Instructional Guide to the Strengths & Needs Assessment Tool in CYBER

(Last updated: December 2016)
# Instructions for Use

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I. Introduction
The Strengths and Needs Assessment (SNA) is utilized by Care Management Organizations (CMO), Out-of-Home (OOH) and Substance Use treatment providers within the Children’s System of Care to inform and assist in collaborative treatment planning. The assessments can be used to demonstrate and support how and why certain treatment decisions are made by the Child Family Team. The ratings used for individual questions, or dimensions, can indicate what areas of the youth’s life need immediate action, as well as what areas of strength can be utilized to address any identified needs.

The SNA was updated in December 2016 in an effort to create a cohesive assessment that contained consistent, family-friendly language, which was appropriate for all of the populations served by the Children’s System of Care. Also included in the update were improved descriptions for the rated questions to ensure that the assessor was being guided to make the best decisions based upon the information. The update also included new questions, which broadened the scope of the assessment and improved the level of detail included in the assessment.

New print options are also available for the SNA, including a Rated Question Summary which only includes the SNA question, rating response and entered comments. Printing will be available for users once the SNA is submitted into the system; users will no longer be able to print draft (in progress) assessments.

The modules within the assessment were also updated to include more specific questions and detailed question descriptions. New modules were also introduced to document information regarding a youth’s OOH admission, readiness for adulthood, and skills and abilities in parenting their child(ren).

Along with the SNA, the BioPsychoSocial (BPS) and Crisis Assessment Tool (CAT) were updated, as well as the associated Outcome Reports. Training materials can be found on the PerformCare website for those assessments, as well as the new Outcomes Reports (www.performcarenj.org).

Note: some functionality depends upon if an assessment was submitted during the current episode of care. For the SNA, an episode of care is defined as the period between the (current or selected) assessment and the earliest CMO/OOH/SAB/SABOOH tracking element without a gap of 30 or more days between any CMO/OOH/SAB/SABOOH tracking element.

Note: automatic association of the most recently submitted SNA will now be a part of the submission process for treatment plans for CMO, SU and OOH. The assessment must be from within the last 30 days; the SNA submitted into CYBER closest to the submission of the treatment plan will automatically associate to the plan when the user submits it. The CMO and OOH plans will only associate those SNAs submitted by a CMO or OOH; the SU plans will associate the SNAs created by their agency, a CMO or OOH.

Information regarding what questions were mapped from the old version of the SNA to the new version is available on the Training page of the PerformCare NJ website under CANS.

II. Accessing CYBER

Users must first log-into CYBER with their UserID and Password. The log-in screen can be found via the PerformCare website – www.performcarenj.org.
III. Creating a New Assessment

In order to create a new assessment, a user must first navigate to the Treatment Plans and Assessments screen within a youth’s CYBER record.

Once the Treatment Plans and Assessments screen loads, the user will be able to create a new assessment by selecting the document from the “Select Treatment Plan or Assessment type to create” menu.

If there is another SNA in draft for the youth (authored by the logged-in user or another user), the user will receive an alert message but will be able to continue with the new assessment.

Clicking “Add New” will open the new assessment.
The assessment will automatically save upon creation; navigating between tabs will also auto-save the document.

The assessment is in tabs. In order to navigate throughout the document, the user may click on the individual tabs and/or utilize one of the options to the right of the tabs.

Clicking the arrow to the right of the last tab will advance the tabs and allow the user to see tabs that are not visible initially. Clicking on the drop-down option will open a menu containing a list of the available tabs; clicking on one from the menu will navigate the user to that tab.
a. Reminders for Documenting within the Assessment

- Unless otherwise noted, all fields in the assessment – and any modules that open – are required for submission. If a question is rated a 2 or 3, a complete comment that supports the rating is required. Users may choose to enter a comment for a question rated 0 or 1 if it will support the rating or provide additional information to support or aid in treatment planning. Users **do not need to enter NA** into the comment field if a comment is not required.

