Northstar Care for Children Uniform Assessment

December 1, 2015



Minnesota Assessment of Parenting for Children and Youth Youth Domains (Ages 13 and older, not EFC-SIL)

Assessment Information YOUTH'S NAME _____ Date of BIRTH _____ CAREGIVER'S NAME _____ Date of PLACEMENT _____ ASSESSMENT Date _____ EFFECTIVE Date _____ Date Assessor REQUESTED APPROVAL _____ APPROVAL Date _____ **Contact Information** LEGALLY RESPONSIBLE AGENCY FINANCIALLY RESPONSIBLE AGENCY _____ **Assessor Information (person completing the MAPCY)** Name of Assessor _____ Assessor phone (e.g. 651-000-0000) Assessor consulted with the following to complete the assessment:

YOUTH DOMAINS - MAPCY



Minnesota Assessment of Parenting for Children and Youth

YOUTH DOMAIN A: Placement Experience

Scope: This domain measures the actions and efforts of a caregiver to provide a stable family for a youth, providing for a youth's basic needs, making a youth part of the family, and improving a caregivers' parenting skills. This domain considers the number of foster homes, residential facilities, shelters, group homes or correctional facilities a youth has been placed in while receiving mental health, juvenile justice, developmental disabilities or child welfare services. Placement does not include paid services provided to a youth, nor does it consider camp, informal family arrangements, or respite as a placement.

Focus: Because a youth came to the caregivers' family, through the child welfare system, they have been removed from their family and need their basic needs met as well as a sense of stability and home.

Parenting: For all youth, entering foster care disrupts daily life, home and family relationships. Youth who have experienced placement instability or re-entry need caregivers who commit to the additional support, reassurance and understanding of the traumatic effect multiple moves have on a youth's development, ability to trust, and future family relationships. In this domain, parenting is about providing a stable home with long-term family relationships.

Special points: There are no special points available in this domain.

A. Youth's Needs CHECK ONE

| a. During their lifetime a youth has been placed in two or fewer foster family or facility placements. |
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| b. During their lifetime a youth experienced one or more: 1. Has been placed in three to five foster families or facility placements, or 2. Has re-entered foster care after reunification or trial home visit. |
| c. During their lifetime a youth has experienced one or more of these needs: 1. Has been placed in six to eight foster families or facility placements, 2. Has experienced a disrupted pre-adoptive placement, or 3. Has reentered foster care after adoption or court ordered relative custody arrangement. |
| d. During their lifetime a youth experienced one or more of these needs: 1. Has been placed in nine or more foster families or facility placements, or 2. Has experienced a legally dissolved adoption or court ordered relative custody arrangement. |

| Expla | ain if you selected a youth needs rating of d: |
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| | Parenting Care and Attention giver(s): CHECK ALL THAT APPLY |
| | 1. Supports a youth's needs in their home, consistent with the care parents provide, including: food, clothing, shelter, school supplies and personal incidentals. (Basic) |
| | 2. Advocate or seek appropriate services and supports for youth. (Basic) |
| | 3. Demonstrates a capacity to make adjustments in the home and parenting style to address youth's needs and interests, and to include them in family chores and recreation. (Basic) |
| | 4. Engages with youth to make sense of their past by contacting and supporting relationships with people from the youth's past, and other activities that would help them understand important events in their life. (For foster youth, this requires approval by the county or tribal agency responsible for placement). (Significant) |
| | 5. Seek and attend meetings or trainings to improve the quality of parental care, including training specific to a youth's individual needs and/or regularly attends supports groups that focus on caregiver's needs. (Significant) |
| | 6. Supports family stability by seeking and participating in community or cultural services. (Significant) |
| | 7. Accepts a youth returning to their home after trial home visit or reunification with parent or relative that was unsuccessful or after running away from the caregiver's home for more than 72 hours. Youth is returning to the same caregiver that previously cared for them. (Significant) |
| | 8. Accepts a youth attending post-secondary school in their home during school breaks, and maintains contact with them during the school year when they are not in their home. Youth is returning to the same caregiver that previously cared for them. (Significant) |
| | 9. Accepts youth returning to their home: x After more than 30 days of hospitalization. Caregiver engaged with youth and visited during the |
| | hospitalization to develop a relationship and learn about the youth's needs, or x After trial home visit or reunification with parent or relative that included a youth experiencing physica abuse, sexual abuse or neglect. Youth is returning to the same caregiver that previously cared for them. (Extensive) |
| | 10. Accepts youth returning to their home after a pre-adoptive or pre-kinship placement disrupted. Youth is returning to the same caregiver that previously cared for them. (Extensive) |
| | 11. Accepts youth returning to their home after a short stay (72 hours to 59 days) in residential treatment, or residential or correctional program or hospitalization. Caregiver remained engaged with youth during treatment, and youth is returning to the same caregiver(s) that previously cared for them. (Extensive) |
| | 12. Accepts youth who requests to return to foster care after living independently. (Extensive) |
| | 13. Signed an adoptive or kinship placement agreement, accepted legal transfer of physical custody, or finalized adoption of youth who was age 12 or older at the time the family committed to permanency. (Exceptional) |

