

Northstar Care for Children Uniform Assessment

September 8, 2014



Minnesota Assessment of Parenting for Children and Youth Child Domains

Assessment Information

1. CHILD'S NAME _____ 2. Date of BIRTH _____
3. CAREGIVER'S NAME _____ 4. Date of PLACEMENT _____
5. ASSESSMENT Date _____ 6. EFFECTIVE Date _____
7. Date Assessor REQUESTED APPROVAL _____ 8. APPROVAL Date _____

Contact Information

9. LEGALLY RESPONSIBLE AGENCY _____
10. FINANCIALLY RESPONSIBLE AGENCY _____

ASSESSOR INFORMATION (person completing the MAPCY)

11. Name of Assessor _____
12. Assessor phone (e.g. 651-000-0000) _____
13. Assessor e-mail _____

Consultation Information

The assessor consulted with the following persons to complete the assessment:

CHILD DOMAINS – MAPCY



Minnesota Assessment of Parenting for Children and Youth

CHILD DOMAIN A: Placement Experience

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

Focus: Because the young person 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 young people, entering foster care disrupts daily life, home and family relationships. Young people who have experienced placement instability or re-entry need caregiver(s) who commit to the additional support, reassurance and understanding of the traumatic effect multiple moves have on a young person'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. Child's Needs

- a. During their lifetime, the young person has been placed in two or fewer foster families or facility placements.
- b. During their lifetime the young person experienced one or more of these needs: **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 the young person 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 re-entered foster care after adoption or court ordered relative custody arrangement.
- d. During their lifetime the young person 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.

A. Parenting Care and Attention

Caregiver(s): CHECK ALL THAT APPLY

- 1. Supports the young person's needs in their home, consistent with the care parents provide, including: food, clothing, shelter, school supplies and personal incidentals. **(Basic)**
- 2. Advocates or seeks appropriate services and supports for the young person. **(Basic)**
- 3. Demonstrates a capacity to make adjustments in the home and parenting style to address the young person's needs and interests, and includes them in family chores and recreation. **(Basic)**

- 4. Engages the young person to make sense of their past by contacting and supporting relationships with people from the young person's past, and other activities that would help them understand important life events. (For foster children this would require approval by the county or tribal agency responsible for placement) **(Significant)**
- 5. Seeks and attends meetings or training to improve the quality of parental care, including training specific to the young person's individual needs and/or regularly attends support groups that focus on the caregiver's needs. **(Significant)**
- 6. Seeks and /or participates in appropriate community or cultural services to supports family stability. **(Significant)**
- 7. Accepts the young person returning to their home after trial home visit or reunification with a parent or relative that was unsuccessful, or after running away from the caregiver's home for more than 72 hours. The young person is returning to the same caregiver(s) that previously cared for them. **(Significant)**
- 8. Accepts the young person returning to their home after trial home visit or reunification with a parent or relative that included the child experiencing physical abuse, sexual abuse or neglect. The young person is returning to the same caregiver(s) that previously cared for them. **(Extensive)**
- 9. Accepts the young person returning to their home after a pre-adoptive or pre-kinship placement disrupted; the young person is returning to the same caregiver that previously cared for them. **(Extensive)**
- 10. Accepts the young person returning to their home after a short stay (72 hours to 59 days) in residential treatment, another type of residential or correctional program or hospitalization. Caregiver remained engaged with the young person during treatment and the young person is returning to the same caregiver(s) that previously care for them. **(Extensive)**
- 11. Accepts the young person returning to their home after a legally dissolved adoption. The young person is returning to the same caregiver(s) that previously cared for them. **(Exceptional)**
- 12. Accepts the young person returning to their home after 60 days or more care in residential treatment, psychiatric hospitalization, or another type of residential or correctional program. Caregiver remained engaged with the young person during treatment and the young person is returning to the same caregiver(s) that previously cared for them. **(Extensive & Exceptional)**
- 13. **None of the above indicators apply to the caregiver's parental care and attention. (None)**

CHILD DOMAIN B: Dynamics in the Caregiver's Home

Scope: This domain measures the parental attention to meet all young people's needs that live in the caregiver's home. This domain supports positive interactions in the caregiver's family, but does not include relationships with siblings who are not living together in the caregiver's home (Domain E), child care (Domain H).

