

Alameda County Behavioral Health Care Services & School Health Services CG Community Functioning Evaluation (School-Aged Children and Youth Version)

GUIDE TO COMPLETING THE FORM 2011-2012

The 2011-2012 Community Functioning Evaluation (CFE) for school-aged children and youth is designed to be administered in school and community settings, to children and youth who are enrolled, or eligible to be enrolled, in school.

This form must be completed and submitted by the clinician during the following periods in which a child/youth (“client”) is receiving services: 1) at intake, 2) at the end of the school year (school-based services) or at 6 months review (community-based services), and 3) at discharge. If the client is discharged prior to 6 month review or the end of the school year, the form need only be completed at intake and discharge.

The form has three main sections and a final question. The first section addresses general information about the client and source(s) of information. The second section, “Observed Strengths,” assesses the client’s level of resiliency factors, or various resources that work together to protect the client from hardship and risk. The third section assesses “Presenting Concerns,” or problem areas where clients may have significant needs. The final question gauges symptom reduction since treatment was initiated from the clinician’s perspective.

The following is a guide to completing each question on the CFE form.

CLIENT NAME:

Provide the full name of the client.

DATE FORM COMPLETED:

Provide the date at which the form is completed.

CLIENT ID #:

Please write the ID or case number that is assigned to the client in the electronic data system that is used to record service data, such as INSYST, Psych Consult or the School Health Services ETO database.

ASSESSMENT TYPE:

Mark one item only. See separate instructions for school-based services and community-based services.

School-Based Services

- Mark “Initial” if this form is being completed at intake.
- Mark “End of School Year or 6 mos. Review” if this form is being completed at the end of the school year AND the client will continue to be served over the summer.
- Mark “Discharge” if the form is being completed at discharge even if discharge is occurring at the end of the school year.

Community-Based Services

- Mark “Initial” if this form is being completed at intake.
- Mark “End of School Year or 6 mos. Review” if the form is being completed as a 6 months review.

- o Mark “Discharge” if the form is being completed at discharge (regardless of whether or not this coincides with the client’s school year end).

DATE OF BIRTH:

Identify client’s date of birth using two digits for the month and day, and four digits for the year.

GENDER:

Identify the client as male or female.

SOURCES OF INFORMATION:

Please mark all groups of people who have contributed information about the client used to complete this form, including parent/caregiver, client, school staff and/or other.

ETHNICITY:

Identify the client’s primary racial/ethnic group. If the client has two or more ethnic backgrounds, please identify the client as “Bi/Multi-Racial.” If ethnicity is not known, please check “unknown” rather than leaving the field blank.

OBSERVED STRENGTHS:

This section attempts to assess the client's level of resiliency factors, or various resources that work together to protect the client from hardship and risk. Each resilience factor should be rated as Very True (3), True (2), A Little True (1), or Not True (0). **If there is not enough information to make an informed decision, or the area is not assessed, please leave the response blank.**

Very True (3):	The presence of this factor in the client’s life is very prominent. The client does not require support in this area.
True (2):	The presence of this factor in the client’s life is evident. The client does not require support in this area.
A Little True (1):	Client exhibits challenges with this factor in his/her life and they have the potential to become worse. The client can use support in this area.
Not True (0):	This factor is severely lacking in the client’s life and contributes negatively to his/her healthy development. The client clearly needs support in this area.

The following chart provides definitions for each area of Observed Strengths to help determine how each area applies to the client's situation.

OBSERVED STRENGTHS	DEFINITION
Has positive relationships with adults	Client has healthy, meaningful and supportive interactions with at least one adult and values the relationship(s).
Shows empathy, sensitivity and friendship skills	Client can identify with the feelings, situation, and motives of others.
Interacts positively with peers	Client is able to display positive friendship skills and socializes well with peers.
Resists negative peer pressure and dangerous situations	Client defies efforts of peers to engage him/her in harmful activities and steers clear of dangerous situations.
Thinks about decisions/can plan ahead and make choices	Client typically considers/thinks about his/her actions or activities prior to engaging in them.
Is hopeful and optimistic about his/her future	Client can express a positive sense of the future including finishing school, graduating, going to college, getting a job, having a family, living until old-age, etc.

