**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Milwaukee Child Protective Services

**Functional Assessment Screening Tool**

This document is due for each youth who is placed into an Assessment/Stabilization Center (ASC). This form should be used both for youth who are subject to Temporary Physical Custody (TPC) Orders and CHIPS (Children in Need of Protection and Services) Orders.

**Directions:** Complete this form in its entirety. This tool must be submitted to the PRU (Placement Referral Unit) within 5 business days of placement and then subsequently every Wednesday by 10:00am after the initial tool. The PRU is responsible for sending this document to the Case Management and Placement teams. The Ongoing Agency is responsible for uploading this document to eWiSACWIS under “Planning” upon receipt.

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| --- | --- | --- | --- | --- | --- | --- |
| **Date of Assessment:** | | | **Initial**  **Weekly Update** | | | |
| **YOUTH/FAMILY INFORMATION** | | | | | | |
| Name – Youth | | | | Age – Youth | | Birthdate – Youth |
| Current Court Order Type  CHIPS  CHIPS/JIPS  TPC | CHIPS Court Order Expiration Date | | | If applicable, JIPS Order Expiration Date | | |
| **PLACEMENT INFORMATION** | | | | | | |
| Name of Placement | Date of Placement | | | Anticipated length of placement | | |
| Name of Individual Completing this form | Date Completed | | | Date Due | | |
| **CASE MANAGEMENT INFORMATION** | | | | | | |
| Name – Ongoing Case Manager | Telephone Number | | | | Email Address | |
| Name – Placing Worker | Placing Agency  DMCPS  CHWCS  SaintA | | | | Ongoing Case Management Agency  CHWCS  SaintA  Unknown | |
| Youth’s last F2F Visit with OCM  Location:       Date: | | ASC’s last interaction with OCM  Type:  F2F  Phone  Email  Other Date: | | | | |
| **CRISIS PLAN** | | | | | | |
| *When youth are placed into out-of-home care, it is essential that the placement resource develop a crisis plan for the youth.*  Describe the youth’s known triggers:    Signs youth is becoming escalated:    Signs youth is in crisis:    Actions youth describes to help de-escalate:    Actions staff should use to de-escalate the youth:    Plan for follow up by ASC after crisis, including notification to OCM and/or team: | | | | | | |
| **MEDICAL/DENTAL** | | | | | | |
| *Describe the youth’s medical and dental history (as ASC is aware).*  Youth’s Primary Care Physician:  Name:       Phone Number:       Address:  Youth’s Primary Dentist:  Name:       Phone Number:       Address:  Has the youth visited a Medical Professional since placement?  Yes  No  Upcoming Appointment Date and Time:  Has the youth visited a Dental Professional since placement?  Yes  No  Upcoming Appointment Date and Time:  Youth has medical needs. Describe:  *Below, list all medications (non-psychotropic) the youth currently is prescribed:*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Medication Name | Dosage | Rx Prescribed Date | Rx Expiration Date | Refill Needed Date | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   *If more space is needed, please utilize the narrative sections above.* | | | | | | |
| **EDUCATION** | | | | | | |
| *Describe the youth’s involvement in the educational system (as ASC is aware).*  Youth is currently enrolled in school.  School Name:  Address:  Youth currently is willing to or attends school.  If not, describe why the youth is refusing to attend:  Youth currently is enrolled in alternative programming  IEP  Expiration Date:  504 Plan  BIP Plan  Below, describe the current transportation arrangements for the youth and recommendations the ASC has for this youth in the future.    Describe the youth’s current involvement in school and extracurricular activities and any communications the ASC has received from the school since the last Assessment.    Describe last contact with the school since the last Assessment. | | | | | | |
| **TRAUMA HISTORY** | | | | | | |
| *Youth who are placed info out-of-home care likely experience trauma at higher rates than the general population. Check each item that applies to the child’s history (as ASC is aware).*  **Adverse Childhood Experiences (ACEs)**  Has the child/youth ever:  Lived with a parent or guardian who got divorced or separated  Lived with a parent or guardian who died  Lived with a parent or guardian who served time in jail or prison  Lived with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks  Lived with anyone who had a problem with alcohol or drugs  Witnessed a parent, guardian, or other adult in the household behaving violently toward another (e.g. slapping, hitting, kicking, punching, or beating each other up)  Was ever the victim of violence or witnessed any violence in his or her neighborhood  Experienced economic hardship “somewhat often” or “very often” (i.e., the family found it hard to cover costs of food and housing)  Other. Describe:  Describe any triggers the ASC has identified for the youth, and strategies that have been successful in mitigating the effects of the youth’s trauma since the last Assessment      Upon placement, the ASC was given adequate information about the youth’s trauma history to provide appropriate care and supervision.  Yes  No If no, describe additional information that is needed: | | | | | | |