Focus: Because the young person came to the caregiver's family through the child welfare system, parental care must recognize the additional complexity and safety concerns that caring for a sibling group or an unrelated group of children/youth brings to the caregiver's home.

Parenting: All young people need a parent-child relationship that includes individual parental attention, positive family interactions, and healthy relationships with their siblings or other young people in the home. In this domain, parenting is about nurturing the young person's connection to their caregiver(s), and to the people living in the caregiver's home. Parents physically and emotionally care for the youth and children in their home, providing individual attention to each one, and ensuring that interactions among the young people in the home are safe and healthy.

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

B. Child's Needs

Child is: CHECK ONE

- a. The only child or youth living in the home.
- b. Placed with one sibling, or placed in a home where the caregiver(s) is parenting other minor young people.
- c. Placed with two siblings. The caregiver(s) may also be parenting other minor young people in the home.
- d. Placed with three or more siblings. The caregiver(s) may also be parenting other minor young people in the home.

B. Parenting Care and Attention

Caregiver(s): CHECK ALL THAT APPLY

- 1. Supports the young people to develop healthy sibling relationships with each other in the home, with a focus on sharing and helping each other. Parenting helps them resolve everyday disputes and promotes a sense of belonging. The caregiver pays attention to the relationships and interactions among family members in the home. **(Basic)**
- 2. Is able to provide parental attention in the home to meet the young person's individual needs. **(Basic)**
- 3. Considers the difficult or intense interaction between the young people in the home and adjusts their parental attention to support healthy interactions. **(Significant)**
- 4. Identifies aggressive interactions in the home that includes physical conflicts between the young people living in the home that are not typical sibling interactions and adjusts parental attention to maintain and teach healthy family interactions. **(Extensive)**
- 5. Identifies dangerous interactions between the young people in the home that are a safety risk and may result in serious physical harm or sexual abuse. A mental health or social service professional has identified the safety risk and developed a written safety plan the caregiver(s) follows to provide a daily routine with intense parental attention to ensure safe sibling interactions among the young people in the home and when they are in the community. **(Exceptional)**
- 6. **None of the above indicators apply to the caregiver's parental care and attention. (None)**

Arranges and engages with additional adults or service providers to arrange substitute care for the child or all the young people in the home. The substitute care offers the caregiver relief from caregiver's duties while their family/friends or other parental relief services supervise and care for the child's needs. Or the caregiver has arranged to function as a designated waiver service provider for the child in their care. These parental relief services may include respite, personal care attendant (PCA) services, in-home nursing, waived service providers, or other designated service providers. Relief is available from caregiver duty for: CHECK 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: child is not be eligible for services; child is eligible for services but caregiver cannot access service providers; 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)**
- 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)**

CHILD DOMAIN C: Supervision, Guidance and Structure

Scope: This domain measures the supervision, guidance and structure provided by the caregiver(s). This includes supervision provided in the caregiver's home, when the young person is with peers or pets in the community and their utilization of technology and media. 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 the child's culture (Domain F).

Focus: Because the young person came to the caregiver's family through the child welfare system, it is vital that the caregiver's guidance promote communication and skill-building while teaching and reinforcing appropriate behavior. This domain will not provide an exclusive list of all young person's needs or behaviors. Behaviors identified in this domain are provided as examples; a comprehensive assessment of the young person's individual strengths and needs, which may not be included as an example on the tool.

Parenting: All young people 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 young people 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 in consideration the young person's culture to support the development of the young person's skills, and ensure the safety of the young person in the community, with peers and at home. The primary behavior management strategy utilized by parents is supervision.

