cultural identify and current living situation.
1	Some mild or occasional stress resulting from friction between the caregiver's cultural identify and his/her current living situation.
2*	Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress.
3	Caregiver is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress.

<i>Check</i>	<b>EMPLOYMENT/EDUCATIONAL FUNCTIONING</b> <i>This rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.</i>
0	Caregiver is gainfully employed and/or in school.
1*	A mild degree of problems with school or work functioning. Caregiver may have some problems in work environment. Caregiver needs to be monitored and assessed further.
2	A moderate degree of school or work problems and/or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties.
3	A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.

<i>Check</i>	<b>EDUCATIONAL ATTAINMENT</b> <i>This rates the degree to which the individual has completed his/her planned education.</i>
0	Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
1	Caregiver has set educational goals and is currently making progress towards achieving them.
2	Caregiver has set educational goals but is currently not making progress towards achieving them.
3	Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention.

<i>Check</i>	<b>LEGAL</b> <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no known legal difficulties.
1	Caregiver has a history of legal problems but currently is not involved with the legal system.
2	Caregiver has some legal problems and is currently involved in the legal system.
3*	Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

**FAMILY/CAREGIVER MODULE (continued)**  
**Coding Definitions**

<b>Check</b>	<b>MOTIVATION FOR CARE</b> <i>This rating captures the desire of the caregiver to support their youth in care. The person need not have an understanding of their illness; however they participate in recommended or prescribed care (e.g., taking prescribed medications and cooperating with care providers).</i>
0	The caregiver is engaged in his/her youth's care and supports his/her youth in participating in care.
1*	The caregiver is willing for his/her youth to participate in care, however the caregiver may need prompts at times. Caregiver needs to be monitored and assessed further.
2	The caregiver is often unwilling to support his/her youth's care and is often uncooperative with service providers. Caregiver/youth needs to be engaged in care.
3	The caregiver refuses to allow his/her youth to participate in care including taking prescribed medications or cooperating with recommended care. Service coordinator needs to meet with referral source and team to revisit goals.

<b>Check</b>	<b>FINANCIAL RESOURCES</b> <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has sufficient financial resources to raise the youth (e.g., youth rearing).
1	Caregiver has some financial resources that actively help with raising the youth (e.g. youth rearing).
2	Caregiver has limited financial resources that may be able to help with raising the youth (e.g., youth rearing).
3*	Caregiver has no financial resources to help with raising the youth (e.g. youth rearing). Caregiver needs financial resources

<b>Check</b>	<b>TRANSPORTATION</b> <i>This rating reflects the caregiver's ability to provide appropriate transportation for his/her youth.</i>
0	Youth and his/her caregiver have no transportation needs. Caregiver is able to get his/her youth to appointments, school, activities, etc. consistently.
1	Youth and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting his/her youth to appointments, school, activities, etc. no more than weekly.
2*	Youth and his/her caregiver have frequent transportation needs. Caregiver has difficulty getting his/her youth to appointments, school, activities, etc. regularly (e.g., once a week). Caregiver needs assistance transporting youth and access to transportation resources.
3	Youth and his/her caregiver have no access to appropriate transportation and is unable to get his/her youth to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

## TRAUMA MODULE

### Coding Definitions

#### Characteristics of the Traumatic Experience:

<i>Check</i>	<b>SEXUAL ABUSE</b> <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced sexual abuse.
1	Child has experienced one episode of sexual abuse or there is a suspicion that child has experienced sexual abuse but no confirming evidence.
2	Child has experienced repeated sexual abuse.
3	Child has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.

<i>Check</i>	<b>PHYSICAL ABUSE</b> <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced physical abuse.
1	Child has experienced one episode of physical abuse or there is a suspicion that child has experienced physical abuse but no confirming evidence.
2	Child has experienced repeated physical abuse.
3	Child has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

<i>Check</i>	<b>EMOTIONAL ABUSE</b> <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced emotional abuse.
1	Child has experienced mild emotional abuse.
2	Child has experienced emotional abuse over an extended period of time (at least one year).
3	Child has experienced severe and repeated emotional abuse over an extended period of time (at least one year).

<i>Check</i>	<b>MEDICAL TRAUMA</b> <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced any medical trauma.
1	Child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
2	Child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
3	Child has experienced life threatening medical trauma.

<i>Check</i>	<b>NATURAL DISASTER</b> <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced any natural disaster.
1	Child has been indirectly affected by a natural disaster.
2	Child has experienced a natural disaster which has had a notable impact on his/her well-being.
3	Child has experienced life threatening natural disaster.

<i>Check</i>	<b>WITNESS TO FAMILY VIOLENCE</b> <i>Please rate within the lifetime</i>
0	There is no evidence that child has witnessed family violence.
1	Child has witnessed one episode of family violence.
2	Child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.
3	Child has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

**TRAUMA MODULE (continued)**  
**Coding Definitions**

<b>Check</b>	<b>WITNESS TO COMMUNITY VIOLENCE</b> <i>Please rate within the lifetime</i>
0	There is no evidence that child has witnessed violence in the community.
1	Child has witnessed fighting or other forms of violence in the community
2	Child has witnessed the significant injury of others in his/her community.
3	Child has witnessed the death of another person in his/her community.

<b>Check</b>	<b>WITNESS/VICTIM TO CRIMINAL ACTIVITY</b> <i>Please rate within the lifetime</i>
0	There is no evidence that child has been victimized or witness significant criminal activity.
1	Child is a witness of significant criminal activity.
2	Child is a direct victim of criminal activity or witnessed the victimization of a family or friend.
3	Child is a victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one.

<b>Check</b>	<b>WAR AFFECTED</b> <i>This rating describes the degree of severity of exposure to war, political violence or torture. Violence or trauma related to Terrorism is not included here.</i>
0	There is no evidence that child has been exposed to war, political violence, or torture.
1	Child did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the child may have been exposed to war, political violence or torture; family may have been forcibly displaced due to the war, or both. This does not include children who have lost one or both parents during the war.
2	Child has been affected by war or political violence. He or she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Child may have lost one or both parents during the war or one or both parents may be so physically or psychologically disabled from war so that they are not able to provide adequate caretaking of child. Child may have spent extended amount of time in refugee camp.
3	Child has experienced the direct affects of war. Child may have feared for their own life during war due to bombings, shelling, very near to them. They may have been directly injured, tortured or kidnapped. Some may have served as soldiers, guerrillas or other combatants in their home countries.

