Building Bridges
Outcome Measurement across the Sectors with the Child and Adolescent Functional Assessment Scale

Melanie Barwick, PhD, CPsych
Associate Scientist, Scientific Director Knowledge Translation
Community Health Systems Resource Group, The Hospital for Sick Children
Associate Professor, Psychiatry, University of Toronto
Lead, CAFAS in Ontario

Association of Educational Researchers of Ontario
December 7th 2012
Old Mill, Toronto
Child and Adolescent Functional Assessment Scale (CAFAS)

- The CAFAS assesses functioning across 8 critical life subscales assessing the youth as well as two scales to assess caregiver functioning.
- The CAFAS yields both a total score and 10 individual subscales scores. The total score represents the total level of dysfunction and can be used to recommend intensity of treatment required.
- The individual subscale scores can be used to inform the focus of treatment and to monitor change in behavior over time.

**Age 5–19**
**Administration Type** Youth Caregiver
**Administration Time** 10 minutes (approx)
**Formats** Online (FAS Outcomes) Paper
**Languages** English Spanish
**Qualification Level** A-level
History

- Child and Adolescent Functional Assessment Scale – Dr. Kay Hodges, 1994
- Mandated by Government as Ontario CYMH outcome measure for 120 provider organizations in 2000, according to directive of Auditor General
- 4 large data sets; >50 journal publications
- Excellent reliability and validity
- Used in Canada: 65 provincial, municipal, and private institutions in five provinces (AB, BC, MB, ON, SK)
- In Ontario: now 107 CYMH provider organizations
- In the US: 2,500 state, county institutions across 48 states and six sectors (e.g. mental health, education)
What Does CAFAS Measure?

- Impairment in day-to-day functioning in children and adolescents from kindergarten through the 12th grade, who have or are at risk for, emotional, behavioral, substance use, psychiatric or psychological problems.
- It permits assessing impairment, choosing corresponding goals that address these areas of impairment, and identifying which of the child's strengths will likely be helpful in achieving these goals.
- CAFAS scores have been found to: correlate with actual 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; and predict future contact with the law and poor school attendance.
What Does the CAFAS Look Like?

For each subscale the rater reads through the items at each level starting at the Severe level until he/she finds a description of the youth.

Once a description has been found the youth is assigned the item’s corresponding score for the subscale.

After assigning the subscale score, the rater moves on to the next subscale.
Evaluations

• Entry CAFAS (T1): Date when youth enters into program, treatment or behavioral class. Best Practice to complete CAFAS every 3 months, and one upon completion (exit T14).
• Rate behaviors one-month period immediately prior to start of active treatment/school/behavioral class. If necessary, go outside of the rating period to capture referral behaviours.
How to rate

• At T1 - capture the behaviour for which the referral was made--even if it falls outside of the rating period and especially if the behaviour is going to be a focus of treatment/program/class

• Most SEVERE demonstrated behaviour in the past month

• All 8 Client subscales must be score and at least one set of Caregiver subscales
Advantages of the CAFAS

- Web enabled
- Visual data
- Common measure
- Common language
- Engages family & Staff
- Captures strengths and goals
- Supports treatment planning
- Fast (10 min)
- Clinician completed
- Valid & reliable
- Evidence-based
- Sensitivity to change
- Supports treatment planning
- Version Date: 12/11/2012
School/Work Subscale

*How the child functions at school or work*

Includes the following:

- Attendance at school or on the job
- Behaviour in the classroom or at work
- Credits - Academic or work performance

**SEVERE**
- Out of school
- Serious threat
- Failing most
- Special setting not working

**MODERATE**
- Frequently truant/suspended
- In or need special setting
- Known by principal
- Failing 1/2 courses

**MILD**
- Minor problems: attention, lower productivity
- Problems that can be handled by teacher
Home

- Carrying out expectations in the home
  - chores, rules, responsibilities, self-care
- Behaviour towards family members
- Run away behaviour is also scored
- If in residential setting and at home on weekends, rate the severest behavior—

SEVERE
- Not in home
- Serious threats
- Intimidation
- Major damage
- Runaway over night; where not known
- Must be monitored
- Interferes with caregiver doing day to day

MODERATE
- Persistent non-compliance with rules
- Runaway overnight; where known
- Moderate damage
- Profanity (not okay)

MILD
- Frustrating to caregiver
- Balking chores
- Repeatedly told to do chores
Community

*How the child behaves in the community*

- Items refer mostly to participation in illegal acts
  - Violation of persons or property
  - Fire setting in home included
- Do not endorse if: youth was the victim; act was accidental; youth was acting in self-defense
- Do endorse if: youth gets into legal trouble; reliable information ("good faith") from others about youth’s delinquent behavior.