| | 14. Accepts youth returning to their home after a legally dissolved adoption. Youth is returning to the same caregiver that previously cared for them prior to the adoption. (Exceptional) |
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| | 15. Accepts youth returning to their home after 60 days or more in residential treatment, or other residential or correctional program or hospitalization. Caregiver(s) remained engaged with youth during treatment and they are returning to the same caregiver(s) that previously cared for them. (Extensive & Exceptional) 9 16. None of the above indicators apply to caregiver's parental care and attention. (None) |
| Expla | ain if you selected parenting indicators of Extensive or Exceptional: |
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| YC | OUTH DOMAIN B: Dynamics in the Caregiver's Home |
| home | ope: This domain measures the parental attention to meet the needs of all children/youth living in a caregiver's e. This domain supports positive interactions in a caregiver's family, but does not include relationships with ngs who are not living together in a caregiver's home (Domain E), or paid services provided by the caregiver(s). |
| the a | cus: Because a youth came to a caregiver's family through the child welfare system, parental care must recognize additional complexity and safety concerns that caring for a sibling group or an unrelated group of children/youth gs to the caregiver's home. |
| intera abou phys | enting: All youth need a parent-child relationship that includes individual parental attention, positive family actions, and healthy relationships with their siblings or other children in the home. In this domain, parenting is ut nurturing a youth's connection to their caregiver(s), and to the people living in the caregiver's home. Parents sically and emotionally care for children/youth in their home, providing individual attention to each one, and uring that interactions among children/youth in the home are safe and healthy. |
| Spe | cial points: There are no special points available in this domain. |
| B. Y | outh's Needs CHECK ONE |
| | a. Youth is the only youth living in the home. |
| | b. Youth is placed with one sibling, and/or caregiver is parenting other children/youth in the home. |
| | c. Youth is placed with two siblings and a caregiver is parenting other children/youth in the home. |
| | d. Youth is placed with three or more siblings and caregiver is parenting other children/youth in the home, or youth is a minor parent placed with their child in caregiver's home. |
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| Expla | ain if you selected a youth needs rating of d: |
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| | arenting Care and Attention giver(s): CHECK ALL THAT APPLY |
| | 1. Supports youth to develop healthy sibling relationships in the home. Parenting helps children resolve everyday disputes and promotes a sense of belonging. Caregivers pay attention to relationships and interactions among family members in the home. (Basic) |
| | 2. Is able to provide parental attention in the home to meet a youth's individual needs. (Basic) |
| | 3. Considers the difficult or intense interaction among children/youth in the home and adjusts parental attention to support healthy interactions. (Significant) |
| | 4. Through the development of an affirming and respectful relationship with parenting youth, caregivers will listen, support, problem-solve and link parenting youth to appropriate resources. Supporting parenting youth to take responsibility for parenting and positivity coaching them to learn how to parent their child. (Significant) |
| | 5. Identify interactions in the home that include physical conflicts among children/youth living in the home and makes adjustments to parental attention in order to safely maintain and teach healthy family interactions. (Extensive) |
| | 6. Identify dangerous interactions among children/youth in the home that are a safety risk. A mental health or social service professional has identified the safety risk and developed a written safety plan the caregivers follows to provide daily routine with intense parental attention to ensure safe sibling interaction among children/youth in the home and when they are in the community. (Exceptional) |
| | 7. None of the above indicators apply to caregiver's parental care and attention. (None) |
| fami inclu | th receives services that provide the caregiver with relief from parenting duties while ly/friends or other professional services care for a youth's needs. These parental relief services ude respite, personal care attendant (PCA) services, in-home nursing, waivered service provider ther designated service provider. |
| 2 | egiver: x Arranges and engages with additional adults or service providers for a youth to receive these services, or x Provides services as a designated waiver service provider or other professional for a period of time in the home. |
| Yout | th receives services that provide relief from parental care duties for: |
| CHE | CK ONE |
| | 11. Seven hours or less a week, and up to one respite weekend a month, or no relief is available due to any reason including the following: youth is not be eligible for services; youth is eligible for services but caregiver cannot access service providers; or family/friends do not provide substitute care. (Basic) |

| | 12. Eight or more hours a week, up to and including 14 hours a week, in addition to one respite weekend a month. (Significant) |
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| | 13. Fifteen or more hours a week, up to and including 28 hours a week, in addition to one respite weekend a month. (Extensive) |
| | 14. Twenty-nine hours or more a week, in addition to one respite weekend a month. (Exceptional) |
| Expla | ain if you selected parenting indicators of Extensive or Exceptional: |

YOUTH DOMAIN C: Supervision, Guidance and Structure

Scope: This domain measures the supervision, guidance and structure provided by a caregiver. This includes supervision provided in a caregiver's home or in the community for a youth. This domain does not include adapting parenting to meet the needs of siblings in the home (Domain B), supervising family visits in the caregiver's home (Domain E), or adapting to a youth's culture (Domain F).

Focus: Because a youth came to a caregiver's family through the child welfare system, it is vital that a caregiver's guidance promote communication and skill-building while teaching and reinforcing appropriate behavior. This domain will not provide an exclusive list of all youth's needs or behaviors.

Parenting: All youth need to learn how to interact with others, learn cultural norms, and learn how to behave appropriately, including developing self-control and problem-solving skills. All youth need opportunities to build skills in the community and at home with age appropriate independence. In this domain, parenting is about providing structure and guidance using the parenting practices and beliefs of the caregiver's culture while taking into consideration a youth's culture to support the development of a youth's skills, and ensure the safety of a youth in the community, with peers and at home.

Special points: Special points in this domain are based on the interaction of the level of parenting indicated in this domain with the level of youth's needs as determined in Domain D: Mental Health, Physical Health & Development. Higher needs in that domain will make supervision, guidance, and structure more complicated and therefore get extra points.