<b>Check</b>	<b>TERRORISM AFFECTED</b> <i>This rating describes the degree to which a child has been affected by terrorism. Terrorism is defined as “the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological.” Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).</i>
0	There is no evidence that child has been affected by terrorism or terrorist activities.
1	Child’s community has experienced an act of terrorism, but the child was not directly impacted by the violence (e.g. child lives close enough to site of terrorism that they may have visited before or child recognized the location when seen on TV, but child’s family and neighborhood infrastructure was not directly affected). Exposure has been limited to pictures on television.
2	Child has been affected by terrorism within his/her community, but did not directly witness the attack. Child may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of child’s daily life may be disrupted due to attack (e.g. utilities or school), and child may see signs of the attack in neighborhood (e.g. destroyed building). Child may know people who were injured in the attack.
3	Child has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured as a result of terrorism, or has directly been injured by terrorism leading to significant injury or lasting impact.

**TRAUMA MODULE (continued)**  
**Coding Definitions**

**If a child has been sexually abused:**

<i>Check</i>	<b>EMOTIONAL CLOSENESS TO PERPETRATOR</b>
0	Perpetrator was a stranger at the time of the abuse.
1	Perpetrator was known to the child at the time of event but only as an acquaintance.
2	Perpetrator had a close relationship with the child at the time of the event but was not an immediate family member.
3	Perpetrator was an immediate family member (e.g. parent, sibling).

<i>Check</i>	<b>FREQUENCY OF ABUSE</b>
0	Abuse occurred only one time.
1	Abuse occurred two times.
2	Abuse occurred two to ten times.
3	Abuse occurred more than ten times.

<i>Check</i>	<b>DURATION</b>
0	Abuse occurred only one time.
1	Abuse occurred within a six month time period.
2	Abuse occurred within a six-month to one year time period.
3	Abuse occurred over a period of longer than one year.

<i>Check</i>	<b>FORCE</b>
0	No physical force or threat of force occurred during the abuse episode(s).
1	Sexual abuse was associated with threat of violence but no physical force.
2	Physical force was used during the sexual abuse.
3	Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

<i>Check</i>	<b>REACTION TO DISCLOSURE</b>
0	All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience.
1	Most significant family members are aware of the abuse and supportive of the child for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
2	Significant split among family members in terms of their support of the child for coming forward with the description of his/her experience.
3	Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

**TRAUMA MODULE (continued)**  
**Coding Definitions**

**Rate Adjustment Items for all Youth with Trauma Experience:**

<b>Check</b>	<b>AFFECT REGULATION</b> <i>Please rate the highest level from the past 30 days</i>
0	Child has no problems with affect regulation.
1	Child has mild to moderate problems with affect regulation.
2	Child has severe problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child's functioning in some life domains.
3	Child unable to regulate affect.

<b>Check</b>	<b>INTRUSIONS</b> <i>Please rate the highest level from the past 30 days</i>
0	There is no evidence that child experiences intrusive thoughts of trauma.
1	Child experiences some intrusive thoughts of trauma but they do not affect his/her functioning.
2	Child experiences intrusive thoughts that interfere in his/her ability to function in some life domains.
3	Child experiences repeated and severe intrusive thoughts of trauma.

<b>Check</b>	<b>ATTACHMENT</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence of attachment problems. Parent-child relationship is characterized by satisfaction of needs, child's development of a sense of security and trust.
1	Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.
2	Moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets the criteria for an Attachment Disorder in DSM-IV would be rated here.
3	Severe problems with attachment. A child who is unable to separate or a child who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.

<b>Check</b>	<b>DISSOCIATION</b> <i>Please rate the highest level from the past 30 days</i>
0	There is no evidence of dissociation.
1	Child may experience some symptoms of dissociation.
2	Child clearly experiences episodes of dissociation.
3	Profound dissociation occurs.

<b>Check</b>	<b>TIME BEFORE TREATMENT</b>
0	Trauma was recognized and treatment started within one month of initial experience.
1	Trauma was recognized and treatment started within one to six months of initial experience.
2	Trauma was recognized and treatment started within six months to one year of the initial experience.
3	Trauma was not recognized nor treated for more than one year after the initial experience.



**SUBSTANCE USE MODULE**  
**Coding Definitions**

<b>Check</b>	<b>SEVERITY OF USE</b> <i>Please rate the highest level from the past 30 days</i>
0	Child is currently abstinent and has maintained abstinence for at least six months.
1	Child is currently abstinent but only in the past 30 days or child has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
2	Child actively uses alcohol or drugs but not daily.
3	Child uses alcohol and/or drugs on a daily basis.

<b>Check</b>	<b>DURATION OF USE</b> <i>Please rate the highest level from the past 30 days</i>
0	Child has begun use in the past year.
1	Child has been using alcohol or drugs for at least one year but has had periods of at least 30 days where he/she did not have any use.
2	Child has been using alcohol or drugs for at least one year (but less than five years), but not daily.
3	Child has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

<b>Check</b>	<b>STAGE OF RECOVERY</b> <i>Please rate the highest level from the past 30 days</i>
0	Child is in maintenance stage of recovery. Youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
1	Child is actively trying to use treatment to remain abstinent.
2	Child is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
3	Child is in denial regarding the existence of any substance use problem.

<b>Check</b>	<b>PEER INFLUENCES</b> <i>Please rate the highest level from the past 30 days</i>
0	Youth's primary peer social network does not engage in alcohol or drug use.
1	Youth has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
2	Youth predominantly has peers who engage in alcohol or drug use but youth is not a member of a gang.
3	Youth is a member of a peer group that consistently engages in alcohol or drug use.

