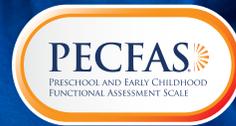
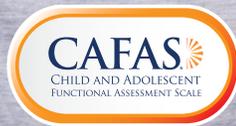




Gold standard tools for
assessing a youth's
day-to-day functioning



Science to Support Your Decisions.
Smiles to Prove Them.

DEVELOPED BY



MHS.com

About **Functional Assessment Systems (FAS)**



A smile on a once distressed child's face provides heart-warming evidence that your work is making a difference, but when your decisions need scientific support FAS tools help demonstrate your adherence to evidence-based practices. The FAS suite of four empirically-based assessments are designed to objectively determine a youth's ability to function in a variety of settings, match their needs with appropriate interventions, and track progress. FAS tools are industry-leading assessments that streamline the intake and goal-making process to help you maximize time with clients while engaging both youth and caregivers in a solution.

- **Complete a Comprehensive Evaluation**

Assess behavioral, social, health, and mental health concerns in a wide range of settings.

- **Easily Administer and Interpret Results**

With straightforward reporting of results, FAS tools can be used by frontline staff without extensive training or advanced accreditation.

- **Trust Your Results**

Empirically-based and developed with rigorous scientific methods, FAS tools are supported by two decades of research.

- **Plan Treatments and Monitor Progress**

Scientifically-driven, personalized case plans are automatically generated by the FAS online system to track changes over time and document improvement.

- **Allocate Resources Appropriately**

Guided intervention plans reduce the likelihood that youth are over- or under-served, while the ability to quickly assess functioning frees up time to see more clients.

- **Coordinate Services Across Agencies**

Use a common language and data to determine a youth's needs across different services.

Assess Youth Across Various Settings

Child Welfare



When little is known about a child in crisis and quick decisions are needed, FAS tools can be used to identify needs and concerns across all of the major areas in a child's life, match them to appropriate placements, and monitor their well-being.

Juvenile Justice



With growing workloads in juvenile justice FAS tools help decrease staff burden by providing a way to assess youth in less time and at a lower cost. Specifically, FAS tools can be helpful to rapidly assess youth who are at risk, detained, or candidates for diversion.

Mental Health



With fewer resources and pressure on mental health professionals to assess youth and generate documentation, FAS tools help to efficiently guide treatment plans and manage high case loads.

School



Aids in early identification of behavioral issues in the classroom. Uses include assessing students who receive special educational services, substance use services, or are transitioning into their neighborhood school after being in a residential-based school.

Primary Care



Provides practitioners a holistic view of the child so they are able to respond to parental requests or guide the parent to other services

Systems of Care



Facilitates collaboration by providing a common language to determine the youth's needs upon entry into services, during treatment/service planning, while tracking progress over time, and engaging caregivers in the process.

The **CAFAS** is a gold standard tool for assessing a youth's day-to-day functioning and tracking changes over time. Backed by over 20 years of research supporting its validity and sensitivity to detecting changes in behaviors, the CAFAS is widely used to inform decisions about type and intensity of treatment, level of care, placement, and need for referral.

HOW THE CAFAS WORKS

The CAFAS assesses functioning across eight critical areas in a youth's life as well as caregiver functioning in two areas. The total score represents the total level of dysfunction and can be used to recommend intensity of treatment required, while individual subscale scores can be used to inform the focus of treatment and monitor change in behavior over time.

Step 1: Practitioner Completes Evaluation

The CAFAS assesses functioning across eight critical areas in a youth's life as well as caregiver functioning in two areas. The total score represents the total level of dysfunction and can be used to recommend intensity of treatment required, while individual subscale scores can be used to inform the focus of treatment and monitor change in behavior over time.

Step 2: Interpret Results with Instant Reports

Assessment Report: Provides information about items that were highlighted and their corresponding severity level

Family Report: Summarizes the youth's areas of functioning, strengths, and goals

Aggregate Report: Combines data from all clients for an overall view of youth needs in your agency

Step 3: Assisted Case Planning

View highlighted items, select strengths and measurable goals, and generate a personalized **Treatment Plan Report** to address them.