**SEVERE**
- In system or should be in system for serious offence: confronting victim, robbery, selling drugs, prostitution, deliberate damage, sexual assault, deliberate fire starting with malicious intent

**MODERATE**
- In system, or at risk for moderately serious offence: not confronting victim, stealing, sexually inappropriate-adults concerned, repeatedly playing with fire & damage could occur
- Probation

**MILD**
- Minor, single offences: vandalism, shoplifting, playing with fire
Behaviour Toward Others

*How the child relates to others*
- Patterns of behaviour towards others
  - Displays of anger
  - Poor judgment
- Inappropriate sexual behaviour
- Cruelty to animals
Moods & Emotions

- Anxiety
- Fear
- Worry
- Depression
- Separation anxiety

*Does not include anger/hostility*

(scored on Behaviour Towards Others)

**SEVERE**
- Viewed as odd/strange
- Depression or Anxiety with school incapacitation, social isolation or suicidal intent

**MODERATE**
- Depression or Anxiety at least ½ the time, with one disturbance (e.g., sleep, eating, energy)
- Emotional blunting from trauma
- Separation anxiety

**MILD**
- Self-critical
- Easily distressed when make mistakes
- Sad or anxious if criticized
- Notable emotional restriction
Self-harmful Behaviour

Score all self-destructive behaviour:
- Suicidal behaviour
- Behaviour not life-threatening but not trivial
- Behaviour trivial and unlikely to cause serious injury

SEVERE
- Intent to die/clear plan
- Self-destructive behavior which could result in death (e.g., eating disorder, running in front of car)

MODERATE
- Talking about killing self
- Cutting or other non-accidental self-harm/ or mutilation

MILD
- Non-accidental self-harm that is unlikely to cause harm (e.g., scratching skin, picking skin)
Substance Use

- Alcohol
- Street drugs
- Inhalants
- Misuse of prescription drugs
- Misuse of over-the-counter drugs
  - Tobacco use is not scored
  - Do not rate religious or cultural use
- 12 or younger use lower band of items
- Score all “hard” drugs at severe level

SEVERE
- Lifestyle centers around
- Withdrawal symptoms
- Expelled or fired
- Intoxicated or high more than 2x/week
- Pregnant while using
- Blackouts
- Drinks alone

MODERATE
- Use interferes with functioning
- Use gets person into trouble (e.g., arguments, breaks rules)
- Use endangers (e.g., rape)

MILD
- Regular usage
- High or intoxicated at least once/week
Thinking

- Items refer to behaviours that may warrant a referral to a psychiatrist
  - Dysfunctional thought processes or communications
    - Pathological thought processes
    - Obsessions, fantasies, hallucinations
  - Disorders including autism, PDD, schizophrenia can be scored here

Pre-requisite Behaviours

**SEVERE**
- Cannot attend a normal school classroom, does not have normal friendships, & cannot interact adequately in the community due to

**MODERATE**
- Frequent difficulty in communication/behaviour OR specialized setting needed due to any of the following

**MILD**
- Occasional difficulty in communications, in behavior, or in interactions with others
Thinking

SEVERE
- Incoherent communication; loosening of associations
- Flight of ideas
- Echolalia
- Idiosyncratic language
- Frequent hallucinations/delusions
- Pattern of short-term memory loss
- Disorientation to time/place

MODERATE
- Disorganized communications
- Frequent obsessions/suspicion
- Intermittent hallucinations
- Frequent marked confusion, or evidence of short-term memory loss
- Pre-occupying fantasies or cognitions

MILD
- Eccentric/odd speech; odd beliefs
- If older than 8 years-magical thinking
- Unusual perceptual experiences
Caregiver Scales

Primary

- Lives with youth or youth will go home to (e.g., bio parents, grandparents, adoptive parents)
- Foster parent if youth is going to live with them long term--not going home

Non-Custodial

- Parent who does not live with youth but has psychological impact on youth

Surrogate

- Foster parent
- Residential facility
Caregiver Resources

Material Needs

- Basic material needs:
  - food
  - housing (safety, privacy)
  - clothing
  - medical attention
  - reasonably safe neighbourhood

SEVERE
• Needs for food, shelter, medical or neighbourhood safety are not met & severe risk to health