| **CHILD SEX TRAFFICKING AND EXPLOITATION INDICATOR** | | | | | | |
| *The below information was developed by the Wisconsin Child Sex Trafficking Taskforce. Please check all below risk factors that you have observed or been informed of as they apply to the child.*  At Risk (Check any of the below areas that apply to the child)  Travel out of the area/to somewhere out of the ordinary or unusual for the child without caregiver permission and/or knowledge.  Child has a history of school truancy  Child has a history of physical or sexual abuse  Child has family/friends who have been or are currently involved in the commercial sex industry  Reports by child or adults that the child has a history of multiple sexual partners  Child has possession of money, electronics, or other material items that are unexplained, unusual, or our of the ordinary for that child  Child has sexually explicit pictures of themselves that may or may not be in the internet  Child has an older boyfriend/girlfriend/partner, or is unwilling to provide information about the sex partner  Child has a history of sexually transmitted infections and/or pregnancies  Gang affiliation is reported, confirmed, or suspected  High Risk (if you have checked YES to one or more of the following)  **Three or more of the “At Risk” factors have been checked.**  Child has a history of being missing/runaway/kicked out 2 or more times within the last 6 months (caregiver doesn’t know where/who child is with)  Confirmed or reported use of hotels for parties or sexual encounters  Child has unexplained injuries  Child has unusual, unexplained, or out of the ordinary tattoos  Confirmed (if you have checked YES to one or more of the following)  Child reported “consensual” participation in a sexual act in exchange for food, shelter, transportation, drugs, alcohol, money, status, or other items of value  Child reported being forced or coerced into sexual activity for the monetary benefit of another person  Law enforcement confirmed through an investigation that the child has been trafficked or engaged in any commercial, sexuality-exploitative activity  If any of the above risk factors have been identified, describe below the steps the ASC has taken to ensure the safety of the youth and other youth in the ASC (i.e. additional supervision has been utilized for the youth by…etc.)    Date of most recent communication with Case Manager regarding the above concerns: | | | | | | |
| **MENTAL HEALTH** | | | | | | |
| *Youth who are placed into out-of-home care often experience mental health concerns at a greater rate than the general population. Use the information below to describe the youth’s current mental health status.*  *Note: ASC staff are not to attempt to diagnose any mental health concerns, however, should describe any observed behaviors or symptoms of concern as it relates to the youth’s mental health.*  Youth has no reported mental health concerns  Youth has mental health provider. Provider’s name:  Last appointment date:  Upcoming appointment date:       time:  Youth is refusing to attend  Youth has reported mental health   |  |  | | --- | --- | | Anxiety Disorder (Generalized Anxiety, Obsessive Compulsive Disorder, etc.)  Attention Deficit Hyperactivity Disorder  Autism  Bipolar Disorder  Conduct Disorder  Depression  Eating Disorder  Low/Borderline Cognitive Functioning | Oppositional Defiant Disorder  Post-Traumatic Stress Disorder  Reactive Attachment Disorder  Self-Harming Behaviors  Substance Abuse  Suicidal Ideation or Attempted Suicide  Unknown  Other: |   ASC has observed behaviors or trauma symptoms unrelated to current mental health diagnoses that indicate a screening by a mental health professional is needed   |  |  | | --- | --- | | Low or lack of energy  Poor concentration  Irritability  Sleep Problems  Auditory or visual hallucinations  Ritualized behaviors  Disturbing thoughts (obsessions)  Feeling very sad or withdrawn  Repeated use of drugs or alcohol | Seriously trying to harm or kill self, or making plans to do so  Sudden overwhelming fear for no reason, sometimes with racing heart or fast breathing  Involved in multiple fights or wanting to seriously hurt others  No eating, throwing up, or wanting to use the bathroom after each meal  Intensive worries or fears that appear to be irrational  Drastic changes to personality  Other: |   *Below, list all psychotropic medications (non-medical) the youth currently is prescribed:*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Medication Name | Dosage | Rx Prescribed Date | Rx Expiration Date | Refill Needed Date | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   *If more space is needed, press the “tab” button while cursor is in last cell to add more rows.*  Describe the youth’s emotional functioning, coping skills, and adjustment to the placement:    Describe contacts with mental health providers, including date of communication and content discussed: | | | | | | |