| C. Y | outh | 's Needs CHECK ONE | |
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| | a. Youth usually follows the rules and expectations, accepts guidance and adjusts to new situations. Youth does not use alcohol or other drugs, and avoids peer/social activities involving alcohol or drugs or chooses not to use substances despite peer pressure/opportunities to do so. | | |
| | b. Me | eets one or both of these two needs: | |
| | X | Youth shows occasional challenging or difficult behaviors but age appropriate at home and in the community. | |
| | Х | Youth does not use alcohol or other drugs, but may have experimented; there is no indication of sustained use. Youth does not demonstrate current problems related to substance use. | |
| | | eets one or both of these two needs: x Youth's daily behaviors or conditions restrict (prevents) them from cipating in age appropriate activities in the home or community. | |
| | X | Youth's use of alcohol or other drugs results in disruptive behaviors and discord in school/community/family/work relationships. Use may have broadened to include multiple drugs. | |
| | d. Me | eets one or both of these two needs: | |
| | Х | Youth's daily behaviors or conditions severely limits their functioning and affects their safety and other's safety. | |
| | Х | Chronic alcohol or other drug use results in severe disruption of functioning, such as loss of relationships, job, school suspension/expulsion, problems with the law, and /or physical harm to self or others. Use may require medical intervention to detoxify. | |
| Expla | ain if y | ou selected a youth needs rating of d: | |
| | | ting Care and Attention s): CHECK ALL THAT APPLY | |
| | | ovides developmentally appropriate guidance, supervision, discipline. Sets limits to keep youth safe and them learn to behave appropriately at home, with peers, using technology and in the community. (Basic) | |
| | or en | ovides guidance and supervision to the structure of youth's daily activities, considering disruptive behavior notional reactions that are not typical for youth, and adapts their parenting and activities to safely manage vior in their home, with peers, or the community. (Significant) | |
| | youth have | ovides extra attention for youth's difficulty interactions with peers or pets. Caregiver can define how the n's interactions with peers are difficult and/or are unsafe with pets, and how their parenting supports youth to safe and healthy peer relationships with others in the community, and safe interactions with pets. ifficant) | |
| | | ecently completed specialized training on specific parenting strategies and structure in the home used to age youth's behaviors. (Significant) | |
| | their | ovides youth ages 18 to 21 with appropriate independence and support that allows them flexibility to make own choices, while providing guidance needed to maintain household routine and mutual respect. ifficant) | |
| | | ilizes alarms on the doors/windows, visual monitors or other safety devices required to ensure the safety of and others in the home and community. (Extensive) | |
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| 7. Meets three or more times a month with a culturally appropriate behavioral or mental health professional corrections officer to adapt their parenting to implement a specific plan of supervision, guidance and structureduce or safely manage youth's disruptive behavior(s) in the home and community. (Extensive) | |
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| 8. Provides individual care and attention for a youth who has either: x Frequent episodes of intense distress typical for their age, or x A serious medical condition, illness, disability or complex medical needs. (Extensive | |
| 9. A youth has constant adult supervision to assure their safety, and the safety of others in the home and community. (Extensive) | |
| 10. Provides one-to-one supervision of youth or is responsible to ensure another adult provides one-to-one supervision in the home and community. Youth cannot be left alone in any room of in caregiver's home with responsible adult present due to: emotional functioning that is assessed to be a danger to self or others, or to a medical condition requiring continuous supervision for a specific life-threating condition or behavior. (Exceptional) | |
| 11. None of the above indicators apply to caregiver's parental care and attention. (None) Explain if you selected parenting indicators of Extensive or Exceptional: | cted |
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YOUTH DOMAIN D: Mental Health, Physical Health and Development

Scope: This domain measures a youth's physical, cognitive, emotional and social development, including physical health needs; and measures parenting provided that is not typical for a child's age. This domain includes caregiver efforts to ensure that a youth receives medical care. This domain is not about parental activities that are typical for a youth's age. It does not include medical or other paid services provided by the caregiver(s) as a professional, arranging service in the home such as personal care attendant services (PCA) (Domain B), transportation for medical services (Medical Assistance), or educational programs (Domain G).

Focus: Many youth receiving child welfare services have a mental health diagnosis, physical health needs, identified developmental delays, and physical health needs which require the efforts of caregivers to ensure they receive medical services. In addition, youth need additional support to develop independent living skills, set life goals, and achieve adolescent milestones. This domain considers the additional parental care needed to support and improve a youth's current functioning in the home and community, while promoting a youth's physical health and development.

Parenting: All youth need a safe, nurturing home, where they can grow, meet developmental and cultural coming-ofage milestones, develop independent and interdependent living skills, and family relationships with caregiver(s) that they can count on to provide for their needs and maintain family ties when the youth is an adult. All youth need medical check-ups, immunizations; dental care, vision care, and care when they are sick, injured or have a chronic illness. Youth need to be involved in their health care, have information shared with them, including sexual health information.

In this domain, parents demonstrate and promote healthy emotional development, build trust, teach coping skills, support youth to develop healthy relationships, and request professional help when youth shows signs of emotional/behavioral needs beyond parents' care. All parents provide medication (over-the-counter or prescription) and maintain a youth's health and development records. Caregivers challenge and support youth to develop skills needed to transition to adulthood, such as obtaining employment, getting a driver's license, money management and career planning. Caregivers use their culture and community as the context for their parenting and household routine.

Special points: Special points can be based on the quantity of indicators that support the levels of parenting or they can represent demanding levels of parenting accomplished with less support and parenting relief as indicated in Domain B: Dynamics in the Caregiver's Home indicators 11-14.

| Youth's E I CK ONE | motional/Behavioral Needs |
|------------------------------|--|
| a. Displays | a pattern of one or both of the following: |
| Х | Strong emotional/coping skills and positive behavior management in dealing with crises and trauma, disappointment and daily challenges. Youth is able to develop and maintain trusting relationships. Youth is also able to identify the need for, seek and accept guidance. |
| Х | There is no indication of criminal/ delinquent behavior. |
| b. Displays | a pattern of one or both of the following: |
| Х | Developmentally appropriate emotional/coping responses that may slightly interfere with family or community functioning. Youth may demonstrate some anxiety, attention, depression, or withdrawal symptoms, but maintains situational appropriate emotional and behavior control. |
| Х | If involved in delinquent behavior, probation has been successfully completed, or is actively engaged in probation and there has not been no criminal behavior in the past two years. |
| c. Displays | a pattern of one or both of the following: |
| Х | Difficulties in coping with situational stress, crisis or problems that frequently impair their functioning in home or in the community. Youth displays frequent behaviors or mental health symptoms or behaviors that are atypical for the adolescent developmental stage and are not believed to be due to medical problems. These include but are not limited to eating/sleep problems, toileting problems (e.g. encopresis, enuresis) depression, inappropriate sexual behavior, self-injury, or mood disorders, running away, somatic complaints, hostile behaviors (biting, fighting, severe tantrums), sustained attachment issues or apathy. |
| Х | Youth has engaged in occasional, nonviolent delinquent behavior and may have been placed on probation within the past two years. |
| d. Displays | an established history of one or both of the following: |
| Х | One or more areas of functioning is currently severely impaired due to chronic/severe mental health symptoms or behaviors that are a risk to self or others, such as fire-setting, suicidal (lifethreatening), or violent behavior towards people and/or animals, including sexually dangerous. |
| х У | outh has been involved in violent or repeated serious nonviolent delinquent behaviors resulting in legal consequences, such as incarceration or probation. |
| Youth's P I CK ONE | hysical Health Needs |
| | rates general good health and has no known health care needs. Receives medical care as needed and preventive medical/dental/vision care, including immunizations. |
| b. Has diag | nosed health problems or disabilities that can be addressed with minimal interventions that typically |