MODERATE
• Frequent negative impact or major disruption in youth needs for food, shelter, medical, or neighborhood safety

MILD
• Occasional negative impact on youth due to disruption in youth needs for food, shelter, medical, or neighborhood safety
Caregiver Resources
Family/Social Support

- **Caregiver** behaviour is rated
  - Relative to child’s needs
    - Parental judgment
    - Supervision problems
    - Conflict problems
    - All forms of abuse

**SEVERE**
- Severe lack of resources, youth needs not met
- Gross impairment of judgement (e.g., substance, mental)
- Rejecting, doesn’t want youth home
- Risk of abuse
- Youth kicked out with no provisions
- Not protecting youth who was severely traumatized
- Severe domestic abuse
- Openly unlawful or approves of youth being unlawful

**MODERATE**
- Youth developmental needs exceed resources
- Marked impairment of judgement
- Family conflict
- Not supportive of traumatized youth
- Domestic violence
- Threat of violence

**MILD**
- Unable to provide warmth
- Frequent arguments
- Poor family relations & problem solving
- Inconsistent parenting
- Inadequate supervision/firmness

CAFAS is Schools (Nov 2012)
Caregiver: Family/Social Support

SEVERE
- Severe lack of resources, youth needs not met
- Gross impairment of judgement (e.g., substance, mental)
- Rejecting, doesn’t want youth home
- Risk of abuse
- Youth kicked out with no provisions
- Not protecting youth who was severely traumatized
- Severe domestic abuse
- Openly unlawful or approves of youth being unlawful

MODERATE
- Youth developmental needs exceed resources
- Marked impairment of judgement
- Family conflict
- Not supportive of traumatized youth
- Domestic violence
- Threat of violence

MILD
- Unable to provide warmth
- Frequent arguments
- Poor family relations & problem solving
- Inconsistent parenting
- Inadequate supervision/firmness
Table 2.1  Number and Regional Distribution of Mandated Agencies Submitting Data

<table>
<thead>
<tr>
<th>Region</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>No. of Analyzable Cases Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central East</td>
<td>11</td>
<td>10</td>
<td>15</td>
<td>13</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Central West</td>
<td>14</td>
<td>14</td>
<td>16</td>
<td>15</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>Eastern</td>
<td>14</td>
<td>12</td>
<td>14</td>
<td>13</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Hamilton-Niagara</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>North East</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Northern</td>
<td>9</td>
<td>9</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>South East</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>South West</td>
<td>17</td>
<td>16</td>
<td>21</td>
<td>19</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>Toronto</td>
<td>20</td>
<td>17</td>
<td>21</td>
<td>18</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>106</strong></td>
<td><strong>98</strong></td>
<td><strong>119</strong></td>
<td><strong>106</strong></td>
<td><strong>115</strong></td>
<td><strong>108</strong></td>
</tr>
</tbody>
</table>
Figure 3.1  Gender Distribution of Children and Youth Receiving CMH Services and CAFAS Rating

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
<th>Unreported</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>55.0</td>
<td>44.0</td>
<td>1.0</td>
</tr>
<tr>
<td>2007</td>
<td>56.5</td>
<td>43.3</td>
<td>0.2</td>
</tr>
<tr>
<td>2008</td>
<td>57.2</td>
<td>42.6</td>
<td>0.2</td>
</tr>
<tr>
<td>2009</td>
<td>57.7</td>
<td>42.1</td>
<td>0.2</td>
</tr>
<tr>
<td>2010</td>
<td>57.9</td>
<td>41.8</td>
<td>0.3</td>
</tr>
</tbody>
</table>
Figure 4.4  CAFAS Total Score at Entry to Treatment: Ontario and Regions – 2010


<table>
<thead>
<tr>
<th>Region</th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>66.6</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>CE</td>
<td>66.9</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>CW</td>
<td>71.5</td>
<td>70</td>
<td>60</td>
</tr>
<tr>
<td>E</td>
<td>67.6</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>HN</td>
<td>72.5</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>NE</td>
<td>56.7</td>
<td>60</td>
<td>50</td>
</tr>
<tr>
<td>N</td>
<td>65.2</td>
<td>50</td>
<td>40</td>
</tr>
<tr>
<td>SE</td>
<td>55.8</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>SW</td>
<td>72.3</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>TO</td>
<td>66.1</td>
<td>40</td>
<td>30</td>
</tr>
</tbody>
</table>
Figure 4.6  Severity of CAFAS Rating at Entry to Treatment for the Interval 2006-2010