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 child'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 gets extra points.

C. Child's Needs

Child: CHECK ONE

- a. Currently is usually well behaved, demonstrates the strength of accepting guidance from caregiver(s), and adjusts to new situations.
- b. Currently displays occasional challenging or difficult behaviors, but is usually age appropriate at home and in the community.
- c. Currently demonstrates daily behaviors that restrict the young person's ability to participate in age-appropriate activities at home or in the community.
- d. Currently demonstrates chronic, severe behaviors that severely limit their functioning and pose a risk to self and/or others in the home and the community.

C. Parenting Care and Attention

Caregiver(s): CHECK ALL THAT APPLY

- 1. Provides developmentally appropriate guidance, supervision, discipline and sets limits, to keep the young person safe and helps them learn to behave appropriately at home, with peers and in the community. This includes developing and maintaining a daily routine for infants and toddlers and child-proofing the home for the child's age and developmental needs. **(Basic)**
- 2. Provides guidance and supervision to the structure of the young person's daily activities, considering disruptive behavior or emotional reactions that are not typical for the child's age, and adapts their parenting and activities to safely manage the behavior in their home, with peers, and in the community. **(Significant)**

- 3. Provides extra attention for the young person's difficult interactions with peers or pets. Caregiver can define how the young person's interactions with peers are difficult and/or are unsafe with pets and how the caregiver's parenting supports the young person to have safe and healthy peer relationships with others in the community and safe interactions with pets. **(Significant)**
- 4. Completed recent specialized training about specific parenting strategies and structure in the home that is used to manage the young person's behaviors. **(Significant)**
- 5. For a child 5 or under, utilizes alarms on doors/windows, visual monitors or other safety devices that are required to ensure the safety of the child. This does not include child proofing the home for an infant or young child. **(Significant)**
- 6. For a child 6 and over, utilizes alarms on doors/windows, visual monitors or other safety devices that are required to ensure the safety of the young person and others in the home and community. **(Extensive)**
- 7. Meets three or more times a month with a behavioral professional, culturally appropriate mental health, or correctional officer to adapt their parenting to implement a specific plan of supervision, guidance and structure to reduce or safely manage the young person's disruptive behavior(s) in the home and community. **(Extensive)**
- 8. Provides individual care and attention for a young person who frequently experiences episodes of intense distress that is not typical for the youth's age. **(Extensive)**
- 9. Provides constant adult supervision to a child age 8 or older; this supervision ensures the child's safety in the home, with peers and in the community. This young person is never left alone without a responsible adult in the home, with peers, or in the community. **(Extensive)**
- 10. Provides one-to-one supervision of the young person or is responsible to ensure another adult provides one-to-one supervision in the home and community. This young person cannot be left alone in any room in the caregiver's home without a responsible adult present due to: the young person's emotional functioning is assessed to be a danger to self or others, or due to their medical condition requiring continuous supervision for a specific life threatening condition or behavior. **(Exceptional)**
- 11. **None of the above indicators apply to the caregiver's parental care and attention. (None)**

CHILD DOMAIN D: Mental Health, Physical Health and Development

Scope: This domain measures the young person's physical, cognitive, emotional and social development, including their physical health needs, and measures the parenting provided that is not typical for the young person's age. This domain includes caregiver efforts to ensure that the young person receives medical care. This domain is not about parental activities that are typical for the young person's age. It does not include medical or other paid services provided by 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), educational programs (Domain G), or child care (Domain H).

Focus: Because the young person came to the caregiver's family through the child welfare system, they may have a mental health diagnosis, physical health needs, and/or developmental delays that are inherent, due to trauma or related to maltreatment. This domain considers the additional parental care needed to support and improve the young person's current functioning in the home and community, while promoting the young person's physical health and development.