OBSERVED STRENGTHS	DEFINITION
Expresses emotions (joy, anger, sadness, etc.) in healthy ways	Client is able to express intense and difficult feelings in positive ways such as talking, creating art/music, writing, sports, etc.
Accepts and takes responsibility for actions	After making a mistake or doing something wrong, client will acknowledge and accept consequences of actions.
Welcomes opportunities to participate in structured activities	Client participates in after-school activities such as sports, youth clubs, recreational classes, music, volunteering, etc.
Motivated to do well in school	Client shows an effort to do his/her best in school and makes use of full potential both in and out of the classroom.
Seeks help from adults and/or peers	Client seeks assistance from adults and/or peers when facing tasks, conflicts and relationship challenges that are difficult to manage on own.

PRESENTING CONCERNS:

This section is divided up into six major, important life areas of children and youth. Each area is then further divided into several primary presenting problem areas where clients may have significant needs that can interfere with their ability to function well and/or their quality of life.

Each problem area should be rated as Severe (3), Moderate (2), Mild (1), or Not a problem (0). **If there is not enough information to make an informed decision, or the area is not assessed, please leave the response blank.**

Severe Problem (3):	Intensity of problem is high and impairs functioning or ability to excel socially or academically. The problem is at or near its highest level and needs immediate intervention.
Moderate (2):	Client exhibits some symptoms that impair functioning or ability to excel socially or academically. Problem still has the potential to become worse, but can be prevented further.
Mild (1):	Client shows initial signs of a potential decrease in functioning or ability to excel socially or academically. Client may be at-risk for problem developing in intensity or severity.
No Problem (0):	Client thrives in this area and does not show difficulties beyond what is considered to be a normal response.

The following chart provides definitions for each area of Presenting Concerns to help determine how each concern applies to the client's situation.

PRESENTING CONCERNS	DEFINITION
ACADEMIC FUNCTIONING	
Attendance (truancy/tardy)	Client has difficulty with school attendance – is chronically absent, arrives to school school/class late, skips classes.
Classroom behavior-Acting out/defiant (externalized)	Client receives negative attention in the classroom by breaking rules, causing disruptions, arguing with or defying teachers/ peers, etc.
Classroom behavior-Withdrawn (internalized)	Client appears disengaged or uninterested in participating in classroom activities or interactions with the teacher or peers.
Disciplinary referrals (i.e. office referrals, suspensions)	Client has discipline problems at school, including office referrals, detentions, suspensions, or expulsions.
Academic skills	Client’s school performance is low or decreasing. Client may have poor grades or low test scores.
Homework/academic motivation	Client shows very low motivation or does little or no school work.

