

Child and Adolescent Functional Assessment Scale[®]



COMMON DATA SET
Coding Guidelines

**CAFAS[®] data to be collected by
children's mental health organizations in Ontario, Canada**

CAFAS[®] Computer System Version 5.3

Prepared May 2006

CAFAS[®]

COMMON DATA SET

Coding Guidelines

As of 1st June 2006, all children's mental health agencies participating in the measurement initiative of the Ontario Government, are required to collect CAFAS data in line with the CAFAS Common Data Set outlined here.

This document includes a listing of the CAFAS Common Data Set along with coding guidelines to ensure that there is a common understanding of terms and that data is collected in a consistent manner.

These guidelines have been prepared in collaboration with members of the CAFAS Advisory Committee. It is hoped that these guidelines will provide agencies and their staff with useful support in managing the collection of their CAFAS data.

Should you have any comments or questions regarding these guidelines, please contact:

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COMMON DATA SET



Common Data Set elements are indicated in the software with a maple leaf

LIST OF DATA ELEMENTS

CASE INFORMATION

- Admission Date
- Client Identification Number
- Client Last Name
- Client First Name
- Birth Date
- Sex

BACKGROUND INFORMATION

- School
- Ward of the State – Child Welfare or Social Services
- Ever Placed Outside the Home? (indicate yes or no)
- Caregiver Identification
 - Caregivers in the Home (check all that apply)
- Guardian (if different than Caregiver)
 - Relationship to Youth (check all that apply)

YOUTH DIAGNOSTIC INFORMATION

- Does Youth Have a Substance Abuse Disorder?
- Does Youth Have a Developmental Disability?
- Does Youth Have a Chronic Medical Illness?
(other than psychiatric or substance use)

CAFAS EVALUATION INFORMATION

Rating Period Information

- Assessment Date
- CAFAS Administration (T1 or T14)
- Time Period Rated for CAFAS (last 1 month)
- Rater ID
- Information Sources (check all the options that apply)

List of Data Elements continued /

CAFAS[®]

COMMON DATA SET



Common Data Set elements are indicated in the software with a maple leaf

LIST OF DATA ELEMENTS - continued

RATE CAFAS SUBSCALES

Youth Subscales

- School/Work
- Home
- Community
- Behavior Towards Others
- Moods/Emotions
- Self-Harmful Behavior
- Substance Use
- Thinking

Caregiver Subscales

- Material Needs
- Family/Social Support

SERVICE DELIVERY INFORMATION

Living Arrangements and/or Placements

- Youth's Living Arrangements and/or Residential Placements Since Last Rating

Services Provided

- Non-residential Services Received Since Last Rating:
(check all that apply)
 - Outpatient or Clinic Services:
 - Intensive Community-Based Services:
- Agencies Providing Services During Rating Period

CLOSE EPISODE


- Date Closed
- Was treatment/service delivered?
- Are additional services needed for this youth?

The **Client Information and Background** screen should be completed at T1 at the time of the client's entry to active service when the client's CAFAS file is opened.


896 Current Evaluation: 12/13/2004

Print Cancel and Back Exit Program


Client Identification and Background

 Admission Date:

Admission Date should be the **date of entry to active service** - the same date as the Evaluation Date for the T1 or Entry CAFAS


 Client Identification Number: (Required)

Client Identification Number #2:

 Last Name: (Required)

 First Name:

Middle Name:

 Birthdate: (Required)

Age: 15

 Sex:

Male Female Unreported

Continue below to enter more background information or, if you are ready to rate a CAFAS now, click [here](#).

Background Information

- [Youth Information](#)
- [Caregiver Identification/Guardian \(if different\)](#)

- Sign
- Other
- French

 [School >>](#)

Check grade level at school on entry to active service.

- Kindergarten 9th
- 1st 10th
- 2nd 11th
- 3rd 12th
- 4th Completed HS or GED
- 5th Dropped Out
- 6th Ungraded School
- 7th Other
- 8th Unknown

 [Ward of State - Child Welfare or Social Services? >>](#)

Check 'Yes' if child is in the protection of CAS/CCAS. Include temporary custody agreements.