Parenting: All young people need a safe, nurturing home, where they can grow, meet developmental milestones, and develop family relationships with caregiver(s) that they can count on to provide for their needs. All young people need medical check-ups, immunizations, dental care, vision care, as well as care when they are sick, injured or have a chronic illness.

In this domain, parenting is about providing young people with care that promotes development; caring for them when they are sick; making appointments and ensuring young people have regular checkups and care when they are sick, injured or have a chronic illness. Parents demonstrate and promote healthy emotional development, build trust, teach coping skills, support young people to develop healthy relationships, and request professional help when young people show signs of emotional/behavioral needs beyond parents' care. All parents provide medication (over-the-counter or prescription), and maintain their young person's health and development records. Parents provide their children with activities and toys needed to learn skills and meet developmental milestones. Parents use their culture and community as the context for their parenting and household routine.

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

D1. Child's Emotional/Behavioral Needs

Child: CHECK ONE

- a. Displays strong coping skills and positive behavior management in dealing with crises, trauma, disappointment, and daily challenges. Is able to develop and maintain trusting relationships.
- b. Displays age-appropriate emotional/coping responses that may slightly interfere with school, family or community functioning. May demonstrate some anxiety, grief or isolation, but maintains situational appropriate emotional and behavioral control.
- c. Displays a pattern of difficulties in coping with situational stress, crisis, or problems that frequently impairs their functioning in home or community. Displays frequent behaviors or mental health symptoms that are atypical for the child's age and are not believed to be due to medical problems. These include but are not limited to eating /feeding/ sleeping problems, running away, inappropriate sexual behavior, self-injury, hostile behaviors(e.g. biting, fighting) sustained attachment issues or depression. This could include encopresis or enuresis for children over age 6.
- d. Displays an established history of severe impairment in one or more areas of functioning due to chronic/severe mental health symptoms or behaviors that are a risk to self or others, such as fire-setting, suicidal (life-threatening) behaviors, sexually dangerous or violent behaviors towards people and/or animals.

D2. Child's Physical Health Needs

Child: CHECK ONE

- a. Demonstrates good health and has no known health care needs. Receives medical care as needed for injuries and preventive medical, dental, and vision care, including immunizations.
- b. Has diagnosed health problem(s) or disability that can be addressed with minimal interventions that typically requires 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. The condition requires regular professional medical services and routine interventions that may be provided by a caregiver after minimal instruction.
- d. Has a serious health condition, illness or disability that severely limits daily functioning. The condition requires professional monitoring, extensive medical services, and cares are provided by a professional or caregiver(s) who have received substantial instruction.

D3. Child's Developmental Needs

Child: CHECK ONE

- a. Motor, language, cognitive and social/emotional skills are above chronological age-level expectations.
- b. Motor, language, cognitive and social/emotional skills are consistent with chronological age-level expectations.
- c. Motor, language, cognitive and social/emotional skills are not exhibited for most chronological age-level expectations. Consider minor delays in development, including gross or fine motor, language, social and cognitive skills; and minor autistic tendencies (e.g. impairments in social interaction, communication or behavior patterns). The delays interfere with the young person's ability to perform daily living tasks in the home.
- d. Motor, language, cognitive and social/emotional skills are two or more age levels behind chronological age-level expectations, Consider major delays in development, including gross or fine motor, language, social and cognitive skills; displaying severe autistic tendencies (e.g. significant impairments in social interactions, communication or behavior patterns); behaviors indicative of a severe learning disability. The delays impact the young person's ability to perform all or nearly all daily living tasks in the home that would be consistent with their age.