require no formal training, or a health problem that is stabilized with treatment.

| | c. Has a chronic condition, illness and/or physical disability that limits some activities. A condition requires regular professional medical services, professional and routine interventions that may be provided by caregiver after minimal instruction. |
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| | d. Has a serious health condition, illness or disability that severely limits their daily functioning. The condition requires professional monitoring and extensive medical services, and care is provided by a professional and/or caregiver who has received substantial instruction. |
| D3 | Youth's Developmental Needs |
| | CK ONE |
| | a. Motor, language, cognitive and social/emotional skills that are above what is considered for their chronological age-level. |
| | b. Motor, language, cognitive and social/emotional skills that are consistent with chronological age-level expectations. |
| | c. Motor, language, cognitive and social/emotional skills are delayed for most chronological age-level expectations. Youth has minor developmental delay or autistic behaviors. This includes: Gross or fine motor, language, social and cognitive skills and minor autistic-like behaviors. |
| | d. Motor, language, cognitive and social/emotional skills are two or more age levels behind chronological agelevel expectations. This includes: Gross or fine motor, language, cognitive and social/emotional skills, severe autistic behaviors. These major developmental delays impact a youth's ability to perform all, or nearly all, daily living tasks in the home consistent with their age. |
| Expl | ain if you selected a youth needs rating of d: |
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| | Parenting Care and Attention egiver(s): CHECK ALL THAT APPLY |
| | 1. Provides a loving, nurturing home, and respects youth's culture and experiences, encourages family communication in the home and provides guidance to help youth develop healthy peer friendships. (Basic) |
| | 2. Is aware of youth's emotions, takes the time to help talk about their feelings, while respecting culture and experiences. (Basic) |
| | 3. Coordinates and participates in medical appointments for routine care, including dental and vision appointments for youth. When sick, caregiver provides care and needed medication, and shares developmentally appropriate health information with youth. (Basic) |
| | 4. Maintains a written record of youth's medical history and ensures they have has medical coverage. (Basic) |
| | 5. Pays attention to youth's skills, tracks progress and helps them learn to cook, do laundry, manage money, obtain a job and other activities that meet adolescent developmental milestones and prepare youth for the transition to adulthood. (Basic) |
| | 6. Applies various parenting strategies and ensures daily activities in the home and community to support youth |

| 7. Monitors and supervises youth's on-going medication for medical or mental health needs. This includes monitoring behavioral and physical effects of medication, ensuring the youth receives the professional oversight necessary for the medication. (Significant) |
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| 8. Provides or joins youth with in-home exercises, treatments or activities directed and designed by a licensed medical or behavioral professional to be done daily or several times a week to improve a youth's physical and/or developmental delays. (Significant) |
| 9. Puts into action Casey Life Skills Independent Living Scale or other assessment tools that measure youth's development and progress in independent living skills and works toward specific skill development. (Significant) |
| 10. Is required to complete training from a medical professional to provide specific medical treatments and monitor medical equipment in the home for youth's care. (Extensive) |
| 11. Supports youth's mental health needs by participating in on-going family therapy, or meeting with a culturally appropriate mental health professional to improve caregiver's family communication. Caregiver puts into action specific parental strategies in the home, which are directed by a culturally appropriate mental health professional. (Extensive) |
| 12. Puts into action in the home a specific continuing care plan for youth's medical care and/or developmental needs designed by a physician or other qualified medical, mental health or behavioral professional. The plan includes monitoring specific health concerns or developmental lags, monitoring and supervising medication and reporting progress to a health professional. This may include care for youth being treated for encopresis or enuresis. (Extensive) |
| 13. Takes youth to medical and/or therapy appointments outside the home several times a month, possibly doing some or all of the scheduling. Requiring more than 12 hours of the caregiver's time each month to take the youth and attend the appointments. (Extensive) |
| 14. Actively participates with in-home professional services several times a month. Caregiver is present during the service and engaged with the professional and youth. Requires more than 16 hours of the caregiver's time each month. (Extensive) |
| 15. Provides substantial daily basic care assistance that is not typical for a youth, such as feeding, diapering, bathing and mobility assistance. (Extensive) |
| 16. Provides on-going round trip transportation, 16 or more times a month, to help youth hold a job, or participate in other activities that prepares them for the transition to adulthood. (Extensive) |
| 17. Transforms parenting to safely manage youth's complex behaviors or conditions that are a safety risk to self or others. This requires caregiver to have knowledge about youth's medical or mental health needs, adjust their parenting to meet individual health needs, and utilize community medical and mental health services to safely care for youth in the home. (Exceptional) |
| 18. Provides all basic care that is not typical for a youth, such as feeding, diapering, bathing and mobility assistance. (Exceptional) |
| 19. None of the above indicators apply to caregiver's parental care and attention. (None) Explain if you selected parenting indicators of Extensive or Exceptional: |
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YOUTH DOMAIN E: Preserving Connections

Scope: This domain measures youth's contact and connections with their birth parents, legal parents, guardians, siblings, relatives and kin that they do not live with. This domain is not about the relationships with others in the caregiver's home (Domain B). In this domain, contact is any type of communication, but visitation is face to face.