When entering information into a comment field, users are expected to follow these guidelines:

- Do not enter only a diagnosis as justification for a rating. In most instances, the rated questions ask for how the youth is exhibiting the behaviors. The user should be documenting that information along with any details regarding historical behaviors or prior treatment.
- Do not enter the same information into every comment field. This will cause a return of the assessment and associated treatment plan.
- Use complete sentences and include language from the question when entering information. If your supporting comments do not justify the rating given, your assessment (and associated plan) may be returned.
  - If, in order to satisfy a required field validation, a user enters a “,” “/”, NA, etc. the assessment and associated plan will be returned.
- Include details if documenting an acute episode or significant event; for example, if a youth is detained on legal charges and you are documenting reported facts about the event, include not only the charge but information about the event and alleged behaviors such as who was reportedly involved, where the event allegedly took place, status of the charge, etc.
- Be as specific as possible in your documentation; include dates, information regarding who was involved, where the behaviors were exhibited, what factors may have been involved, who provided the details, etc.
- Documentation must be specific to the youth. Do not duplicate documentation across youth records. This applies to siblings and non-related youth, as well.

b. Viewing Previous Answers

The SNA includes functionality which allows the user to view the previous answer and comment for each rated question.

Hovering the mouse over the “*” button will display a pop-up of the answer selected for the most recently submitted SNA from within the last 120 days. CMO and OOH users will have access to the previous answers from SNAs submitted
by CMO and OOH users only. SAB users will have access to the answers from previous assessments submitted by users within their agency as well as any CMO or OOH user.

Clicking on the button will bring up a pop-up window, which will include the answer selected and comment from the most recently submitted SNA from within the last 120 days. The user will need to manually close the window.

(Note: after the release of the new SNA, the user will not see prior answer information using the above functionality until at least one SNA in the new format has been submitted; information from the previous version of the assessment will not display.)

c. Pre-Fill Functionality

Users familiar with the prior version of the SNA will see that the option to copy the entire assessment is no longer available; replacing that option is an automatic pre-fill of certain fields in the assessment which tend to be historical in nature. Generally, the answers to these questions will not change but can and should be edited if change does occur.

Those fields which will pre-fill from the most recently submitted assessment from any user (within the current episode of care) are as follows:

<table>
<thead>
<tr>
<th>Domain/Tab</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Domain Functioning</td>
<td>Developmental Delay (trigger)</td>
</tr>
<tr>
<td>Child Behavioral/Emotional Needs</td>
<td>Exposure and Response to Implicit Trauma (trigger)</td>
</tr>
<tr>
<td>Child Behavioral/Emotional Needs</td>
<td>Exposure and Response to Explicit Trauma (trigger)</td>
</tr>
<tr>
<td>Child Risk Behaviors</td>
<td>Substance Use (trigger)</td>
</tr>
<tr>
<td></td>
<td>Problematic Sexual Behavior (trigger)</td>
</tr>
<tr>
<td></td>
<td>Legal/Juvenile Justice (trigger)</td>
</tr>
<tr>
<td></td>
<td>Fire Setting (trigger)</td>
</tr>
<tr>
<td>I/DD Module</td>
<td>Cognitive</td>
</tr>
<tr>
<td>Trauma Module</td>
<td>What trauma treatment/services have been tried in the past and have been helpful?</td>
</tr>
<tr>
<td></td>
<td>What trauma treatment/services have been tried in the past and have not been helpful?</td>
</tr>
<tr>
<td></td>
<td>Recommendations for treatment approach</td>
</tr>
<tr>
<td></td>
<td>Sexual Abuse</td>
</tr>
<tr>
<td></td>
<td>Physical Abuse</td>
</tr>
<tr>
<td></td>
<td>Emotional Abuse</td>
</tr>
<tr>
<td></td>
<td>Neglect</td>
</tr>
<tr>
<td></td>
<td>Emotional Closeness to Perpetrator(s)</td>
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<tr>
<td></td>
<td>Medical Trauma</td>
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<td></td>
<td>Witness to Family Violence</td>
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<td></td>
<td>Witness to School and Community Violence</td>
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<tr>
<td></td>
<td>Natural or Man-Made Disasters</td>
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<tr>
<td></td>
<td>Witness/Victim to Criminal Activity</td>
</tr>
<tr>
<td></td>
<td>Parental Criminal Behavior</td>
</tr>
<tr>
<td></td>
<td>Disruptions in Caregiver/Attachment Losses</td>
</tr>
<tr>
<td>Substance Use Module</td>
<td>Substance Use (History column)</td>
</tr>
</tbody>
</table>
### Problematic Sexual Behavior Module