<table>
<thead>
<tr>
<th>Year</th>
<th>0-30</th>
<th>40-70</th>
<th>80-100</th>
<th>110-130</th>
<th>&gt;140</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>22.8</td>
<td>36.9</td>
<td>20.3</td>
<td>11.3</td>
<td>6.7</td>
<td>2.0</td>
</tr>
<tr>
<td>2007</td>
<td>22.9</td>
<td>38.2</td>
<td>20.2</td>
<td>11.1</td>
<td>6.5</td>
<td>0.9</td>
</tr>
<tr>
<td>2008</td>
<td>22.6</td>
<td>38.3</td>
<td>20.2</td>
<td>11.3</td>
<td>6.6</td>
<td>1.1</td>
</tr>
<tr>
<td>2009</td>
<td>23.7</td>
<td>38.7</td>
<td>19.8</td>
<td>10.8</td>
<td>5.8</td>
<td>1</td>
</tr>
<tr>
<td>2010</td>
<td>23.3</td>
<td>38.5</td>
<td>20.3</td>
<td>10.7</td>
<td>6</td>
<td>1.2</td>
</tr>
</tbody>
</table>
Figure 4.14  Functioning on CAFAS Subscales at Entry to Treatment
(N varies between 27,977 and 28,015 because of missing scores on different subscales)

<table>
<thead>
<tr>
<th></th>
<th>School</th>
<th>Home</th>
<th>Community</th>
<th>Behavior Towards Others</th>
<th>Moods/Emotions</th>
<th>Self-Harm</th>
<th>Substance Use</th>
<th>Thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe (30)</td>
<td>25.5</td>
<td>20.1</td>
<td>3.8</td>
<td>8.8</td>
<td>10.1</td>
<td>3.1</td>
<td>3.8</td>
<td>1.0</td>
</tr>
<tr>
<td>Moderate (20)</td>
<td>22.9</td>
<td>20.0</td>
<td>6.7</td>
<td>32.8</td>
<td>39.1</td>
<td>11.7</td>
<td>4.7</td>
<td>5.8</td>
</tr>
<tr>
<td>Mild (10)</td>
<td>21.7</td>
<td>34.5</td>
<td>6.6</td>
<td>34.7</td>
<td>33.9</td>
<td>5.7</td>
<td>4.5</td>
<td>8.9</td>
</tr>
<tr>
<td>No/Minimal (0)</td>
<td>29.9</td>
<td>25.4</td>
<td>82.9</td>
<td>23.7</td>
<td>17.0</td>
<td>79.5</td>
<td>87.0</td>
<td>84.3</td>
</tr>
</tbody>
</table>
Figure 4.16  Average CAFAS Subscale Score at Entry to Treatment (T1) by Sex
Sample size for Boys varies between 16,188 and 16,214 and for Girls between 11,693 and 11,700 because of missing scores on different subscales.
Figure 4.17 Average CAFAS Subscale Score by Age Groups at Entry to Treatment

Sample size varies because of missing scores on different subscales: Early Childhood (6-9yrs) sample: varies between 7,148 and 7,150 Middle Childhood (10-14yrs) sample: varies between 12,521 and 12,546 Adolescence (15-17yrs) sample: varies between 8,312 and 8,325
Figure 5.4 Change in Average CAFAS Total Score from Treatment Entry to Last CAFAS (N=10,848)
Figure 5.6  Severity of CAFAS Rating at Entry to and Last CAFAS (N=10,848)
Figure 5.7  Change in Overall Dysfunction Group from Entry to Last CAFAS (N=10,848)

A difference score of 20 points or greater carries clinical significance over and above statistical significance, as reflected by an effect size of 0.70.

An effect size of 0.7 represents a moderate to large effect in magnitude and indicates that the mean of the treated group is at the 76th percentile of the untreated group as defined by Cohen (1988).
Figure 5.10 Change in Average CAFAS Total Score from Treatment Entry to Last CAFAS By Sex
Boys: N=6,256 | Girls: N=4,557
Figure 5.11 Change in Average CAFAS Total Score from Treatment Entry to Last CAFAS By Age Group

Early Childhood (6-9yrs): N=2,637 | Middle Childhood (10-14yrs): N=4,763 | Adolescence (15-17yrs): N=3,448