<b>Check</b>	<b>PARENTAL INFLUENCES</b> <i>Please rate the highest level from the past 30 days</i>
0	There is no evidence that youth's parents have ever engaged in substance abuse.
1	One of youth's parents has history of substance abuse but not in the past year.
2	One or both of youth's parents have been intoxicated with alcohol or drugs in the presence of the youth.
3	One or both of youth's parents use alcohol or drugs with the youth.

<b>Check</b>	<b>ENVIRONMENTAL INFLUENCES</b> <i>Please rate the environment around the youth's living situation</i>
0	No evidence that the child's environment stimulates or exposes the child to any alcohol or drug use.
1	Mild problems in the child's environment that might expose the child to alcohol or drug use.
2	Moderate problems in the child's environment that clearly expose the child to alcohol or drug use.
3	Severe problems in the child's environment that stimulate the child to engage in alcohol or drug.

**VIOLENCE MODULE**  
**Coding Criteria**

**Historical Risk Factors**

*Historical risk factors are rated over the lifetime of the youth.*

<i>Check</i>	<b>HISTORY OF PHYSICAL ABUSE</b>
0	No evidence of a history of physical abuse
1	Youth has experienced corporal punishment.
2	Youth has experienced physical abuse on one or more occasions from care giver or parent.
3	Youth has experienced extreme physical abuse that has resulted in physical injuries that required medical care

<i>Check</i>	<b>HISTORY OF VIOLENCE</b>
0	No evidence of any history of violent behavior by the youth.
1	Youth has engaged in mild forms of violent behavior including vandalism, minor destruction of property, physical fights in which no one was injured (e.g. shoving, wrestling).
2	Youth has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.
3	Youth has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.

<i>Check</i>	<b>WITNESS TO DOMESTIC VIOLENCE</b>
0	No evidence that youth has witnessed domestic violence.
1	Youth has witnessed physical violence in household on at least one occasion but the violence did not result in injury.
2	Youth has witnessed repeated domestic violence that has resulted in the injury of at least one family member that required medical treatment.
3	Youth has witness to murder or rape of a family member

<i>Check</i>	<b>WITNESS TO ENVIRONMENTAL VIOLENCE</b>
0	No evidence that youth has witnessed violence in his/her environment and does not watch an excessive amount of violent media
1	Youth has not witness violence in her environment and but watches an excessive amount of violent media including movies and video games.
2	Youth has witnessed at least one occasion of violence in his/her environment.
3	Youth has witnessed a murder or rape.

**VIOLENCE MODULE**  
**(continued) Coding Criteria**

**Emotional/Behavioral Risks (Violence)**

*Emotional/Behavioral Risks are rated based on the past 30 days*

<b>Check</b>	<b>FRUSTRATION MANAGEMENT</b>
0	Youth appears to be able to manage frustration well. No evidence of problems of frustration management.
1	Youth has some mild problems with frustration. He/she may anger easily when frustrated; however, he/she is able to calm self down following an angry outburst.
2	Youth has problems managing frustration. His/her anger when frustrated is causing functioning problems in school, at home, or with peers.
3	Youth becomes explosive and dangerous to others when frustrated. He/she demonstrates little self control in these situations and others must intervene to restore control

<b>Check</b>	<b>HOSTILITY</b>
0	Youth appears to not experience or express hostility except in situations where most people would become hostile.
1	Youth appears hostile but does not express it. Others experience youth as being angry.
2	Youth expresses hostility regularly.
3	Youth is almost always hostile either in expression or appearance. Others may experience youth as 'full of rage' or 'seething'

<b>Check</b>	<b>PARANOID THINKING</b> <i>Please rate the youth's highest level in the past 30 days.</i>
0	Youth does not appear to engage in any paranoid thinking.
1	Youth is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.
2	Youth believes that others are 'out to get' him/her. Youth has trouble accepting that these beliefs may not be accurate. Youth at times is suspicious and guarded but at other times can be open and friendly. Suspicions can be allayed with reassurance.
3	Youth believes that others plan to cause them harm. Youth is nearly always suspicious and guarded.

<b>Check</b>	<b>SECONDARY GAINS FROM ANGER</b> <i>Please rate the youth's highest level in the past 30 days.</i>
0	Youth either does not engage in angry behavior or, when they do become angry, does not appear to derive any benefits from this behavior.
1	Youth unintentionally has benefited from angry behavior; however, there is no evidence that youth intentionally uses angry behavior to achieve desired outcomes.
2	Youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.
3	Youth routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers or peers. Others in youth's life appear intimidated.

<b>Check</b>	<b>VIOLENT THINKING</b> <i>Please rate the youth's highest level in the past 30 days.</i>
0	There is no evidence that youth engages in violent thinking.
1	Youth has some occasional or minor thoughts about violence.
2	Youth has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.
3	Youth has specific homicidal ideation or appears obsessed with thoughts about violence. For example, a youth who spontaneously and frequently draws only violent images may be rated here.

**VIOLENCE MODULE**  
**(continued) Coding Criteria**

**Resiliency Factors**

*Resiliency Factors are rated based on the past 30 days.*

<i>Check</i>	<b>AWARENESS OF VIOLENCE POTENTIAL</b> <i>Please rate the youth's highest level in the past 30 days.</i>
0	Youth is completely aware of his/her level of risk of violence. Youth knows and understands risk factors. Youth accepts responsibility for past and future behaviors. Youth is able to anticipate future challenging circumstances. A youth with no violence potential would be rated here.
1	Youth is generally aware of his/her potential for violence. Youth is knowledgeable about his/her risk factors and is generally able to take responsibility. Youth may be unable to anticipate future circumstances that may challenge him/her.
2	Youth has some awareness of his/her potential for violence. Youth may have tendency to blame others but is able to accept some responsibility for his/her actions.
3	Youth has no awareness of his/her potential for violence. Youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.

<i>Check</i>	<b>RESPONSE TO CONSEQUENCES</b> <i>Please rate the youth's highest level in the past 30 days.</i>
0	Youth is clearly and predictably responsive to identified consequences. Youth is regularly able to anticipate consequences and adjust behavior.
1	Youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences.
2	Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior.
3	Youth is unresponsive to consequences for his/her violent behavior.