<table>
<thead>
<tr>
<th>Problem</th>
<th>Date of Most Recent Problematic Sexual Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Describe the Most Recent Behavior</td>
</tr>
<tr>
<td></td>
<td>Was Sexual Act Against a Family Member?</td>
</tr>
<tr>
<td></td>
<td>Identify</td>
</tr>
<tr>
<td></td>
<td>Is the Youth Currently Subject to the Provisions of Megan’s Law?</td>
</tr>
<tr>
<td></td>
<td>What Treatment/Services Have Been Tried in the Past and Have Been Helpful?</td>
</tr>
<tr>
<td></td>
<td>What Treatment/Services Have Been Tried in the Past and Have Not Been Helpful?</td>
</tr>
<tr>
<td></td>
<td>Recommendations for Treatment Approach</td>
</tr>
</tbody>
</table>

### Legal/Juvenile Justice Module

<table>
<thead>
<tr>
<th>Seriousness</th>
<th>History</th>
</tr>
</thead>
</table>

### Fire Setting Module

<table>
<thead>
<tr>
<th>Seriousness</th>
<th>History</th>
<th>Planning</th>
<th>Use of Accelerants</th>
<th>Intention to Harm</th>
</tr>
</thead>
</table>

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d. **Functionality Buttons**

The functionality buttons at the bottom of the assessment will remain locked at the bottom of the screen and will not move when the user scrolls the document.
The buttons and how they function are as follows:

- **Print** – a user can print the assessment once it has been **submitted**. The descriptions for the questions will be included in the default print.
  - The menu button to the direct left is where the user selects which print version they want to create. Print options are:
    - **Default** – a print version of the full assessment with each question, rating option (indicating which options were selected) and entered comments.
    - **Rated Summary** – a print-out of the questions, the ratings only (not the associated text) and entered comments.
  - When a user chooses to print the assessment, it will automatically generate as a PDF so the user no longer has to export the document to print or save.
    - Note: depending upon the user’s system, the PDF may take a minute or so to load. Once it loads, printing should be a quick process.
- **Cancel** – cancels any actions taken within the assessment and takes the user back to the Treatment Plans and Assessments screen.
  - Note: Cancel does not delete the assessment; the system will automatically save the assessment upon creation. To delete an assessment, the user will need to go into the assessment and select delete using the Select an Action menu.
- **Save and Save & Close**
  - Navigating between tabs will auto-save the assessment, and in addition the assessment will be automatically saved upon creation. However, when working within a tab, the user should remember to save and save often as any disruption in work may cause a loss of information.
- **Review History** – will open a pop-up window with a history of the users that have owned the document and any action taken on the assessment such as transfer, return, submit.
  - A Plan Level 1 user may find this functionality helpful when determining if their submitted SNA and Treatment Plan have been submitted to PerformCare by their manager or supervisor (Plan Level 2 or 3 user). This is also a useful screen to utilize when checking to see if the assessment and plan have been approved or returned
- **Update Status**
  - The Select an Action menu button is where the user selects the action or status, which will go into effect or take place once the user clicks this Update Status button. Options include:
    - **Delete** – a saved assessment can be deleted before submission
    - **Return** – used when the current owner of the assessment needs to return it to the author; typically used after the assessment has been submitted for internal review prior to final submission into CYBER.
    - **Submit** – submits the assessment to either an internal reviewer or into CYBER for association with a treatment plan.
    - **Transfer** – transfers a draft assessment to another user within the agency for review or additional work.

**Note:** there is spell check functionality available at the bottom of each tab, which will spell check all of the comment boxes within that tab.
The rest of this section will review each tab of the assessment, followed by the modules.

