

This tip sheet is for informational purposes only. It does not replace any certified training provided by the authors of the CAFAS.

CAFAS: Child and Adolescent Functional Assessment Scale

CAFAS DEFINED (*What is the CAFAS?*)

- The CAFAS is a professionally-rated measurement tool designed to *assess the level of functioning* in children and adolescents with emotional, behavioral, or substance use symptoms or disorders (Hodges, 1990).
- The Care Coordinator rates the CAFAS based on his/her knowledge (and documentation) of the youth's functioning every 3 months. This information is recorded in Care Manager.
- It is useful for measuring progress and for directing care coordination activities (I.e., helps professionals link the youth/family to resources, and assess changes in the youth over time).

CAFAS SUBSCALES (*What does it measure?*)

- ✓ The CAFAS provides a quick visual profile of 8 areas (referred to as subscales) across settings and covers significant life domains, which include:

School/work

Home

Community

Substance use

Behavior toward others

Thinking problems

Self-harmful behavior

Moods/Emotions

- ✓ Each of the above subscales has an accompanying set of strengths and goals. They are designed to assist with the development of a "*strengths-based and outcome-driven*" plan of care.

RATING SUBSCALES (*How is the CAFAS measured?*)

Each subscale is rated by a number value indicating the level of impairment:

- **Minimal or no impairment:** no disruption of functioning (**0**);
- **Mild impairment:** significant problem or distress (**10**);
- **Moderate impairment:** major or persistent disruption (**20**), and
- **Severe impairment:** severe disruption or incapacitation (**30**).

The 8 subscales are added together to a total score, generating a *CAFAS profile* that can be used for case reviews.

Also, there are 2 ADDITIONAL subscale areas that apply to the parent/caregiver

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environment rather than the youth. These subscales are **Material Needs** and **Family/Social Support** and are *not included in the total CAFAS* for the youth. Instead, they are intended to rate the caregiver on their ability to provide for the youth's *material & emotional needs*.

CAFAS PRIMARY USES:

- Tracks clinical outcomes for individual clients
- Assigns cases to appropriate levels of care
- Helps to generate a guided, strengths-based plan of care
- Involves active care coordination, using ongoing information reflective of results
- Communicates with caregivers and other members of the CFT about the youth's needs
- Maintains clinical documentation which can withstand audits
- Evaluates program effectiveness

HOW DOES THE CAFAS RELATE TO MY WORK AS A VENDOR?

(Why is it important to me and my work?)

- ✓ Vendors should be notified and present at any Child & Family Team Meeting (CFT) so that information regarding CAFAS impairment levels is shared with all team members present. Ask your Care Coordinator for the CFT schedule.
- ✓ Your planned actions are based on CAFAS subscales and impairment levels.
- ✓ You need to know how the service you are contracted to provide is linked to which subscale.
- ✓ *Always* ask your Care Coordinator which subscale you are working on and why. (This will guide your daily work with the youth and family.) *If you don't know why your service is needed, how can you know how to help and that you are indeed helping?*
- ✓ *Always* print a copy of the "Plan of Care" and "Safety Plan" from Care Manager. If you cannot access these documents or do not know how to, ask your Supervisor or request mailed copies from the Care Coordinator. (These documents are essential for you daily work.)