D. Parenting Care and Attention

Caregiver(s): CHECK ALL THAT APPLY

- 1. Provides a loving, nurturing home, and respects the young person's culture and experiences, while encouraging family communication in the home and providing guidance to help develop healthy peer friendships. (Basic)
- 2. Is aware of the young person's emotions, takes the time to help talk about feelings while respecting the young person's culture and experiences. (Basic)
- 3. Coordinates and participates in medical appointments for routine care, including dental and vision appointments for the young person. When the young person is sick, caregiver(s) provides care and needed medication. Caregiver(s) shares developmentally appropriate health information with the young person. (Basic)
- 4. Maintains a written record of the young person's medical history; ensures they have has medical coverage. (Basic)
- 5. Has toys, books and activities available in the home to promote the child's development. (Basic)
- 6. Feeds, diapers, guides toilet training, bathes and provides mobility assistance according to the individual needs of a child age 4 or younger. (Basic)

- 7. Pays attention to the child's development, tracks progress and takes action to support them to reach age-appropriate milestones. (Significant)
- 8. Applies various parenting strategies to ensure that daily activities in the home and community support the young person through an emotional reaction that is not typical for the young person's age. Can apply these strategies to comfort the young person, soothe the baby or toddler, respond to wetting or otherwise stabilize the situation. (Significant)
- 9. Monitors and supervises the young person's on-going medication for medical or mental health needs. This would include monitoring behavioral and physical effects of the medication and ensuring that the young person receives the professional oversight necessary for the medication. (Significant)
- 10. Provides or joins with the young person in in-home exercises, treatments or specific activities that are directed and designed by a licensed medical or behavioral professional to be done daily or several times a week structured to improve the young person's physical or developmental delays. (Significant)
- 11. Is required (as a parent) to complete training from a medical professional to provide specific medical treatments to monitor medical equipment in their home for this young person's care. (Extensive)
- 12. Supports the young person's mental health needs by participating in on-going family therapy or meeting with a culturally appropriate mental health professional to improve the caregiver's family communication and puts into action specific parental strategies in the home, which are directed by the mental health professional. (Extensive)
- 13. Puts into action a specific continuing care plan in the home for the young person'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 a young person being treated by a health professional for encopresis or enuresis. (Extensive)
- 14. Takes the young person 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 young person and attend the appointments.(Extensive)
- 15. Actively participates with in-home professional services several times a month. Caregiver is present during the service and engaged with the professional and the young person, requiring more than 16 hours of the caregiver's time each month. (Extensive)
- 16. Provides substantial daily basic care assistance that is not typical for a child age 5 or older, such as feeding, diapering, bathing and mobility assistance. (Extensive)
- 17. Transformed their parenting to safely manage the young person's complex behaviors that are currently a safety risk to self or others. This requires the caregiver(s) to have knowledge about the young person's medical or mental health needs, adjust their parenting to meet the young person's individual health needs, and utilize community medical and mental health services to safety care for the young person in the home. (Exceptional)
- 18. Provides all basic care that is not typical for a child age 5 or older, such as feeding, diapering, bathing and mobility assistance. (Exceptional)
- 19. None of the above indicators apply to the caregiver's parental care and attention. (None)

CHILD DOMAIN E: Preserving Connections

Scope: This domain measures the child'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 the young person came to the caregiver's family through the child welfare system, they have family that is distinct, and it is in their best interest to preserve these relationships, unless detrimental.

Parenting: All young people benefit from preserved connections with relatives and others who do not live in the same home. In this domain, parenting is about nurturing a young person'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 young person; it preserves family and medical history, their identity, and their 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. Child's Needs

Child: CHECK ONE

- a. Has supportive relationships, positive interactions with birth parents, siblings, relatives or kin.
- b. Has positive interactions with parents, siblings, relatives or kin, despite some lapses of contact with family; or the young person has no contact with parents, siblings, relatives or kin.
- c. Visits parent(s), siblings, relatives or kin, but these visits are difficult for the young person. The young person's experiences have significantly affected their interactions with parents, siblings, relatives or kin.
- d. Visits parent(s), siblings, relatives or kin, but these visits are seriously distressing for the young person. The young person's experiences have severely impeded their sense of safety and security.