<i>Check</i>	<b>COMMITMENT TO SELF CONTROL</b> <i>Please rate the youth's highest level in the past 30 days.</i>
0	Youth fully committed to controlling his/her violent behavior.
1	Youth is generally committed to control his/her violent behavior; however, youth may continue to struggle with control in some challenging circumstances.
2	Youth ambivalent about controlling his/her violent behavior.
3	Youth not interested in controlling his/her violent behavior at this time.

<i>Check</i>	<b>TREATMENT INVOLVEMENT</b> <i>Please rate the youth's highest level in the past 30 days.</i>
0	Youth fully involved in his/her own treatment. Family supports treatment as well.
1	Youth or family involved in treatment but not both. Youth may be somewhat involved in treatment, while family members are active or youth may be very involved in treatment while family members are unsupportive.
2	Youth and family are ambivalent about treatment involvement. Youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.
3	Youth and family are uninterested in treatment involvement. A youth with treatment needs who is not currently in treatment would be rated here.

**SEXUALLY ABUSIVE BEHAVIOR MODULE**  
**Coding Definitions**

<b>Check</b>	<b>RELATIONSHIP</b> <i>Please rate the most recent episode of sexual behavior</i>
0	No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.
1	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child or adolescent being in the position of authority.
2	Child is clearly victimizing at least one other individual with sexually abusive behavior.
3	Child is severely victimizing at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

<b>Check</b>	<b>PHYSICAL FORCE/THREAT</b> <i>Please rate the highest level from the most recent episode of sexual behavior</i>
0	No evidence of the use of any physical force or threat of force in either the commission of the sex act nor in attempting to hide it.
1	Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.
2	Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.
3	Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force.

<b>Check</b>	<b>PLANNING</b> <i>Please rate the highest level from the most recent episode of sexual behavior</i>
0	No evidence of any planning. Sexual activity appears entirely opportunistic.
1	Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity are enhanced.
2	Evidence of some planning of sex act.
3	Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.

<b>Check</b>	<b>AGE DIFFERENTIAL</b> <i>Please rate the highest level from the most recent episode of sexual behavior</i>
0	Ages of the perpetrator and victim and/or participants essentially equivalent (less than 3 years apart).
1	Age differential between perpetrator and victim and/or participants is 3 to 4 years.
2	Age differential between perpetrator and victim at least 5 years, but perpetrator less than 13 years old.
3	Age differential between perpetrator and victim at least 5 years and perpetrator 13 years old or older.

<b>Check</b>	<b>TYPE OF SEX ACT</b> <i>Please rate the highest level from the most recent episode of sexual behavior</i>
0	Sex act(s) involve touching or fondling only.
1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
2	Sex act(s) involve penetration into genitalia or anus with body part.
3	Sex act involves physically dangerous penetration due to differential size or use of an object.

<b>Check</b>	<b>RESPONSE TO ACCUSATION</b> <i>Please rate the highest level from the past 30 days</i>
0	Child admits to behavior and expresses remorse and desire to not repeat.
1	Child partially admits to behaviors and expresses some remorse.
2	Child admits to behavior but does not express remorse.
3	Child neither admits to behavior nor expresses remorse. Child is in complete denial.

**SEXUALLY ABUSIVE BEHAVIOR MODULE (continued)****Coding Definitions**

<i>Check</i>	<b>TEMPORAL CONSISTENCY</b>
0	This level indicates a child who has never exhibited sexually abusive behavior or who has developed this behavior only in the past three months following a clear stressor.
1	This level indicates a child who has been sexually abusive during the past two years OR child who has become sexually abusive in the past three months despite the absence of any clear stressors.
2	This level indicates a child who has been sexually abusive for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.
3	This level indicates a child who has been sexually abusive for an extended period of time (e.g. more than two years) without significant symptom-free periods.

<i>Check</i>	<b>HISTORY OF SEXUALLY ABUSIVE BEHAVIOR (toward others)</b>
0	Child or adolescent has only one incident of sexually abusive behavior that has been identified and/or investigated.
1	Child or adolescent has two or three incidents of sexually abusive behavior that have been identified and/or investigated.
2	Child or adolescent has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.
3	Child or adolescent has more than ten incidents of sexually abusive behavior with more than one victim.

<i>Check</i>	<b>SEVERITY OF SEXUAL ABUSE</b>
0	No history of any form of sexual abuse.
1	History of occasional fondling or being touched inappropriately, however, not occurring on a regular basis or by someone in a caregiver capacity or suspicion of history of sexual abuse without confirming evidence.
2	This level is to indicate a moderate level of sexual abuse. This may involve a child who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
3	This level is to indicate a severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the child.

<i>Check</i>	<b>PRIOR TREATMENT</b>
0	No history of prior treatment or history of outpatient treatment with notable positive outcomes.
1	History of outpatient treatment which has had some degree of success.
2	History residential treatment where there has been successful completion of program.
3	History of residential or outpatient treatment condition with little or no success.

**RUNAWAY MODULE**  
**Coding Definitions**

<b>Check</b>	<b>FREQUENCY OF RUNNING</b>
0	Youth has only run once in past year
1	Youth has run on multiple occasions in past year.
2	Youth runs run often but not always.
3	Youth runs at every opportunity.

<b>Check</b>	<b>CONSISTENCY OF DESTINATION</b>
0	Youth always runs to the same location.
1	Youth generally runs to the same location or neighborhood
2	Youth runs to the same community but the specific locations change.
3	Youth runs to no planned destination.

<b>Check</b>	<b>SAFETY OF DESTINATION</b>
0	Youth runs to a safe environment that meets his/hers basic needs (e.g. food, shelter).
1	Youth runs to generally safe environments; however, they might be somewhat unstable or variable.
2	Youth runs to generally unsafe environments that cannot meet his/her basic needs.
3	Youth runs to very unsafe environments where the likelihood that he/she will be victimized is high.

<b>Check</b>	<b>INVOLVEMENT IN ILLEGAL ACTIVITIES</b>
0	Youth does not engage in illegal activities while on run beyond those involved with the running itself.
1	Youth engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking)
2	Youth engages in delinquent activities while on run.
3	Youth engages in dangerous delinquent activities while on run (e.g. prostitution)

<b>Check</b>	<b>LIKELIHOOD OF RETURN ON OWN</b>
0	Youth will return from run on his/her own without prompting.
1	Youth will return from run when found but not without being found.
2	Youth will make him/her difficult to find and/or might passively resist return once found.
3	Youth makes repeated and concerted efforts to hide so as to not be found and/or resists return.