III. a. Demographics
The Demographics tab pulls information directly from the youth’s Face Sheet.

If the Face Sheet information changes after the assessment has been created (prior to submission), the user can update this information by clicking the “Refresh” button at the bottom of the tab.

In the 2016 update, the word “Case” as in Case Management Entity or Case Manager was changed to “Care” on this tab.

Users must update the Assessment Date field to the correct date and enter the Assessment Completion Date in order to submit the assessment.

III. b. Life Domain Functioning
The Life Domain Functioning tab, or domain, includes an Assessment Subtype menu at the top of the tab. This allows the user to select from two options:

1. Routine – The default option, used for the initial and on-going SNA used to support treatment planning and on-going services.
2. No Contact – Used when the agency has lost contact with the family and is submitting a plan to discharge the youth from services. This removes the validations from the assessment, allowing for minimal completion.
   a. Users are expected to document as much information as they have available.

This domain includes the following rated questions/dimensions:

- Living Environment
- Interpersonal
- Developmental Delay
  o If this question is rated a 1, 2 or 3, the associated I/DD module will open as a new tab.
- School Behavior
- Academic Achievement
- School Attendance
- Learning Disability
- Educational Agency Involvement
- Medical
  o If this question is rated a 1, 2 or 3, the Medical module will open as a new tab.
- Physical
  o If this question is rated a 1, 2 or 3, the Medical module will open as a new tab.
- Sleep
- Eating
- Sexual Health
- Attachment
- Bullied by Others
- Cultural Stress
III. c. Child Strengths
This tab includes questions that look at the strengths of the youth and family or other important individuals in the youth’s life. This domain includes the following questions:

- Family Strengths
- Relationship Stability
- Talents/Interests
- Community Involvement
- Youth Involvement with Care
- Optimism
- Self-Expression
- Spiritual
- Wellness Behaviors
- Resiliency

**Note:** Depending upon the age of the youth, some of the questions may not apply (for example, a six-year old may not be knowledgeable of their needs but is willing to participate in care – or may not understand what care would entail due to their age and need further work on engagement. This information should be included in the comments area for the question on Youth Involvement with Care. Entering “youth is only six years old” is not appropriate.)

III. d. Child Behavioral/Emotional Needs
This domain will include questions on the youth’s needs in regards to their behavioral and/or emotional symptoms.

**Note:** Documenting only a youth’s diagnosis in the comments area for any question in this domain rated a 1, 2 or 3 may result in the return of the assessment and associated plan (example: rating the Depression question a 2 – Clear evidence of depression associated with either depressed mood or significant irritability, and entering “youth has a diagnosis of depression” is not sufficient information. The user should document how the youth is exhibiting the symptoms of depression and what evidence supports that rating).

The rated questions include:

- Psychosis
- Impulsivity and Attention
- Depression
- Anxiety
- Oppositional Behavior (Compliance with Authority)
- Conduct
• Exposure and Response to Implicit Trauma – this type of trauma may not be obvious, but may be related to a situation that the youth was personally subject to or was a witness to such as multiple placements or caregiver loss.

• Exposure and Response to Explicit Trauma – this type of trauma refers to the youth’s experiences that may include abuse and/or neglect, witness to family violence and/or natural or man-made disasters
  o Note: These two questions are looking for information regarding two distinct types of trauma; do not include the same information in the comments field for both

• Anger Control
• Gambling
• Technology

III. e. Child Risk Behaviors
This domain looks at the possible risk behaviors the youth is exhibiting, including suicidal thoughts/plans/actions, self-injurious behaviors and actual or threatened violence against others.

The questions in this domain are:

• Suicide Risk
• Self-Injurious Behavior
• Other Self Harm
• Danger to Others
• Problematic Sexual Behavior
  o Rating this question a 1, 2 or 3 will open the Problematic Sexual Behavior module.
• Flight Risk
• Legal/Juvenile Justice
  o Rating this question a 1, 2 or 3 will open the Legal/Juvenile Justice (JJ) module.
• Judgment
• Fire Setting
  o Rating this question a 1, 2 or 3 will open the Fire Setting module.
• Substance Use
  o Rating this question a 1, 2 or 3 will open the Substance Use module.
  o Note: If the user is seeking Substance Use treatment for the youth, or if the youth is currently receiving treatment for substance use, this question must be rated a 1, 2 or 3 or the assessment and associated plan will be returned.
    ▪ This question was previously located in the Child Behavioral/Emotional Needs domain and was moved here in the 2016 update.