CAFAS AREAS MEASURED

CHILD	
TOTAL SCORE	School: Ability to function satisfactorily in a group educational environment.
	Home: Willingness to observe reasonable rules and perform age appropriate tasks.
	Community: Respect the rights and property of others and conformity to laws.
	Behavior Towards Others: Appropriateness of youth's daily behavior.
	Moods: Modulation of the youth's emotional life.
	Self-Harm: Ability to cope without resorting to self-harmful behavior or verbalizations.
	Substance Use: Substance use and the whether it is inappropriate or disruptive.
	Thinking: Ability of the child to use rational thought processes.
CAREGIVER	
Material Needs: Extent to which the child's need for resources such as food, clothing, housing, medical attention and neighborhood safety are provided for.	
Social Support: The extent to which the child's psychosocial needs are met by the family.	

VALID AND RELIABLE¹

The psychometric properties of the CAFAS have been investigated extensively with diverse samples of youth. Studies have found considerable evidence of the reliability and validity of the CAFAS. The measure has demonstrated both concurrent and predictive validity in studies operating in applied clinical settings. CAFAS scores have been found to:

- Correlate with intensity of treatment, involvement with juvenile justice, school related problems and child and family risk factors.
- Predict restrictiveness of care, total cost of all services received, number of bed days and number of days of service six and twelve months post-intake.
- Predict future contact with the law.
- Predict poor school attendance.

“The **CAFAS** allows us to dive deep into all aspects of the youths' lives, which creates a valuable conversation about how we can improve their lives.”

- Kamala Green, Executive Director, MAYSB



Age
5 to 19 years

Administration Time
15 to 30 minutes (approx.)

Administration Type(s)
Youth, Caregiver

Qualification Level
A

Formats
Online

Languages
English, Spanish

Did you know 96% of youth say they feel more comfortable divulging information to a computer than a person?²

The JIFF is a hands-on, interactive, computerized interview derived from the CAFAS that is self-administered by the client or caregiver(s). The computerized format of the JIFF makes it ideal for rapidly assessing youth, evaluating outcomes, and assisting with service coordination.

HOW THE JIFF WORKS

The JIFF measures functioning across ten critical areas in a youth’s life.

Step 1: Computer Interviews the Youth or Caregiver

As the computer reads questions aloud at a 2nd to 3rd grade reading level the interviewee selects the appropriate answer on the computer screen, or at times responds to open-ended questions.

Step 2: View Summary Report

View key results and the extent of youth’s needs across the 10 areas of functioning.

Step 3: Assisted Service Plan

Based on the respondent’s answers, the application automatically generates a list of potential goals for the youth. Staff then work with the family to select the goals to be included in the Service Plan and assign services or interventions and a priority level to each goal. Services, priority level, and additional goals are customized to the local community.

JIFF AREAS MEASURED

School/Work:	Behavior, grades, attendance/ fulfilling responsibilities, vocational interests
Home:	Compliance in the home; obeying rules
Family Environment:	Concerns about family life
Peer Influences:	Interactions with friends; peer pressure
Community Behavior:	Respect for others’ rights, obeying laws
Feelings:	Depression, anxiety, and trauma
Self-Harm:	Self-harmful behavior or ideas
Substance Use:	Alcohol and drug use
Thinking:	Irrational or illogical thoughts
Health:	Health related needs

USING THE JIFF AND THE CAFAS TOGETHER

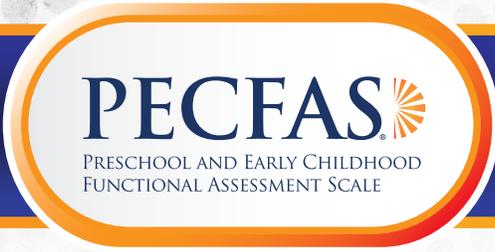
Organizations with high caseloads may wish to have every child take the self- report JIFF to identify those who screen high. Once identified these children can be administered the CAFAS for further assessment.

VALID AND RELIABLE³

The JIFF has been shown to predict reoffending as well as cost savings through effective identification and implementation of treatment programs. Studies have also demonstrated that the JIFF is effective at measuring improvements in functioning due to treatment intervention, providing useful progress monitoring information.

“ Use of **the JIFF** for Diversion of pre-dispositional youth has allowed us to access Community Mental Health services quickly and provide community-based agencies with targeted goals and initial treatment plans for over 3,000 youth in fiscal year 2010. The JIFF’s timely, family-friendly assessment assures families and youth that their needs are heard. We also use the post-service JIFF to present feedback on youth outcomes to service providers, families, and the youth & adolescent system. Our system has enjoyed very significant cost savings, low recidivism, and increased family satisfaction with the use of the JIFF. ”

- Cynthia J. Smith, President/CEO, Youth & Adolescent Assessment Center for Wayne County, Michigan



PECFAS

PRESCHOOL AND EARLY CHILDHOOD
FUNCTIONAL ASSESSMENT SCALE

Age
3 to 7 years

Administration Time
10 to 15 minutes (approx.)