<b>Check</b>	<b>INVOLVEMENT WITH OTHERS</b>
0	Youth runs by self with no involvement of others. Others may discourage behavior or encourage youth to return from run. .
1	Others enable youth running by not discouraging youth's behavior.
2	Others involved in running by actively helping or encouraging youth.
3	Youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior.

<b>Check</b>	<b>REALISTIC EXPECTATIONS</b>
0	Youth has realistic expectations about the implications of his/her running behavior.
1	Youth has reasonable expectations about the implications of his/her running behavior but may be hoping for a somewhat 'optimistic' outcome.
2	Youth has unrealistic expectations about the implications of their running behavior.
3	Youth has obviously false or delusional expectations about the implications of their running behavior.

**RUNAWAY MODULE**  
**(continued) Coding Definitions**

<i>Check</i>	<b>PLANNING</b>
0	Running behavior is completely spontaneous and emotionally impulsive.
1	Running behavior is somewhat planned but not carefully.
2	Running behavior is planned.
3	Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.



**JUVENILE JUSTICE (JJ) MODULE**  
**Coding Definitions**

<b>Check</b>	<b>SERIOUSNESS</b> <i>Please rate the highest level from the past 30 days</i>
0	Youth has engaged only in status violations (e.g. curfew).
1	Youth has engaged in delinquent behavior.
2	Youth has engaged in criminal behavior.
3	Youth has engaged in criminal behavior that places other citizens at risk of significant physical harm.

<b>Check</b>	<b>HISTORY</b> <i>Please rate using time frames provided in the anchors</i>
0	Current criminal/delinquent behavior is the first known occurrence.
1	Youth has engaged in multiple criminal/delinquent acts in the past one year.
2	Youth has engaged in multiple criminal/delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior.
3	Youth has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal or delinquent behavior.

<b>Check</b>	<b>ARRESTS</b> <i>Please rate the highest level from the past 30 days</i>
0	Youth has no known arrests in past.
1	Youth has history of delinquency, but no arrests past 30 days.
2	Youth has 1 to 2 arrests in last 30 days.
3	Youth has more than 2 arrests in last 30 day.

<b>Check</b>	<b>PLANNING</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence of any planning. Criminal/delinquent behavior appears opportunistic or impulsive.
1	Evidence suggests that youth places him/herself into situations where the likelihood of criminal/delinquent behavior is enhanced.
2	Evidence of some planning of criminal/delinquent behavior.
3	Considerable evidence of significant planning of criminal/delinquent behavior. Behavior is clearly premeditated.

<b>Check</b>	<b>COMMUNITY SAFETY</b> <i>Please rate the highest level from the past 30 days</i>
0	Youth presents no risk to the community. He/she could be unsupervised in the community.
1	Youth engages in behavior that represents a risk to community property.
2	Youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
3	Youth engages in behavior that directly places community members in danger of significant physical harm.

<b>Check</b>	<b>LEGAL COMPLIANCE</b> <i>Please rate the highest level from the past 30 days</i>
0	Youth is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place.
1	Youth is in general compliance with responsibilities imposed by the court. (e.g. occasionally missed appointments)
2	Youth is in partial noncompliance with standing court orders (e.g. youth is going to school but not attending court-order treatment)
3	Youth is in serious and/or complete noncompliance with standing court orders (e.g. parole violations)

**JUVENILE JUSTICE (JJ) MODULE (continued)**  
**Coding Definitions**

<b>Check</b>	<b>LEGAL COMPLIANCE</b> <i>Please rate the highest level from the past 30 days</i>
0	Youth is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place.
1	Youth is in general compliance with responsibilities imposed by the court. (e.g. occasionally missed appointments)
2	Youth is in partial noncompliance with standing court orders (e.g. youth is going to school but not attending court-order treatment)
3	Youth is in serious and/or complete noncompliance with standing court orders (e.g. parole violations)

<b>Check</b>	<b>PEER INFLUENCES</b> <i>Please rate the highest level from the past 30 days</i>
0	Youth's primary peer social network does not engage in criminal/delinquent behavior.
1	Youth has peers in his/her primary peer social network who do not engage in criminal/delinquent behavior but has some peers who do.
2	Youth predominantly has peers who engage in delinquent behavior but youth is not a member of a gang.
3	Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

<b>Check</b>	<b>PARENTAL CRIMINAL BEHAVIOR (INFLUENCES)</b> <i>Please rate the highest level from the past 30 days</i>
0	There is no evidence that youth's parents have ever engaged in criminal/delinquent behavior.
1	One of youth's parents has history of criminal/delinquent behavior but youth has not been in contact with this parent for at least one year.
2	One of youth's parents has history of criminal/delinquent behavior and youth has been in contact with this parent in the past year.
3	Both of youth's parents have history of criminal/delinquent behavior.

<b>Check</b>	<b>ENVIRONMENTAL INFLUENCES</b> <i>Please rate the environment around the youth's living situation</i>
0	No evidence that the child's environment stimulates or exposes the child to any criminal/delinquent behavior.
1	Mild problems in the child's environment that might expose the child to criminal/delinquent behavior.
2	Moderate problems in the child's environment that clearly expose the child to criminal/delinquent behavior.
3	Severe problems in the child's environment that stimulate the child to engage in criminal/delinquent behavior.

**FIRE SETTING  
MODULE Coding  
Definitions**

<b>Check</b>	<b>SERIOUSNESS</b> <i>Please rate most recent incident</i>
0	Child has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).
1	Child has engaged in fire setting that resulted only in some property damage that required repair.
2	Child has engaged in fire setting which caused significant damage to property (e.g. burned down house).
3	Child has engaged in fire setting that injured self or others.