- Yes
- No
- Unknown

[Ward of State - Court or Juvenile Services? >>](#)

- Yes
- No

No

Unknown



Ever placed outside of home? (e.g. foster care, corrections, RTC) >>

Yes

If yes:

How many times:

Date of last placement:

Choose Date

Clear

If yes, please indicate where placed (Check all that apply)

Foster Care

Other Residence

Group Home

Crisis Center

Juvenile Home

Other

Therapeutic Foster Care

Unknown

No

Unknown

Ever involved with Juvenile Justice? >>

Yes

Check 'Yes' or 'No'

Unknown

 **Caregiver Identification** [Next Section](#)

Caregiver(s) in the home (Check all that apply) >>

Mother Figure

Biological or Adoptive Mother

Stepmother

Father's "live-in" partner

Grandmother

Other Relative

Father Figure

Biological or Adoptive Father

Stepfather

Mother's "live-in" partner

Grandfather

Other Relative

Foster Parent(s)

Staff in out-of-home placement

Unknown

Other

Check **ALL** that apply –
Mother Figure and/or Father Figure
Foster Parent(s)
Staff in out-of-home placement

Work Phone: | _____



Guardian (if different than caregiver)

Relationship to youth (Check all that apply) >>

- Mother Figure
 - Biological or Adoptive Mother
 - Stepmother
 - Father's "live-in" partner
 - Grandmother
 - Other Relative
- Father Figure
 - Biological or Adoptive Father
 - Stepfather
 - Mother's "live-in" partner
 - Grandfather
 - Other Relative
- Foster Parent(s)
- Staff in out-of-home placement
- Unknown
- Other

Notified of Followup Assessment? >>

- Yes

Complete this section **ONLY** if legal guardian is someone other than caregiver, eg. youth lives with grandmother, grandmother is caregiver in the home, but biological father is legal guardian.

[AXIS V: Global Assessment of Functioning Scale](#) >>


Score:

- Last 1 Month
- Last 3 Months
- Other


Months

[Is Youth's Treatment due to Situational Trauma?](#) >>


- Yes
- No
- Unknown

 [Does Youth have a Substance Abuse Disorder Diagnosis?](#) >>

- Yes
- No
- Unknown

 [Does Youth have a Developmental Disability?](#) >>

- Yes
- No
- Unknown

 [Does Youth have a Chronic Medical Illness \(Other than Psychiatric or Substance Use\)?](#)

- Yes
- No
- Unknown

ONLY check "yes" if a formal diagnosis of the condition has been made through the appropriate (specialized) assessment.

If you are ready to rate a CAFAS click [here](#).

The **Service Delivery Information** screen should be completed at **T14** on exit from active treatment when the client file is closed.

Service Delivery Information

- [Living Arrangements and/or Placements](#)
- [Services Provided](#)
- [Service Dependency \(Mitigating Factors\)](#)
- [Functioning Information](#)

Please note that "no" is the answer endorsed by default for several sections on this page only. Please change the endorsement to "yes" where appropriate.

Living Arrangements and/or Placements [Next Section](#)

Youth's Living Arrangements and/or Residential Placements Since the Last Rating: >>

CHECK ALL THAT APPLY - Enter Number of days if box appears to the right.

- Family Home (Parent or Guardian)
- Private Home with Relatives
- Private Home with Friends (Non-relatives)
- School Dormitory
- Supervised Independent Living
- Family Emergency Shelter
- Regular Foster Home days
- Therapeutic Foster Home days
- Special Needs Foster Home days
- Youth Crisis Residential days
- Residential Treatment Center days

Check all that apply while the child was receiving treatment – **since T1**.

Clarification of selected terms used in this section is provided on the following pages.



Living Arrangements and/or Placements [Next Section](#)

Youth's Living Arrangements and/or Residential Placements Since the Last Rating: >>

CHECK ALL THAT APPLY - Enter Number of days if box appears to the right.

- Family Home (Parent or Guardian)
- Private Home with Relatives
- Private Home with Friends (Non-relatives)

Note: Number of days not required here

<input type="checkbox"/> School Dormitory	Boarding School
<input type="checkbox"/> Supervised Independent Living	CAS programs for adolescents in independent living – not transition homes with staff.
<input type="checkbox"/> Family Emergency Shelter	Any family shelter, youth shelter.
<input type="checkbox"/> Regular Foster Home	days
<input type="checkbox"/> Therapeutic Foster Home	Also Therapeutic Family Home, a living arrangement and a therapeutic service; foster treatment , not care .
<input type="checkbox"/> Special Needs Foster Home	days
<input type="checkbox"/> Youth Crisis Residential	Clients with primary developmental disabilities with behavioural problems receiving foster care.
<input type="checkbox"/> Residential Treatment Center	Treatment centre with residential beds.
<input type="checkbox"/> Psychiatric Group Home	days
<input type="checkbox"/> Drug/Alcohol Rehabilitation Center	Group home for children and youth with mental health needs

Drug/Alcohol Rehabilitation Center | | days

State Psychiatric Inpatient

Residential treatment in hospital,
secure or not.