Administration Type(s)
Caregiver

Qualification Level
A

Formats
Online

Languages
English

Derived from the CAFAS, **the PECFAS** is the preschool version of the tool that assesses day-to-day functioning across critical areas in a child's life and determines whether a child's functioning improves over time.

HOW THE PECFAS DIFFERS FROM THE CAFAS

The PECFAS measures functioning across ten critical areas in a youth's life.

- PECFAS items address issues observed in younger children.
- Substance Abuse scale removed. (See CAFAS table for scales reference)
- PECFAS can be used for children as young as 3 years old. Generally the CAFAS can be used for children in full-time kindergarten, although the PECFAS may be used up to age 7 depending on the developmental level of the child.

HOW THE PECFAS WORKS

The PECFAS assesses functioning across seven critical life subscales and two caregiver subscales. The total score represents the total level of dysfunction and can be used to recommend intensity of treatment required, while individual subscale scores can be used to inform the focus of treatment and monitor change in behavior over time. Administration of the PECFAS follows the CAFAS; reference "How the CAFAS Works" for more details.

VALID AND RELIABLE ⁴

The PECFAS is objective, has face validity and is sensitive to client change. The assessment has been used with a variety of children referred for mental health services varying in type and severity of problems as well as various educational programs, social services and child welfare agencies.



CWL

CAREGIVER WISH LIST

Age
For Caregivers of
youth aged 3 to 19

Administration Time
30 minutes (approx.)

Administration Type(s)
Caregiver

Qualification Level
A

Formats
Online

Languages
English, Spanish

The CWL allows parents to report on their child's compliance and their own parenting behavior. CWL items assess six core skill areas that when modified are empirically associated with increased compliance, and a reduction in the child's problems. The core skills are behaviorally based and achievable with practice, making the CWL an ideal tool for any program focusing on parenting skills.

HOW THE CWL WORKS

There are two sections of the CWL; the "Skill Wish List for Your Child", which assesses the child's compliance at home and the "Skill Wish List for You", which measures the caregiver's own parenting behaviors.

Step 1: CWL Completed by Caregiver and Practitioner Together

As the computer reads questions aloud at a 2nd to 3rd grade reading level the interviewee selects the appropriate answer on the computer screen, or at times responds to open-ended questions. If a computer is not available, respondents can also complete the paper interview form.

Step 2: Parents Describe their "Top 3 Wishes"

Parents identify the three things they would most like to change about their parenting approach. Through this process parents "self-discover" their strengths and growth opportunities.

Step 3: Assessment Generates Report and Coaching Plan

Based on the respondent's answers, the application automatically generates a list of potential goals for the youth. Staff then work with the family to select the goals to be included in the Service Plan and assign services or interventions and a priority level to each goal. Services, priority level, and additional goals are customized to the local community.

Testimonials

“The new FAS Database was one of the easiest database migrations I have ever done in my 15 years of IT management. We have been using the new system for almost a year now and the users have only had very positive things to say. In a nutshell, ‘they love it!’”

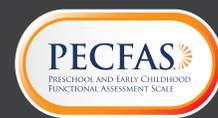
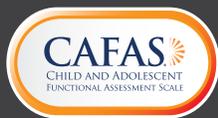
- *Danny Doss, MIS Manager, Community Care Services*

“I count on the FAS software to keep me in the know about how our programs are performing and where we need to direct our efforts for quality improvement. I cannot imagine effectively reviewing our outcome data without the FAS database!”

- *Nicholas Cuccia, Continuous Quality Improvement Coordinator, Team Builders*



For more information and pricing *please scan the QR code.*



USA 1.800.456.3003
CAN 1.800.268.6011
INTL 1.416.492.2627

1. Hodges, K. (2009, January 1). Child and Adolescent Functional Assessment Scale® (CAFAS®) Overview of Reliability and Validity. Retrieved December 10, 2014.
2. Functional Assessment Systems: JIFF Interviewer. Retrieved December 4, 2014, from <http://www2.fasoutcomes.com/Content.aspx?ContentID=14>
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4. Murphy, J.M., Pagano, M.E., Ramirez, A., Anaya, Y., Nowlin, C., & Jellinek, M.S. (1999). Validation of the Preschool and Early Childhood Functional Assessment Scale (PECFAS). *Journal of Child and Family Studies*, 8, 343-356.