Focus: Because a youth came to the caregiver's family through the child welfare system, they have family that is distinct. It is in their best interest to preserve these relationships, unless doing so would be detrimental.

Parenting: All youth benefit from preserved connections with relatives and others who do not live in the same home. In this domain, parenting is about nurturing a youth's connection with parents, siblings who do not live in the caregiver's home, relatives and kin. Maintaining family connections has life-long significance for a youth; it preserves family and medical history, identity, and cultural information.

Special points: Special points in this domain and Domain F: Developing Identity are based on the quantity of indicators that support the levels of parenting in both domains.

| E. Y | outh's Needs CHECK ONE |
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| | a. Has supportive relationships, positive interactions with parents, siblings, relatives or kin. |
| | b. Has positive interactions with parents, siblings, relatives or kin, despite some lapses of contact with family; or youth has no contact with parents, siblings, relatives or kin. |
| | c. Visits parents, siblings, relatives or kin, but these visits are difficult for them. Youth's experiences have significantly affected their interactions with parents, siblings, relatives or kin. |
| | d. Visits parents, siblings, relatives or kin, but these visits are traumatic for them. These experiences have severely impeded their sense of safety and security. |
| Expla | ain if you selected a youth needs rating of d: |
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| | arenting Care and Attention egiver(s): CHECK ALL THAT APPLY |
| | 1. Supports family and/or sibling visits or contacts, helps youth prepare for visits, and helps them with any reactions. (Basic) |
| | 2. Shares information about youth with parents, siblings or other relatives to maintain the parental responsibilities or to preserve connections. (Basic) |

| 3. Respects and values youth's connections to parents or relatives when visits or contact are infrequent, unpredictable, or do not occur. Caregiver shares information with the youth about their family to preserve connections and family history. (Basic) | |
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| 4. Helps youth with their reactions to visits or canceled visits that impact their temperament for more than a hour period. (Significant) | 24- |
| 5. Notifies the youth's parents or other relatives of medical appointments, and invites them to school or community activities. (Significant) | |
| 6. Welcomes youth's parent(s), siblings, or other relatives into their home to preserve or strengthen their attachment and involve them in the youth's care and activities. (Significant) | |
| 7. Formally mentors or participates in therapy with youth's parent(s), prospective adoptive parents or relative custodians, having contact with them several times a week. (Extensive) |) |
| 8. Is responsible to supervise regular face-to-face visits with youth's parents or other adult relatives per cour order, case plan or contact agreement. (Extensive) | t |
| 9. Actively assists youth with unusually intense reactions related to regular visitation. (Extensive) | |
| 10. Drives or goes with youth to visit parent(s), siblings, relatives or kin more than 16 times a month. (Extens | sive) |
| 11. Drives one hundred miles or more every month for youth to visit with parents, siblings, relatives or kin. (Extensive) | |
| 12. Contact with the youth's parents or other relatives is complex and difficult, but caregiver(s) safely maintain relationship and contact with youth's family by exercising sound judgment. (Exceptional) 9 13. None of the above indicators apply to caregiver's parental care and attention. (None) Explain if you selected parenting indicators of Extensive or Exceptional: | |
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YOUTH DOMAIN F: Developing Identity

Scope: This domain measures youth's developing identity and social connections that sustain and strengthen their well-being and efforts of the caregivers to connect a youth with relationships and community resources that develop and preserve their identity and culture. Identity is defined as a sense of who one is and a sense of belonging or membership to a cultural group or multiple groups. A youth's identity and sense of self is developed with reference to their birth and extended family, peers, social and culture influences, religion, gender, community and law, media (including social media) and other factors.

Culture is the shared beliefs, customs, practices and social behavior of a particular group; this would include a youth's ethnicity and race, faith/spirituality, socio-economic factors, sexual identity, families' traditions and social identity. Practices, customs and social behaviors include language, milestones, food, celebrations, clothing, strengths and history, norms of behavior, and child-rearing practices. Youth's culture includes their birth family's culture, and is not limited to identification with a minority culture; it may refer to the prominent culture. Community consists of people,

formal organizations and informal groups of people, or location(s), or social media groups with which a youth feels a sense of membership, fulfillment of need or shared connection.

Youth's developing identity, their connection to others and how they feel about it influences behavior, cognitive and emotional outcomes including academic achievement, levels of happiness, anxiety, social integration, self-esteem and over-all well-being.

Focus: Because a youth came to the caregiver's family through the child welfare system, the youth's developing identity is influenced by their past and all cultural connections must be considered and honored. This domain is not specifically about preserving family connections (Domain E) or supervision needs (Domain C), but considers the efforts of the caregiver(s) to preserve and support a youth's growing identity and well-being.

Parenting: All youth need relationships and social connections to develop their identity, including their ability to successfully integrate and synthesize their life experiences into their identity. In this domain, parenting is about initiating conversations, demonstrating and ensuring a youth has relationships in the family and community that help a youth develop their identity and positive self-image. A caregiver's leadership and acceptance of responsibility encourages a youth's development in this area. Without parental support, a youth is likely to show less interest in, or make less effective use of, supports and resources to develop an authentic, healthy identity.

Special points: Special points in this domain and Domain E: Preserving Connections are based on the quantity of indicators that support the levels of parenting in both domains.