- **Early Childhood**
  - Entry CAFAS: 54.5
  - Last CAFAS: 28.5

- **Middle Childhood**
  - Entry CAFAS: 61.2
  - Last CAFAS: 34.9

- **Adolescence**
  - Entry CAFAS: 76.6
  - Last CAFAS: 50.2
Figure 5.12 Change in Average Score on CAFAS Subscales from Treatment Entry to Last CAFAS

N varies between 11,010 and 11,039 because of missing scores on various subscales.
Figure 5.13 Absolute Change in Level of Functioning

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;= -80</td>
<td>0.6</td>
<td>0.4</td>
<td>0.4</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>-70</td>
<td>0.4</td>
<td>0.3</td>
<td>0.3</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>-60</td>
<td>0.5</td>
<td>0.4</td>
<td>0.6</td>
<td>0.3</td>
<td>0.6</td>
</tr>
<tr>
<td>-50</td>
<td>1.3</td>
<td>0.7</td>
<td>0.8</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>-40</td>
<td>1.7</td>
<td>1.6</td>
<td>1.6</td>
<td>1.0</td>
<td>1.5</td>
</tr>
<tr>
<td>-30</td>
<td>2.7</td>
<td>2.8</td>
<td>2.8</td>
<td>1.5</td>
<td>2.6</td>
</tr>
<tr>
<td>-20</td>
<td>4.3</td>
<td>4.3</td>
<td>4.3</td>
<td>3.9</td>
<td>4.2</td>
</tr>
<tr>
<td>-10</td>
<td>14.2</td>
<td>14.2</td>
<td>13.8</td>
<td>13.7</td>
<td>13.8</td>
</tr>
<tr>
<td>0</td>
<td>13.3</td>
<td>14.9</td>
<td>12.8</td>
<td>13.9</td>
<td>13.9</td>
</tr>
<tr>
<td>10</td>
<td>14.2</td>
<td>11.9</td>
<td>14.6</td>
<td>12.4</td>
<td>12.4</td>
</tr>
<tr>
<td>20</td>
<td>12</td>
<td>9.6</td>
<td>11.7</td>
<td>9.8</td>
<td>9.6</td>
</tr>
<tr>
<td>30</td>
<td>9.9</td>
<td>8.6</td>
<td>9.8</td>
<td>7.3</td>
<td>7.8</td>
</tr>
<tr>
<td>40</td>
<td>7.1</td>
<td>7.1</td>
<td>7.3</td>
<td>5.6</td>
<td>5.4</td>
</tr>
<tr>
<td>50</td>
<td>4.4</td>
<td>5.2</td>
<td>4.3</td>
<td>5.4</td>
<td>3.9</td>
</tr>
<tr>
<td>60</td>
<td>3.3</td>
<td>3.9</td>
<td>3.7</td>
<td>4.3</td>
<td>3.9</td>
</tr>
<tr>
<td>70</td>
<td>2.2</td>
<td>2.8</td>
<td>3.7</td>
<td>3.7</td>
<td>2.9</td>
</tr>
<tr>
<td>80</td>
<td>1.8</td>
<td>1.8</td>
<td>2.7</td>
<td>2.7</td>
<td>1.9</td>
</tr>
<tr>
<td>90</td>
<td>1.2</td>
<td>1.2</td>
<td>1.5</td>
<td>1.5</td>
<td>1.4</td>
</tr>
<tr>
<td>100</td>
<td>0.5</td>
<td>0.9</td>
<td>0.9</td>
<td>0.9</td>
<td>0.8</td>
</tr>
<tr>
<td>110</td>
<td>1.1</td>
<td>1.6</td>
<td>1.5</td>
<td>1.0</td>
<td>1.1</td>
</tr>
<tr>
<td>&gt;= 120</td>
<td>1.1</td>
<td>1.1</td>
<td>1.5</td>
<td>1.4</td>
<td>1.1</td>
</tr>
</tbody>
</table>

% of Clients

<table>
<thead>
<tr>
<th>% of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;= -80</td>
</tr>
<tr>
<td>-70</td>
</tr>
<tr>
<td>-60</td>
</tr>
<tr>
<td>-50</td>
</tr>
<tr>
<td>-40</td>
</tr>
<tr>
<td>-30</td>
</tr>
<tr>
<td>-20</td>
</tr>
<tr>
<td>-10</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>20</td>
</tr>
<tr>
<td>30</td>
</tr>
<tr>
<td>40</td>
</tr>
<tr>
<td>50</td>
</tr>
<tr>
<td>60</td>
</tr>
<tr>
<td>70</td>
</tr>
<tr>
<td>80</td>
</tr>
<tr>
<td>90</td>
</tr>
<tr>
<td>100</td>
</tr>
<tr>
<td>110</td>
</tr>
<tr>
<td>&gt;= 120</td>
</tr>
</tbody>
</table>