<b>Check</b>	<b>HISTORY</b> <i>Please rate using time frames provided in the anchors</i>
0	Only one known occurrence of fire setting behavior.
1	Youth has engaged in multiple acts of fire setting in the past year.
2	Youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where he/she did not engage in fire setting behavior.
3	Youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where he/she did not engage in fire setting behavior.

<b>Check</b>	<b>PLANNING</b> <i>Please rate most recent incident</i>
0	No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.
1	Evidence suggests that youth places him/herself into situations where the likelihood of fire setting behavior is enhanced.
2	Evidence of some planning of fire setting behavior.
3	Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.

<b>Check</b>	<b>USE OF ACCELERANTS</b> <i>Please rate most recent incident</i>
0	No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.
1	Evidence suggests that the fire setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.
2	Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
3	Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.

<b>Check</b>	<b>INTENTION TO HARM</b> <i>Please rate most recent incident</i>
0	Child did not intend to harm others with fire. He/she took efforts to maintain some safety.
1	Child did not intend to harm others but took no efforts to maintain safety.
2	Child intended to seek revenge or scare others but did not intend physical harm, only intimidation.
3	Child intended to injure or kill others.

<b>Check</b>	<b>COMMUNITY SAFETY</b> <i>Please rate highest level in the past 30 days</i>
0	Child presents no risk to the community. He/she could be unsupervised in the community.
1	Child engages in fire setting behavior that represents a risk to community property.
2	Child engages in fire setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
3	Child engages in fire setting behavior that intentionally places community members in danger of significant physical harm. Child attempts to use fires to hurt others.

<b>Check</b>	<b>RESPONSE TO ACCUSATION</b> <i>Please rate highest level in the past 30 days</i>
0	Child admits to behavior and expresses remorse and desire to not repeat.
1	Child partially admits to behaviors and expresses some remorse.
2	Child admits to behavior but does not express remorse.
3	Child neither admits to behavior nor expresses remorse. Child is in complete denial.

**FIRE SETTING MODULE (continued)**  
**Coding Definitions**

<b>Check</b>	<b>REMORSE</b> <i>Please rate highest level in the past 30 days</i>
0	Child accepts responsibility for behavior and is truly sorry for any damage/risk caused. Child is able to apologize directly to effected people.
1	Child accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, child is unable or unwilling to apologize to effected people.
2	Child accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.
3	Child accepts no responsibility and does not appear to experience any remorse.

<b>Check</b>	<b>LIKELIHOOD OF FUTURE FIRE SETTING</b> <i>Please rate highest level in the past 30 days</i>
0	Child is unlikely to set fires in the future. Child able and willing to exert self-control over fire setting.
1	Child presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.
2	Child remains at risk of fire setting if left unsupervised. Child struggles with self-control.
3	Child presents a real and present danger of fire setting in the immediate future. Child unable or unwilling to exert self-control over fire setting behavior.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**

**LOUISIANA COMPREHENSIVE – 5+**

Please √ appropriate use:  Initial  Reassessment  Transition/Discharge

Date:  M  M  D  D  Y  Y

m  m  d  d  y  y  M  F

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Current Living Situation: \_\_\_\_\_

Assessor (Print Name): \_\_\_\_\_ Signature \_\_\_\_\_  
 Caregiver Name: \_\_\_\_\_ Relation \_\_\_\_\_

LIFE DOMAIN FUNCTIONING					
0 = no evidence of problems	1 = history, mild				
2 = moderate	3 = severe				
	na	0	1	2	3
Family		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School <sup>1</sup>		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental <sup>2</sup>		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER STRENGTHS & NEEDS					
○ Not applicable – no caregiver identified					
0 = no evidence	1 = minimal needs				
2 = moderate needs	3 = severe needs				
		0	1	2	3
Supervision		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	G	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to Care	B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military Transitions		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety <sup>3</sup>	C	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUTH STRENGTHS					
0 = centerpiece	1 = useful				
2 = identified	3 = not yet identified				
		0	1	2	3
Family	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	G	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	F	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational	E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents / Interests		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual / Religious	F	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Life	H	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship	G	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanence		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Involvement	F	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourcefulness		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUTH BEHAVIORAL / EMOTIONAL NEEDS					
0 = no evidence					
1 = history or sub-threshold, watch/prevent					
2 = causing problems, consistent with diagnosable disorder					
3 = causing severe/dangerous problems					
		0	1	2	3
Psychosis		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulse / Hyper		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	F	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma <sup>4</sup>		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use <sup>5</sup>		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbance		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somatization		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Regression		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCULTURATION					
0 = no evidence	1 = minimal needs				
2 = moderate needs	3 = severe needs				
		0	1	2	3
Language		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identity		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritual	I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUTH RISK BEHAVIORS					
0 = no evidence					
1 = history, watch/prevent					
2 = recent, act					
3 = acute, act immediately					
		0	1	2	3
Suicide Risk		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Mutilation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self Harm		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Reactive	C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others <sup>6</sup>		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression <sup>7</sup>		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway <sup>8</sup>		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquency <sup>9</sup>	L	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting <sup>10</sup>		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Behavior	C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# MODULES

<b>SCHOOL</b>				
	0	1	2	3
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relations with Teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>DEVELOPMENTAL NEEDS (DD)</b>				
	0	1	2	3
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care / Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>FAMILY/CAREGIVER</b>				
	0	1	2	3
Self-Care/Daily Living Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culture Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment/Educational Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation for Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>SUBSTANCE USE (SUD)</b>				
	0	1	2	3
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>TRAUMA</b> ( <i>Characteristics of the trauma experience</i> )				
	0	1	2	3
Sexual Abuse*	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness/Victim - Criminal Acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:				
<b>* If Sexual Abuse &gt;0, complete the following:</b>				
Emotional closeness to perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Adjustment</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Affect Regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Before Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>VIOLENCE MODULE</b>				
<b>Historical Risk Factors</b>	0	1	2	3
History of Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness Environmental Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Emotional/Behavioral Risks</b>	0	1	2	3
Frustration Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoid Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary gains from anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Resiliency Factors</b>	0	1	2	3
Aware of violence potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to Self-Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>SAB – SEXUALLY AGGRESSIVE BEHAVIOR</b>				
	0	1	2	3
Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Force/Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age Differential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of Sex Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporal Consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Sexual Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severity of Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>RUNAWAY</b>				
	0	1	2	3
Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in Illegal Acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Return on Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement of Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>JJ – JUVENILE JUSTICE</b>				
	0	1	2	3
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arrests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>FS – FIRE SETTING</b>				
	0	1	2	3
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Accelerants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intention to Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remorse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Future Fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QRTP INDEPENDENT BEHAVIORAL HEALTH ASSESSMENT