F. Youth's Needs CHECK ONE

| | a. Reflects a strong sense of identity and demonstrates a positive self-image. They can talk about their connection and familiarity with their cultural customs and practices. Socializing with others connected with the community is a source of comfort and strength. | ıe |
|--|--|-------|
| | b. Reflects typical, age-appropriate identity development, and is comfortable with cultural customs and pract and is socializing with others connected to a community. | ices, |
| | c. Reflects a conflicted identity or a poor self-image that is atypical for their age, adversely affecting their interior in developing familiarity with cultural customs or practices, and with others connected with their community. | erest |
| | d. Reflects a damaged identity or absence of an identity that contributes to self-destructive behaviors or relationships. A youth's damaged self-image is evident in their current social behaviors that currently seeks damage or disengage relationships. | iΟ |
| Explain if you selected a youth needs rating of d: | | |
| | | |

| Care | giver(s): CHECK ALL THAT APPLY |
|------|---|
| | 1. Demonstrates respect for youth's identity and their community. Caregiver makes efforts to increase cultural awareness, and takes the responsibility to show and teach youth about their family history, including their birth family's culture and community. Ensures youth has items and information needed to maintain skin and hair care. (Basic) |
| | 2. Demonstrates awareness and makes efforts to keep youth emotionally and physically safe from intolerance in the home and community. (Basic) |
| | 3. Provides a home environment for youth with food, language, clothing, and community activities that support youth developing a positive self-image and authentic, healthy identity. (Significant) |
| | 4. Has established significant, ongoing positive relationships with individuals or other families who are willing to mentor youth's developing individual identity. Caregiver can identify specific people, and their deliberate, recognizable actions with youth established for this purpose. (Significant) |
| | 5. Demonstrates and mentors youth to develop skills to safely negotiate difficulties in diverse settings at school, in the neighborhood, within social network communities and in public. (Extensive) |
| | 6. Regularly coordinates, attends or hosts cultural community events to help youth establish, develop and maintain connections to their culture that builds their identity. Caregiver can identify the frequency of specific events and how they support youth's identity development. (Extensive) |
| | 7. Drives 200 or more miles each month for youth to attend events to make or keep connections with their culture and community. (Extensive) |
| | 8. Helps youth repair and build their damaged identity. Caregiver can list the substantial, deliberate parenting actions they take to nurture youth's pride in their identity and involvement in group activities that build a positive self-image. (Extensive) (This indicator is valid only when paired with need d) |
| | 9. Transformed their daily life to include youth's individual identity and community into caregiver's daily life. Caregiver and family have made permanent major life changes to commit to youth's identity and community, such as joining a new faith community, moving to a new home, or changing schools. (Exceptional) |
| | 10. None of the above indicators apply to caregiver's parental care and attention. (None) Explain if you selected parenting indicators of Extensive or Exceptional: |
| | |

F. Parenting Care and Attention

YOUTH DOMAIN G: Education

Scope: This domain measures the parental care needed in a caregiver's home to support learning and educational success, and considers activities that a youth participates in that are typical for their age. This domain is not about the educational services provided by the school system or a caregiver who decides to home-school a youth.

Focus: Because a youth came to the caregiver's family through the child welfare system, educational stability is very important for their future. Parental care would also encourage a youth's involvement in typical childhood activities.

Parenting: All youth need to learn, develop school readiness skills, attend school, have education supported at home, and participate in typical childhood activities available in their school or community. In this domain, parenting is about supporting a youth's education by encouraging learning, providing school supplies, prompting school attendance, communicating with teachers and other education professionals, and reinforcing homework completion. Caregivers promote school, sports, art or community activities because those activities help youth develop social skills, build and maintain healthy peer relationships, and promote emotional and physical development.

Special points: Special points in this domain are based on the support by the caregiver(s) for extra activities in which a youth participates.

| G. Youth's Needs CHECK ONE | | |
|----------------------------|--|--|
| | a. Is working above appropriate grade level, or exceeds expectations of their special education individual education plan (IEP). | |
| | b. Is working at appropriate grade level, or meets expectations of their special education IEP. | |
| | c. Is working below appropriate grade level in at least one, but not more than half of academic subject areas, and/or struggles to meet expectations of their special education IEP. | |
| | d. Is working below grade level in more than half of academic subject areas, and/or does not meet expectations of their special education IEP. | |
| Expla | ain if you selected a youth needs rating of d: | |
| G. P | Parenting Care and Attention | |
| | giver(s): CHECK ALL THAT APPLY | |
| | 1. Ensures youth's school enrollment and attendance, provides school supplies, supports them to complete homework, and attends school meetings. (Basic) | |
| | 2. Supports youth's educational and vocational interests, and actively promotes post-secondary planning in the home. (Basic) | |
| | 3. Attends youth's school conferences/meetings, and communicates with teachers and other education professionals. (Basic) | |
| | 4. Is involved in daily communication with youth's teachers or other school staff. (Significant) | |
| | 5. Has a specific responsibility in youth's IEP, such as the plan defines caregiver as picking up youth early from school in response to a certain set of behaviors. (Significant) | |
| | 6. Involved daily with youth and their homework during the school year supporting youth's efforts with direct supervision and attentive positive reinforcement. (Significant) | |
| | 7. Attends youth's school conferences or other related school meetings in a school that is farther away than caregiver's local school district to ensure staff is aware of youth's needs in the classroom. (Significant) | |