CAFAS
Child and Adolescent Functional Assessment Scale
Absolute Change in Level of Functioning

Not Improved
2006: 26.1%
2007: 25.6%
2008: 25.8%
2009: 24.6%
2010: 24.9%

Improved:
2006: 73.9%
2007: 74.4%
2008: 74.2%
2009: 75.2%
2010: 74.9%
Reporting

- Agency level - quarterly
- Regional level - quarterly
- Provincial level - annually
Client Dashboard

CAFAS® Profile - Impairment Level for Each Subscale on Current Assessment

CAFAS® High-Risk Behaviors Present

No risk behaviors were selected by the CAFAS® rater.
Review Assessment/Print Report

Functional Assessment Systems - Review Assessment & Print Report

<table>
<thead>
<tr>
<th>Target Behavior(s)</th>
<th>Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School / Work</strong></td>
<td></td>
</tr>
<tr>
<td>013 Inappropriate behavior which results in persistent or repeated disruption of group functioning or becomes known to authority figures other than classroom teacher (e.g., principal) because of severity and/or chronicity</td>
<td>Moderate</td>
</tr>
<tr>
<td>023 Inappropriate behavior results in teacher or immediate supervisor bringing attention to problems or structuring youth's activities so as to avoid predictable difficulties, more than other youth</td>
<td>Mild</td>
</tr>
<tr>
<td><strong>Home</strong></td>
<td></td>
</tr>
<tr>
<td>051 Persistent failure to comply with reasonable rules and expectations within the home (e.g., bedtime, curfew); active defiance much of the time (Q2), if youth is not in the home, youth fails to comply with rules and expectations unless close monitoring/supervision is maintained</td>
<td>Moderate</td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td></td>
</tr>
<tr>
<td>004 Youth does not negatively impact the community</td>
<td>Minimal or No</td>
</tr>
<tr>
<td><strong>Behavior Toward Others</strong></td>
<td></td>
</tr>
<tr>
<td>094 Inappropriate sexual behavior in the presence of others or directed toward others</td>
<td>Moderate</td>
</tr>
<tr>
<td><strong>Moods / Emotions</strong></td>
<td></td>
</tr>
</tbody>
</table>

STAGING

10/8/2012
Rhonda Couch
## CAFAS In Ontario Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Contact Information</th>
<th>Main Contact For:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Melanie Barwick</td>
<td>Lead</td>
<td>Tel: (416) 813-1085, Fax: (416) 813-7258, <a href="mailto:melanie.barwick@sickkids.ca">melanie.barwick@sickkids.ca</a></td>
<td>Implementation and provincial implications</td>
</tr>
<tr>
<td>Rhonda Couch</td>
<td>Education/Community Liaison</td>
<td>Tel: (416) 813-7654 ext. 1-2336, Fax: (416) 813-7258, <a href="mailto:rhonda.couch@sickkids.ca">rhonda.couch@sickkids.ca</a></td>
<td>Professional education, training, site visits, communities of practice, CAFAS queries (rules, subscales, etc.), best practices, wiki</td>
</tr>
<tr>
<td>Cristina Vlad</td>
<td>Data Analyst</td>
<td>Tel: (416) 813-7654 ext. 1-2823, Fax: (416) 813-7258, <a href="mailto:cristina.vlad@sickkids.ca">cristina.vlad@sickkids.ca</a></td>
<td>All data report queries and requests, software tech support, website, wiki</td>
</tr>
<tr>
<td>Rodica Balaci</td>
<td>Data Analyst</td>
<td>Tel: (416) 813-7654 ext. 1-2023, Fax: (416) 813-7258, <a href="mailto:rodica.balaci@sickkids.ca">rodica.balaci@sickkids.ca</a></td>
<td>Quarterly reports, CAFAS wiki</td>
</tr>
<tr>
<td>Karen Fornell</td>
<td>Administrative Coordinator</td>
<td>Tel: (416) 813-7168, Fax: (416) 813-7258, <a href="mailto:karen.fornell@sickkids.ca">karen.fornell@sickkids.ca</a></td>
<td>Training requests and scheduling, booster scheduling</td>
</tr>
</tbody>
</table>
More information

www.cafasinontario.ca


2012: Vendor is Multi Health Systems
www.mhs.com/CAFAS