| **RELATIONSHIPS** | | | | | | |
| *One of the leading mitigating factors of Adverse Childhood Experiences (ACEs) is the presence of safe, stable and nurturing relationships in a child/youth’s life. Complete the following section and describe the quality of the relationship of the following types of people in the youth’s life. In the description, include information about the youth’s most recent interaction with this individual.*   |  |  |  |  | | --- | --- | --- | --- | | **Quality of Relationship** | | **Type of Relationship** | **Assessment of Relationship** | | Supportive  Adverse | None  Unknown | Parent/Caregiver(s) of Origin  (i.e. Biological Mother/Father, Guardian, etc.) | Name(s):  *Describe:* | | Supportive  Adverse | None  Unknown | Sibling(s) | Name(s):  *Describe:* | | Supportive  Adverse | None  Unknown | Extended Family  (i.e. Aunt/Uncle, Cousin, Grandparent, etc.) | Name(s):  *Describe:* | | Supportive  Adverse | None  Unknown | Friend(s) | Name(s):  *Describe:* | | Supportive  Adverse | None  Unknown | Adult Informal Support(s)  (i.e. coach, mentor, teacher, etc.) | Name(s):  *Describe:* | | Supportive  Adverse | None  Unknown | Other | Name(s):  *Describe:* | | Supportive  Adverse | None  Unknown | Other | Name(s):  *Describe:* |   Describe what the ASC is doing to help the youth maintain the relationship(s) with the above parties:    Describe the visitation schedule for the youth and their family, and the visits within the past week. Describe the quality of the visit, the youth’s behaviors and mood upon return to the ASC, etc. | | | | | | |
| **INDEPENDENT LIVING** | | | | | | |
| *For all children placed in out-of-home care, independent living services are required once they reach a certain age. All children and youth need to learn basic life skills in order for them to become successful adults. The following information was adapted from the Casey Life Skills Assessment. Utilize the below information to determine if the youth is at an age appropriate level for the following.*   |  |  |  | | --- | --- | --- | | **Daily Living**  *Youth Understands:*  Internet Usage  Internet Safety  Email  Food and Nutrition  Other:  *Youth Demonstrates an ability to:*  Grocery Shop  Meal Plan  Meal Preparation  Do Laundry  Maintain a clean living space  Access emergency resources  Other: | **Self-Care**  *Youth Understands:*  How to use the Emergency Room  When to seek medical attention  How to obtain medical, dental care and medical insurance  Contraceptives, STIs, etc.  Other:  *Youth Demonstrates an ability to:*  Care for minor injuries and illnesses  Maintain good hygiene  Obtain personal documents (SSI)  Use public transportation  Other: | **Relationships and Communication**  *Youth Understands:*  Concept of self-esteem  How abuse, dishonesty, and disrespect impact relationships  How to talk to others about dating and romantic relationships  Signs of physical, verbal, and sexual abuse in relationships  Other:  *Youth Demonstrates an ability to:*  Maintain healthy relationships  Communicate positively and effectively in different settings  Utilize anger management techniques  Other: | | **Work and Study Life**  *Youth Understands:*  Why school-work is important  How to search for a job  How to interview for a job  Employee rights  Importance of time management  Other:  *Youth Demonstrates an ability to:*  Search for employment  Maintain employment  Ask for help with school or employment  Work cooperatively with others  How to access funds for post-secondary education  Other: | **Housing and Money Management**  *Youth Understands:*  Where to find help during times of financial difficulty  How to save money  How to open a savings or checking account  How to shop on a budget  Services offered by financial institutions  Pros and Cons of using credit  How to find housing options  Other:  *Youth Demonstrates an ability to:*  Keep track of a weekly allowance  Develop realistic spending plan  Make a purchase using cash or card  Shop economically for everyday items  Other: | | | | | | | | |
| Describe any additional information ASC has regarding youth’s development of independent living skills.  Describe how the ASC will develop the youth’s independent living skills. | | | | | | |
| **DISCHARGE PLANNING AND SUMMARY** | | | | | | |
| Describe any significant updates regarding the youth and their time in placement. Include any observations not otherwise categorized above. Describe what discharge planning has been discussed with the youth or information you have received from the Ongoing Agency. Include information related to transitioning this youth to a new environment (i.e. helpful approach to discuss new placement with the youth, ways to help the youth feel supported in a new placement, or what may be helpful to set this youth up for success in the future). | | | | | | |