III. f. Caregiver Strengths/Needs
This domain was two separate domains in the prior version of the assessment.

This domain specifically looks at the youth’s caregiver(s), where they are successful and where they have challenges and may need additional supports or assistance. The questions are:
Natural Supports  
Caregiver Resourcefulness  
Supervision  
Involvement with Care  
Knowledge of the Youth’s Strengths/Needs  
Caregiver Optimism (Hopefulness)  
Residential Stability  
Family Stress – documents the current level of family stress, regardless of where the youth is living  
Physical/Medical  
Mental Health  
Substance Use  
Developmental  
Child/Adolescent Protection  
Military Transition

IV. The Modules
The modules which open at the end of the SNA are triggered by information in the youth’s record or from the user’s response to certain questions within the SNA. A user cannot manually trigger a module without responding to the corresponding questions within the assessment that open the modules. The modules will appear at the end of the assessment as soon as they are triggered.

The modules are meant to gather additional, more detailed information than what is asked for in the domains of the assessment and may indicate that additional evaluations are necessary.

All questions within the modules are required unless otherwise noted. Once a module is opened, or triggered, it must be completed in order for the user to submit the assessment.

Some of the modules are broken into two distinct sections. For those modules, the first section (Section I) will include questions that cover historical information; this section will ask for information on the youth’s treatment history, most recent incident that began the most recent episode of treatment, etc. The second section (Section II) will include questions that contain outcomes measurements; areas included will be how the youth is currently coping, the behaviors the youth is currently exhibiting, the influences that are currently in place, etc. The modules that have two sections are as follows:

- Trauma
- Problematic Sexual Behavior
- Legal/Juvenile Justice (JJ)
- Fire Setting
IV. a. I/DD Module

- Triggered by rating the Developmental Delay question in the Life Domain Functioning tab a 1, 2 or 3.
- The “I/DD Eligible” checkbox at the top of the tab will auto-populate if the youth has been determined eligible by DDD, CSOC or PerformCare (based upon the open DD Eligible Tracking Element within the youth’s record).
  - Note: If the family has not applied for I/DD Eligibility, they should be informed about the DD eligibility application process. The application process and applicable documentation are posted on the PerformCare NJ website.
- Includes questions that cover the following areas:
  - Self-Care
  - Communication, Receptive and Expressive Language
  - Learning
  - Home Living
  - Social/Interpersonal Skills
  - Mobility
  - Leisure
  - Safety

IV. b. Medical Module

- Triggered by rating the Medical and/or Physical questions in the Life Domain Functioning domain a 1, 2, or 3.
- Contains a series of open text questions that the user should utilize to document information such as barriers to treatment for the medical condition, and anticipated future needs due to the youth’s medical condition.
- Includes the following rated questions:
  - Pain
  - Impairment in Functioning
  - Access to Health Care
  - Youth Accountability for Medical Care Plan
  - Family Management of Medical Condition

If the youth is enrolled in a Behavioral Health Home (BHH), the Medical Module needs to reflect the diagnosis and reasons that BHH was necessary and continues to be necessary. The extent of the youth’s participation in BHH should be documented under the Youth Accountability question; the parent/legal guardian’s participation should be documented under the Family Management question.

IV. c. Trauma Module

- Triggered by a rating of a 1, 2 or 3 for either the Exposure and Response to Implicit Trauma and/or Exposure and Response to Explicit Trauma in the Child Behavioral/Emotional Needs domain.
- Section I of the module does not include items that are tracked for the measuring of outcomes; some of the items may occur or re-occur during the youth’s involvement with CSOC and may impact the items later in the module that do impact outcomes.
- Looks to gather information regarding services that have been tried in the past with the youth and the success of that treatment; also asks for treatment approach recommendations.
- Includes the following rated questions:
  - Sexual Abuse
  - Physical Abuse
- Emotional Abuse
- Neglect
- Emotional Closeness to Perpetrator(s)
- Medical Trauma
- Witness to Family Violence
- Witness to School and Community Violence
- Natural or Man-Made Disasters
- Witness/Victim to Criminal Activity
- Parental Criminal Behavior
- Disruptions in Caregiver/Attachment Loss
- Traumatic Stress Symptoms including Traumatic Grief, Affective and/or Physiological Dysregulation, Re-Traumatization, Hyper-Arousal, Avoidance, Numbing, Reactive Sexual Behavior and Dissociation.