| | Actively assist youth with educational and vocational planning. This includes helping youth attain and complete post-secondary applications, applying for financial aid and visiting school campus or program locations. (Significant) |
|--|--|
| | 9. Supports educational success and attendance for youth who has current attendance issues such as school suspension, is involved with a truancy program, school phobia or had other serious school attendance issues. This includes disruptive behaviors that require caregiver's regular (more than weekly) intervention at the school with youth. (Extensive) |
| | 10. Registers, provides for the cost (or secures additional funding supports from community resources), provides access to or arranges for a vehicle for driver's education, for youth ages 15-21. (Extensive) |
| | 11. Provides access for youth with a driver's license, ages 16-21, to a vehicle to support independent living goals. (Extensive) |
| | 12. Supports youth in a home-based educational program who may have been expelled from school, involved in an alternative education program, or cannot attend a daily school program. (This does not include a homeschool program that a caregiver decided to provide or day treatment where education is a component of the daily program.) (Extensive & Exceptional) |
| | 13. None of the above indicators apply to caregiver's parental care and attention. (None) |
| Ensures school stability for youth by providing daily transportation when bus service is not available to keep them attending the same school: CHECK ONE | |
| | 14. Time to drive youth to school takes longer than 30 minutes, but 60 minutes or less a day. (Significant) |
| | 15. Time to drive youth to school takes longer than 60 minutes, but less than 90 minutes a day. (Extensive) ^⑨ |
| | 16. Time to drive youth to school takes longer than 90 minutes a day. (Exceptional) ^⑨ 17. Not applicable. |
| G. Additional Parental Care and Attention on Activities CHECK ALL THAT APPLY | |
| | 18. Offers youth the opportunities to have social activities with friends and provides age-appropriate activities in the home, consistent with youth's interests. |
| | 19. Includes youth in family recreational activities and family vacations. |
| | 20. Has effectively advocated with an organization to change and adapt the typical activities for a youth with special needs. |
| trans | sters, provides for the cost of the activities (or secures additional funding supports from the community) and sports youth to: CK ONE |
| | 21. None or not applicable. |
| | 22. One after- school activity. |
| | 23. Several after-school activities. |

| Explain if you selected parenting indicators of Extensive or Exceptional: |
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| YOUTH DOMAIN I: Young Parent |
| Scope: This domain measures the support for a parenting foster youth living with their child(ren) in a family foster home. Northstar Care for Children permits the benefit to accommodate the board and care of a youth's child(ren) wher an agency does not have placement, care and supervision responsibility for a youth's child(ren). [45 CFR 1359.21 and Minn. Stat. section 256N.21, subd 3] |
| Special points: There are no special points available in this domain |
| I. Youth's Child Indicators CHECK ONE |
| a. Youth is not a parent or is a parent, but the child is not living with them. |
| b. Youth is a parent, and their child is living with them. |
| c. Youth is a parent, and two or more of their children are living with them. |
| Explain if you selected b or c: |
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| MAPCY FYTRAORDINARY I EVEL INCREASES |

Scope: To maintain a child or youth with high needs, safely in the community with caregivers who can meet their needs, "extraordinary level increases" of supplemental difficulty of care are available throughout Northstar Care. This is available to children and youth in foster care, receiving kinship assistance or adoption assistance to prevent residential placement when caregivers are providing extraordinary parenting and intensive supervision needed to safely care for a youth with very high needs in their home.

Focus: The extraordinary level increases are available when a youth meets the conditions of the five initial tests. These tests are split into three entry level tests and two certifying tests. The three entry level tests are done within Social Service Information System (SSIS) to determine children and youth who have very high needs and are a candidate for extraordinary level increases. SSIS will inform the rater that the entry level tests have been passed. If so. the assessor completes the certifying tests that starts/stops the Extraordinary Level Increase process.

Parenting: When the initial tests determine the youth's eligibility for the extraordinary levels, parenting indicators are considered to determine the extraordinary care and intensive supervision provide by the caregiver as a parent that are not supported by Medical Assistance or other services. If the youth is receiving Medical Assistance waivered services or other in-home services to provide necessary care for youth with disabilities, the additional parenting that is not covered by the purchased service must be described. Extraordinary level increases do not pay for services and the increase to the standard levels must describe the specified parental care and supervision that supports gaps that are met by parenting.

Extraordinary Level Increase Initial Tests

Three Entry Tests Is youth's total standard MAPCY score 62 or higher? Yes No (Go no further: youth is not eligible for Extraordinary Levels) Looking at the youth's need level in Domain D Mental Health, Physical Health & Development, which of the following is Level "d" for AT LEAST ONE of the scales in Domain D Level "c" for BOTH the Emotional & Behavioral scale (D1) and the Development scale (D3) NEITHER of the above applies (Go no further; youth is not eligible for Extraordinary Levels) Looking at the Parenting level (the highest indicator with a complete ladder) in Domain C Supervision, Guidance & Structure, which of the following is TRUE? Level is "Extensive" Level is "Exceptional" Neither of the above applies (Go no further; youth is not eligible for Extraordinary Levels) **Two Certifying Tests** Based on the youth's score, needs and supervision level, it is possible that the youth may qualify for an Extraordinary Level increase. Consider the following questions: Does youth currently physically reside in the home with the caregiver? Yes No (Go no further; youth is not eligible for Extraordinary Levels) Placement prevents residential placement: Does the agency certify that, but for the placement with this caregiver, the youth would be in a residential facility, another type of residential or correctional program or hospitalization?

No (Go no further; youth is not eligible for Extraordinary Levels)

Yes, I so certify

| Agency Screening: Minnesota Statutes, sections 245.4885, 256B.092 and 260C.157 requires responsible social service agency screening teams to determine the youth's level of care. Did the agency screening team or the comparable process conducted by a tribal social service agency determine the youth's level of care need would be residential placement WITHOUT the parental care of this caregiver? | | |
|---|--|--|
| Yes | | |
| No (Go no further; youth is not eligible for Extraordinary Levels) | | |
| Agency Screening Date: (MM/DD/YYYY) | | |
| Provide a brief description of how caregiver can uniquely and safely support this youth (who would otherwise require placement in a residential facility, another type of residential or correctional program or hospitalization) in living in the community. | | |
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Extraordinary Level Increase Indicators:

Pre-Rated Extraordinary Level Increase Indicators

If all five initial tests are met, additional information is used to determine if Extraordinary Levels might be warranted, and if so how many. Four of the indicators are determined by indicators previously selected in the standard MAPCY assessment.