**Demographic Information**

Child/Youth Name: (first, middle, last)					Assessment Date:	
Age:	DOB:	Ethnicity:	Gender:	Gender Expression:	SSN:	
Parent/Primary Caretaker Name: (first, middle, last)					Is this person, the legal guardian? (If not, enter the information below) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Guardian Name: (first, middle, last)			Title/Department:		Phone Number:	

**Behavioral Health History**

<b>I. CHIEF COMPLAINT</b> (Major symptoms, difficulties, and/or Issues as they relate to behavioral health- in client/ members' /caretaker's own words/ quoted.)	
<b>II. PRESENTING PROBLEM/RELEVANT HISTORY</b> (Including client/member/caretaker/guardian reason for seeking services, precipitating factors, symptoms, behavioral and functioning impacts, onset/course of issues, current behavioral health providers, services sought and expectations.)	
<b>CURRENT BEHAVIORAL HEALTH PROVIDER NAME:</b>	<b>PHONE NUMBER:</b>
<b>III. PAST PSYCHIATRIC/PLACEMENT HISTORY</b> (First onset of illness, past diagnostic and treatment history, medications, hospitalizations):	
Prior Outpatient Mental Health Treatment: <input type="checkbox"/> No; <input type="checkbox"/> Yes; Detail:	Psychiatric Hospitalizations: <input type="checkbox"/> No; <input type="checkbox"/> Yes; Detail:
Prior Residential/Out of Home Placement: <input type="checkbox"/> No; <input type="checkbox"/> Yes; Detail:	
Additional History/Comments:	
<b>IV. SUBSTANCE USE HISTORY</b> (Past use of primary, secondary & tertiary current substance, incl. type, freq, method & age of 1st use.)	
<b>Check any/all that apply in past 12 months:</b>	
<input type="checkbox"/> Alcohol Use; <input type="checkbox"/> Illegal Drug Use; <input type="checkbox"/> Injected Drug Use; <input type="checkbox"/> Tobacco Product Use; <input type="checkbox"/> Prescription Drug Misuse; <input type="checkbox"/> Non-Prescription Drug (OTC) Misuse <input type="checkbox"/> Alcohol and/or Drug Overdose; <input type="checkbox"/> Alcohol and/or Drug Withdrawal; <input type="checkbox"/> Problems caused by gambling; <input type="checkbox"/> Trouble stopping any substance <input type="checkbox"/> Other/Describe:	
<b>Substance Use Treatment History:</b> <input type="checkbox"/> None; <input type="checkbox"/> Outpatient; <input type="checkbox"/> Intensive Outpatient; <input type="checkbox"/> Residential/Inpatient; <input type="checkbox"/> Detox; <input type="checkbox"/> Other/Describe:	
Hx of Drugs Used/Describe;	

QRTP INDEPENDENT BEHAVIORAL HEALTH ASSESSMENT

SUBSTANCE TYPE Include all use in last 30 days.	AGE OF 1ST USE	YEARS IN LIFETIME	DAYS IN PAST 30	DAYS SINCE LAST USE	AMOUNT	ROUTE OF ADMINISTRATION
						<input type="checkbox"/> Oral; <input type="checkbox"/> Nasal; <input type="checkbox"/> Smoking; <input type="checkbox"/> Non-IV Injxn; <input type="checkbox"/> IV
						<input type="checkbox"/> Oral; <input type="checkbox"/> Nasal; <input type="checkbox"/> Smoking; <input type="checkbox"/> Non-IV Injxn; <input type="checkbox"/> IV
						<input type="checkbox"/> Oral; <input type="checkbox"/> Nasal; <input type="checkbox"/> Smoking; <input type="checkbox"/> Non-IV Injxn; <input type="checkbox"/> IV

**PHYSICAL**

**V. CURRENT MEDICAL CONDITIONS** *(Check all that apply)*

Pregnant Due date: Prenatal care:  
 None Reported  Congestive Heart Failure  Asthma  Seizure  Cancer  Underweight  High Blood Pressure  Stroke  
 Emphysema  Cirrhosis  Chronic Pain  Overweight  Heart Disease  Diabetes  Epilepsy  Digestive Problems  
 Thyroid Disease  Sexually Transmitted Dz.  Other/Describe:

**VI. CURRENT & PAST MEDICATIONS** *(Including non-psychotropic medications)*

Medication Name	Dose	Freq.	Current	COMMENTS (Reason Prescribed/Response, etc.)
			<input type="checkbox"/> Yes; <input type="checkbox"/> No	
			<input type="checkbox"/> Yes; <input type="checkbox"/> No	
			<input type="checkbox"/> Yes; <input type="checkbox"/> No	
			<input type="checkbox"/> Yes; <input type="checkbox"/> No	

**VII. ALLERGIES**  No Reported Drug or Food Allergies;  Other/Describe:

**VIII. PRIMARY CARE PHYSICIAN** Name Phone Fax

**IX. ADDITIONAL SIGNIFICANT MEDICAL HISTORY** *(Diagnosis, Hospitalizations, Surgery, labs values, status of conditions, etc.)*

**SOCIAL**

**X. LEGAL STATUS**

<p><b>Current Legal Status:</b> <input type="checkbox"/> None; <input type="checkbox"/> Probation; <input type="checkbox"/> Charges Pending; <input type="checkbox"/> DCFS; <input type="checkbox"/> OJJ; <input type="checkbox"/> Other                  Comment/Detail:</p>	<p><b>Past Legal Status:</b> <input type="checkbox"/> None; <input type="checkbox"/> DCFS; <input type="checkbox"/> OJJ; <input type="checkbox"/> Other                  Comment/Detail:</p>
---	--