IV. d. Substance Use Module

- Triggered when the Substance Use question in the Child Risk Behaviors domain is rated a 1, 2, or 3.
- First section gathers information regarding the youth’s substance use, active or historical, age of first use, last use and amount used.
- Rated questions ask about the potential for withdrawal and environmental influences.
- The following rated questions are included:
  - Acute Intoxication or Withdrawal Potential
  - Frequency
  - Duration of Use
  - Environmental Influences
  - Substance Use and Risk Behavior

IV. e. Problematic Sexual Behavior Module

- Triggered by the Problematic Sexual Behavior question in the Child Risk Behaviors domain.
- Seeks information regarding the most recent behavior including activity, circumstances, reasons and results; also seeks information regarding the youth’s status with Megan’s Law and the youth’s past treatment history.
- Includes the following rated questions:
  - Relationship
  - Physical Force/Threat
  - Planning
  - Type of Sex Act
  - Temporal Consistency
  - History of Problematic Sexual Behavior Towards Others
  - Severity of Sexual Abuse
  - Prior Treatment
  - Response to Accusation
  - Management of Risk
  - Treatment Compliance
IV. f. Legal/Juvenile Justice Module
- Triggered when the Legal/Juvenile Justice question in the Child Risk Behaviors domain is rated a 1, 2, or 3.
- Gathers information regarding the most recent incident resulting in legal charges; documents the youth’s JJC Contact Person if the youth is incarcerated or the youth’s Parole/Probation Officer.
- Prior and current interventions must be documented.
- Includes the following rated questions:
  - Seriousness
  - History
  - Community Safety
  - Peer Influences
  - Parental Criminal Behavior
  - Environmental Influences

IV. g. Fire Setting Module
- Triggered when the Fire Setting question in the Child Risk Behaviors domain is rated a 1, 2, or 3.
- Gathers information regarding the youth’s most recent first-setting behavior; also includes an assessment of the youth’s likelihood of future fire setting.
- Includes the following rated questions:
  - Seriousness
  - History
  - Planning
  - Use of Accelerants
  - Intention to Harm
  - Community Safety
  - Response to Accusation
  - Remorse
  - Likelihood of Future Fire Setting

IV. h. Readiness for Adulthood Module
- Triggered for any youth 14 years of age and older.
- Gathers information regarding the youth’s ability to care for themselves independently in their community.
- Includes the following rated questions:
  - Autonomy/Independent Living Skills
  - Community Resources
  - Job Skills
  - Job Attainment
  - Job Functioning
  - Resourcefulness
  - Intimate Relationships
  - Residential Stability
  - Transportation
  - Educational Attainment
  - Career Interests
  - Vocational/Technical Training
Maintaining Physical and Psychological Treatment
Knowledge of Needs
Medication Adherence
Access to Healthcare and Other Benefits

*The final question asks if the youth/young adult is a parent; answering ‘yes’ will automatically open the Parenting Module.

IV. i. Parenting Module

- Triggers when the user answers “yes” to the “Is the youth/young adult a parent” question at the end of the Readiness for Adulthood Module.
- Gathers information regarding the youth/young adult’s skills in caring for their child(ren); looks at how involved the youth/young adult is with the child, their ability to manage the needs of their child as well as their own needs.
- Includes the following rated questions:
  - Independent Parenting Skills
  - Demonstrated Parenting Ability
  - Balance/Organization
  - Hazards
  - Supervision
  - Identification of Community Resources
  - Involvement
  - Support
  - Judgment
  - Collaboration with Other Parent