- **1. Intensive Supervision Education:** A youth cannot be left alone <u>and</u> is suspended or expelled from school. MAPCY responses selected would be Domain C, Indicator 10 <u>and</u> Domain G Indicator 12.
- 2. Intensive Supervision Service Access I: Relief is available from caregiver duty 8 14 hours a week, in addition to one respite weekend a month. MAPCY response selected would be Domain B, Indicator 12.

- **3. Intensive Supervision Service Access II:** Relief is available from caregiver duty for 7 or fewer hours a week and/or one respite weekend a month. MAPCY response selected would be Domain B, Indicator 11.
- **4. Intensive Supervision Medically Dependent I:** This pre-rated indicator is based on the extensive number of medical, therapy or professional service appointments a caregiver schedules, coordinates, takes or participates in with a youth. MAPCY response is pre-rated when both Indicators 13 and 14 are selected in standard tool Domain D.

Extraordinary Level Increase Indicators

If Domain B, Indicator 11 has been selected, the following extraordinary level indicators are determined by the assessor. Select the parental indicators that apply to the care a youth is receiving.

| Service Access: CHECK ONE | | |
|---|--|--|
| | 5. Intensive Supervision - Service Access III: Relief is not available from caregiver duty. A youth is eligible for eight or more hours a week of services by a professional provider, including respite care, a personal care attendant (PCA), Medical Assistance waiver vendor, in-home nursing, or similar services where a caregiver can leave a youth to another's supervision. However, due to the lack of availability of family or service providers, a caregiver cannot access approved services that include a parental relief component. This indicator does not apply if a caregiver has arranged to function as a designated waiver service provider for a youth in their care who is the subject of this assessment. This is not available to a Foster Residence setting. | |
| | 6. Intensive Supervision - Service Access IV: Relief is not available from caregiver duty. A youth is eligible for eight or more hours a week of services by a professional service provider, including respite care, a personal care attendant (PCA), Medical Assistance waiver vendor, in-home nursing, or similar services where a caregiver can leave a youth to another's supervision. However, due to a youth's previous aggressive/assaultive behaviors toward service providers, a caregiver cannot access approved services that include a parental relief component. This indicator does not apply if a caregiver has arranged to function as a designated waiver service provider for a youth in their care who is the subject of this assessment. | |
| | 7. None of the above | |
| Nigh | Night Supervision: CHECK ONE | |
| | 8. Intensive Supervision - Night I: Based on a written safety plan developed by an agency or a medical, mental health, behavioral, or corrections professional, at least one caregiver is required on an ongoing basis to get up every night, more than once at regular intervals to check on the welfare of a youth due to sleep disturbances or other medical or safety conditions. | |
| | 9. Intensive Supervision - Night II: Based on a written safety plan developed by the agency or a medical, mental health, behavioral, or corrections professional, at least one caregiver is required on an ongoing basis to be awake at all times due to medical or safety conditions. Caregivers sleep in shifts. 9. 10. None of the above | |
| Intensive Supervision – Restricted Placement: CHECK ONE | | |
| | 11. Intensive Supervision – Restricted Placement I: For safety purposes, a youth is the youngest youth in a caregiver's home. This is valid only when paired with youth needs "d" in Domain D: Emotional/Behavioral Needs and as long as a youth remains the youngest youth in a caregiver's home. | |
| | 12. Intensive Supervision – Restricted Placement II: For safety purposes, a youth is the sole youth in a caregiver's home. This is valid only when paired with youth needs "a" in Domain B: Dynamics in a Caregiver's Home and "d" in Domain D: Emotional/Behavioral Needs, and as long as they remain the sole youth in a caregiver's home. | |
| | 13. None of the above | |

| Intensive Supervision – Medically Dependent: CHECK ALL THAT APPLY | |
|---|---|
| | 14. Intensive Supervision – Medically Dependent II: Based on a written medical care plan developed by an agency, medical or mental health professional, a caregiver as parent is required to coordinate medical care, therapy and/or treatment for a youth with prolonged dependency on medical care. These conditions require caregiver, as a parent, to administer daily specialized medication or treatment, and provide intensive supervision of a youth's physical symptoms or conditions. This is valid only when paired with a youth need "d" in Domain D: Emotional/Behavioral Needs, or Domain D: Physical Health Needs. |
| | 15. Medically Dependent II does not apply |
| | 16. Medically Dependent III: This conditional indicator is determined by SSIS when Intensive Supervision – Medically Dependent II is selected and a caregiver is actively mentoring a youth's parents, prospective adoptive parents or relative custodian to learn and participate in a youth's care. This indicator is rated when Medically Dependent II is paired with the standard tool Domain E: Indicator 7. |
| Depe other dutie Supe | uired Documentation: If at least one of the indicators in Service Access, Night Supervision or Medically endent was selected, explain the efforts of the legally or financially responsible agency, caregiver(s), parents and restor to request support services in the home and community that would ease the degree of a caregiver's parental es for the care and supervision of a youth, including Medical Assistance waivered services. When Night ervision or Medically Dependent II is selected, a current copy of the written safety plan or medical plan should be able, if requested. |
| | |
| Extr | aordinary Level Increase Magnifiers |
| can I | least one Extraordinary Level indicator is selected (including pre-rated indicators), sibling or placement magnifiers boost the amount of the increase. A magnifier cannot determine any Extraordinary Level increase by itself, but ates greater intensity of youth's need. |
| Sibli | ng Magnifier: CHECK ONE |
| | 17. Sibling Supervision: Youth is one of two siblings from the same family that caregiver is currently caring for in their home (This cannot be selected if Intensive Supervision – Restricted Placement II is selected). |
| | 18. Sibling Supervision: Youth is one of three siblings from the same family that caregiver is currently caring for in their home. (This cannot be selected if Intensive Supervision – Restricted Placement II is selected). |
| П | 19. None of the above |

Placement Magnifier: Additional points are awarded if responses in Domain A: Placement Experience, needs "c" or "d" is selected (SSIS checks to determine if a placement magnifier exists).