PRESENTING CONCERNS	DEFINITION
SOCIAL RELATIONSHIPS	
Gang affiliation/involvement	Client is at-risk for, expresses affiliation with, or actively participates in a gang or gang-related culture and/or activities.
Peer conflicts/difficulties	Client has difficulty maintaining healthy peer relationships/ friendships, or engages in relationships that have high levels of conflict or stress.
Social skills/communication	Client has difficulty forming or maintaining peer friendships, or communicating with peers. May show extreme shyness or exhibit challenges associated with the autism spectrum.
Violates boundaries	Client shows difficulty maintaining appropriate social and/or physical boundaries with peers or adults. May, for example, touch people inappropriately or make inappropriate statements or gestures.
Experiencing challenges with sexual health, sexuality and/or gender	Client experiencing difficulties related to sexual relationships. May be struggling in areas such as sexuality or gender identity, family planning/pregnancy, engaging/at risk of engaging in risky sexual behaviors.
EXPOSURE	
Grief/loss/separation/bereavement	Client has experienced a major loss or separation with a primary caregiver, family member, friend, classmate, etc., or is grieving the loss of someone who they know has died or left their life.
Immigration/legal status	Client experiences challenges or symptoms related to a challenging or traumatic immigration experience, and/or legal status in the U.S., and/or threats of deportation to self or family members.
Child abuse or neglect (victim)	Client has been a victim of child abuse or neglect.
Community or domestic violence (witness/victim/perpetrator)	Client has been a victim or witness of violence in their family, community, or school.
Unsafe neighborhood and/or school environment	Client inhabits a neighborhood or school environment in which there are significant dangers and inadequate protection from harm.
Other traumatizing experience or event	Client has been exposed to a traumatic event (witness, victim, etc.) not mentioned elsewhere; for example, a serious accident or natural disaster.
EMOTIONAL & BEHAVIORAL FUNCTIONING	
Anxiety/nervousness	Client appears or feels worried, nervous, fearful, or anxious in a manner that inhibits his/her ability to function in daily life.
Concentration/attention span/focus	Client has difficulty paying attention, listening, initiating schoolwork, following directions, and can be easily distracted or disorganized.
Delusions/hallucinations	Client has false or distorted beliefs or sensory experiences.
Depression/sadness	Client shows typical symptoms of depression, such as on-going sadness, hopelessness and lack of energy and drive.
Hyperactivity	Client shows higher than normal level of activity; for example has trouble sitting still, talks incessantly, squirms or wiggles, touches everything.
Impulsivity	Client acts upon urges or desires without thinking.
Obsessions/compulsions	Client has unwelcome and persistent thoughts, ideas, sensations, or feelings that drive them to perform irrational behaviors.
Oppositionality/defiance	Client disobeys authority figures or rules; for example breaks rules, ignores directions, talks back, argues.
Self esteem/self worth/self image	Client appears to have low sense of personal value or respect for self.

PRESENTING CONCERNS	DEFINITION
Self-injury/mutilation	Client has deliberately harmed self or persistently expresses desire to harm self. Includes, for example, cutting, burning, or other self-harm behaviors.
Substance use/abuse (student)	Client uses or abuses substances, including alcohol, drugs, pills, etc.; can include experimentation, casual or regular use, or dependency.
Suicidal ideation/attempt	Client has expressed, verbally or in writing, or thought about suicide or not wanting to live. Also includes any history of suicide attempts.
Verbal abuse/aggression	Client uses words in ways that intend to attack or cause harm to others.
Violent/harassment behaviors/assaultive	Client perpetrates or participates in violent acts, such as harassment, bullying, fighting, etc.; can be physical or sexual in nature.
HEALTH/BASIC NEEDS	
Adequate sleep	Client has irregular sleep habits or sleep disturbances.
Basic needs (food/housing/transportation)	Client or client's family/caregiver struggles with meeting basic needs, such as food, shelter, clothing, employment, child care, etc.
Health issues (stomach/headaches/other)	Client experiences physical health issues, which may include prior illnesses, surgeries, hospitalizations, vision, hearing, headaches, stomach aches, asthma, etc.
Nutrition/eating habits	Client has problems with diet/nutrition such as under or over-eating, skipping meals, obesity, or has history of eating disorder.
LIVING ARRANGEMENTS AND FAMILY FUNCTIONING	
Family economic situation	Client's family and/or primary caregiver are experiencing economic problems that significantly threaten his/her health and well-being.
Parent/caregiver-child relationship	Client has poor, harmful or dysfunctional relationship with parent and/or caregiver, or client has been unwillingly separated from parent/caregiver.
Parent/caregiver mental health/substance abuse	Client's parent and/or caregiver have, or appear to have, mental health and/or substance abuse problems.
Parent/caregiver physical health	Client's parent and/or caregiver have physical health problems.
Sibling relationship(s)	Client has poor, harmful or dysfunctional relationship with one or more siblings, or client has been unwillingly separated from one or more siblings.
Stable home environment	Client experiences instabilities in his/her home environment. For example, lives in a home environment where supervision and care are sporadic, constantly moved from home placement to home placement, couch surfing, or client is in constant risk of losing his/her home.

HAVE ORIGINAL SYMPTOMS DECREASED SINCE INTAKE?

Mark "yes" if there has been a decrease in overall symptoms since intake. Mark "no" if there has not been a decrease in symptoms or if symptoms have increased. **Leave blank if this form is being completed at intake, or if you do not know if symptoms have decreased.**

PROVIDER NAME/NUMBER:

Provide the name of person completing the form and his/her assigned provider number.