-- Was this Re-Hospitalization?

- Yes
- No
- Unknown

Youth's Living Arrangements and/or Placements continued... >>

Other Psychiatric Inpatient

Do not rate.

-- Was this Re-Hospitalization?

- Yes
- No
- Unknown

Open Youth Correctional Facility

Open correctional custody.

Closed Youth Correctional Facility

Secure correctional custody.

Living Independently

Homeless/Sheltered

Unknown

Other days

Other days

Check all nonresidential services received **since T1**.
Include all psychological/counseling services provided by your agency as well as those provided by other programs in the community.



Nonresidential Services Received Since the Last Rating... >>

Yes No

Emergency/Crisis Services — All emergency/crisis services, including hospitals.

Early Intervention or Prevention — Child received formal early intervention or prevention services.

Yes No **Outpatient or Clinic Services:** >>

Intake or Screening — Check 'Yes' only if a BCFPI or mental health intake or screening has been done.

Evaluation, Assessment, or Diagnosis — Check 'Yes', even if done prior to T1 – must be associated with this treatment episode.

Medication Monitoring — By a medical professional, ie. psychiatrist, physician or nurse.

Individual Therapy — Child or adolescent received individual therapy.

Group Therapy — Child or adolescent received group therapy.

Family, Parental, Marital Therapy — Include parent counseling and parenting groups.

Alcohol, Drug Counseling — Child or adolescent received substance abuse counseling.

- Alcohol, Drug Counseling
- Other Outpatient Services

Yes No **Intensive Community-Based Services:** [>>](#)

- Partial Hospitalization — Day program in a hospital setting.
- Other Day Programs — Day program in a mental health setting, Sect 20 classroom.
- Home-Based Services — Any home-based service.
- Wraparound Services
- Respite Services
- Crisis Stabilization Team — Crisis services provided by a community mental health centre.
- Other Intensive Services
- Unknown
- None

 **Agencies Providing Services during Rating Period ...** [>>](#)

Check all agencies providing services to your client during their time with your centre.



Agencies Providing Services during Rating Period ... >>

Yes No

Mental Health — Check 'Yes' for all your clients.

Special Education — If 'Yes', check one below.

If yes, what type of special education?

Special school — Section 20, regardless of location.

Full day class — Full-day behavioural or learning disabled.

Part day class — Part-day behavioural or learning disabled.

Resource room — Selective withdrawal for reading, math etc.

In-home tutor — Special education in-home tutoring, not home-schooling.

Mainstream with assistance — CYW or EA in regular classroom.

Other

Unknown

- Social Services, child welfare — Child Welfare or Family Services.
- Court, Police, Juvenile Justice — Youth justice or legal system involvement due to client's behaviour – not custody disputes.
- Public Health — Public health services provided specifically to the child or youth.
- Other Medical Services — Medical services directly related to client's presenting problem.
- Substance Use/Abuse Services — Specialized substance abuse services outside the agency.
- Job Training
- Other
- Unknown

Has the Youth been on Psychiatric Medication? >>

The **Close Episode** screen should be completed at **T14** on exit from active service when the client file is closed.

Close Episode



Date Closed:

Choose Date

Today

Clear

Date Closed should be the **date of exit from active service** - the same date as the Evaluation Date for the T14 or Exit CAFAS

To re-int... deleted as well. ...sed to open, ...e date, any ... case) will be



Was treatment/service delivered?

No treatment attempted >>

Reason for no Treatment

- No treatment needed
- No show
- Withdrew
- Referred to other service
- Evaluation only
- Other
- Unknown

Treatment interrupted >>

Reason Service was Interrupted:

- Quit prematurely
- Moved
- Deceased
- Needs changed

- Moved
- Therapist could not continue
- Became ineligible
- A
- Needs changed
- Unknown
- Other

Treatment was accomplished >

Check here if you discharged the client.

How successful was treatment in addressing identified problems/goals?

- Successful
- Partially Successful
- Little success

Complete this section to reflect your subjective Impressions of the success of treatment.

- Other >>
- Unknown >>

 Are additional services needed for this youth?

- No, not required >>
- Yes, needs more >>

Outcome of recommendation for more service:

- 1 - Refused service
- 2 - Transferred within agency
- 3 - Transferred out
- 4 - Services not available

- Other >>
- Unknown