**XI. FAMILY HISTORY** *(relationship status with relatives, family involvement in treatment, and living status of significant relatives):*

Custodial Status:  Independent Adult;  Biologic Father;  Biologic Mother;  Joint Biologic Parents;  Gov't/Judicial;  
 Other:



QRTP INDEPENDENT BEHAVIORAL HEALTH ASSESSMENT

**Adverse Circumstances in Family of Origin:**  N/A;  Poverty;  Criminal Behavioral;  Mental Illness;  Substance Use;  Abuse;  Neglect;  Domestic Violence;  Violence;  Trauma;  Other/Describe:

Summarize family history and child-rearing practices:

**XII. TRAUMA HISTORY**

**History of Trauma:**  None;  Experienced;  Witnessed;  Abuse;  Neglect;  Violence;  Sexual Assault;  Other/Describe:

Summarize trauma history:

**XIII. LIVING SITUATION** *(Current status and functioning)*

**a. Primary Residence:**  Parent/Guardian Home;  Relative's Home;  Out of Home placement;  Homeless;  Other/Describe:

**How long at current residence?**

**Family/Household Composition:**

**b. Summarize current living situation:**

**XIV. EDUCATIONAL/EMPLOYMENT STATUS**

**a. Current Educational Placement/Employer:**

**Current or Highest Grade Completed/Degree:**

**Difficulties with Reading/Writing:**  No;  Yes;

**Estimated Literacy Level:**

**b. Summarize educational history and status:**

QRTP INDEPENDENT BEHAVIORAL HEALTH ASSESSMENT

<b>XV. SOCIAL HISTORY AND COMMUNITY INTEGRATION</b>
<b>a. Current status and functioning (Involvement in the community, social supports and activities, social barriers)</b> Does Client/Member feel supported by friends or family? <input type="checkbox"/> Yes; <input type="checkbox"/> No; <b>Recreational Activities:</b> <b>Self-Help Activities:</b>
<b>b. Summarize social and community involvement:</b>
<b>XVI. RISK ASSESSMENT:</b> <i>Assess potential risk of harm to self or others, including patterns of risk behavior and/or risk due to personality factors, substance use, criminogenic factors, exposure to elements, exploitation, abuse, neglect, suicidal or homicidal history, self-injury, psychosis, impulsiveness, etc</i>
<b>a. Risk of Harm to Self:</b> <input type="checkbox"/> Prior Suicide Attempt; <input type="checkbox"/> Stated Plan/Intent; <input type="checkbox"/> Access to means (weapons, pills, etc.); <input type="checkbox"/> Recent Loss; <input type="checkbox"/> Presence of Behavioral Cues (isolation, giving away possessions, rapid mood swings, etc.); <input type="checkbox"/> Family History of Suicide; <input type="checkbox"/> Terminal Illness; <input type="checkbox"/> Substance Abuse; <input type="checkbox"/> Marked lack of support; <input type="checkbox"/> Psychosis; <input type="checkbox"/> Suicide of friend/acquaintance; <input type="checkbox"/> Other/Describe:
<b>b. Risk of Harm to Others:</b> <input type="checkbox"/> Prior acts of violence; <input type="checkbox"/> Destruction of property; <input type="checkbox"/> Arrests for violence; <input type="checkbox"/> Access to means (weapons); <input type="checkbox"/> Substance use; <input type="checkbox"/> Physically abused as child; <input type="checkbox"/> Was physically abusive as a child; <input type="checkbox"/> Harms animals; <input type="checkbox"/> Fire setting; <input type="checkbox"/> Angry mood/agitation; <input type="checkbox"/> Prior hospitalizations for danger to others; <input type="checkbox"/> Psychosis/command hallucinations; <input type="checkbox"/> Other/Describe:
<b>c. Client/Member Safety &amp; Other Risk Factors:</b> <input type="checkbox"/> Feels unsafe in current living environment; <input type="checkbox"/> Feels currently being harmed/hurt/abused/threatened by someone; <input type="checkbox"/> Engages in dangerous sexual behavior; <input type="checkbox"/> Past involvement with Child or Adult Protective Services; <input type="checkbox"/> Relapse/decompensation triggers; <input type="checkbox"/> Other/Describe:
<b>d.</b> <input type="checkbox"/> Inappropriate sexual behaviors <input type="checkbox"/> Sex offender status <input type="checkbox"/> Pending sex offense charge <input type="checkbox"/> Report or Investigation <input type="checkbox"/> Other:
<b>e. Additional Risk Factors</b>
<b>f.</b> Describe recipient's <b>preferences and desires</b> for addressing risk factors, including any Mental Health Advance Directives or plan of response to periods of decompensation/relapse (Ex. Resources recipient feels comfortable reaching out to for assistance in a crisis.):

QRTP INDEPENDENT BEHAVIORAL HEALTH ASSESSMENT

**XVII. CULTURAL AND LANGUAGE PREFERENCES (Language, Customs/Values/Preferences)**

a. Spiritual Beliefs/Preferences:

b. Cultural Beliefs/Preferences:

**XVIII. List of Current Diagnosis. Source:**

<b>AXIS I</b>	
<b>AXIS II</b>	
<b>AXIS III</b>	
<b>AXIS IV</b>	
<b>AXIS V</b>	Current: <span style="float: right;">Highest Past Year:</span>

**XX. INTERPRATIVE SUMMARY:** Briefly describe client/member’s global preferences/hopes for recovery, your clinical summary, and recommended treatments/assessments, level of care, duration

**a. Recommended Services:** (Check all that apply.)  Family Therapy;  Individual Therapy;  Group Therapy;  Alcohol/Drug Assessment;  Alcohol/ Drug Individual Therapy;  PSR;  CPST;  Other/Describe:

**b. Other Services/Linkages Needed:**  Vocational Services;  Social Services;  Educational Services;  Medical Services/PCP;  Self help Groups;  Other/Describe:

**c. Additional Comments:**

**SIGNATURE**

<b>PRINTED NAME OF ASSESSOR</b>	<b>SIGNATURE</b>	<b>LMHP STATUS</b>	<b>DATE</b>
---------------------------------	------------------	--------------------	-------------