E. Parenting Care and Attention

Caregiver(s): CHECK ALL THAT APPLY

- 1. Supports family and/or sibling visits or contacts, helps the young person prepare for visits, and helps them with any reactions. **(Basic)**
- 2. Shares information about the young person with parents, siblings or other relatives to maintain the parental responsibilities or to preserve connections. **(Basic)**
- 3. Respects and values the young person's connections to parents or relatives when visits or contact are infrequent, unpredictable, or do not occur. Caregiver shares appropriate information with the young person about their family to preserve the young person's connections and family history. **(Basic)**
- 4. Helps the young person with their reactions to visits or canceled visits which impact their temperament for more than a 24-hour period. **(Significant)**
- 5. Notifies the child's parents or other relatives of medical appointments, and invites them to school or community activities. **(Significant)**
- 6. Welcomes the young person's parents, siblings, or other relatives into the caregiver's home to preserve or strengthen the child's attachment and involve the relatives in the young person's care and activities. **(Significant)**
- 7. Formally mentors or participates in therapy with the young person's parent(s), prospective adoptive parent or relative custodian, having contact with them several times a week. **(Extensive)**
- 8. Is responsible to supervise regular face-to-face visits with the young person's parent(s) or relative per court order, case plan or contact agreement. **(Extensive)**

- 9. Actively assists the young person with unusually intense reactions related to regular visitation. **(Extensive)**
- 10. Goes with or drives the young person to visit parent(s), siblings, relatives or kin more than 16 times a month. **(Extensive)**
- 11. Drives a hundred miles or more every month for the young person to visit with parent(s), siblings, relatives or kin. **(Extensive)**
- 12. Contact with the young person's parents or other relatives are complex and difficult, but caregiver(s) safely maintains the child's relationship and contact with the young person's family by exercising sound judgment. **(Exceptional)**
- 13. **None of the above indicators apply to the caregiver's parental care and attention. (None)**

CHILD DOMAIN F: Developing Identity

NOTE: Do not complete this domain for a child who is not yet 3 years old. For a child age 2 years of age or younger, this domain will be auto-rated as basic (in SSIS).

Is this child under 3 years of age?

- Yes
 No

Scope: This domain measures the young person's developing identity and social connections that sustains and strengthens the young person's well-being, and the efforts of the caregiver(s) to connect the young person with relationships, resources and communities that develop and preserve the young person's 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. The young person's identity and sense of self is developed with reference to their birth and extended family, peers, social and culture influences, religion, community and law, media (including social media), gender and other factors.

Culture is the shared beliefs, customs, practices and social behavior of a particular group; this would include the young person's ethnicity and race, faith/spirituality, socio economic factors, 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. Community consists of formal organizations and informal group(s) of people, or locations or social media groups with which a child feels a sense of membership, fulfillment of needs, and shared emotional connections. young people'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 the young person came to the caregiver's family through the child welfare system, the young person'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 (Domain C) but considers the efforts of the caregiver(s) to develop, preserve and support a young person's growing identity and well-being.

Parenting: All young people 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 the young person has relationships in the family and community that help the young person develop their identity and positive self-image. The parent's leadership and acceptance of responsibility encourages the young person's development in this area. Without parental support the young person 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. Child's Needs

Child: CHECK ONE

- a. Reflects a strong sense of identity and demonstrates a positive self-image. The young person 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.
- b. Reflects typical, age appropriate developing identity and is developing a comfort level with cultural customs and practices, and socializing with others connected with the community. Or the young person has no particular self-identity and this absence is not a source of discomfort or isolation for them.

- c. Reflects a conflicted identity or a poor self-image that is atypical for their age and adversely affects their interest in developing familiarity with cultural customs or practices and socializing with others connected with the community. This young person may be positive about some aspects of their identity and negative about other aspects; this conflict affects their identity development and the relationships within the community.
- d. Reflects a damaged identity or the absence of identity contributes to self-destructive behaviors or relationships. The young person's damaged self-image is evident in their self-loathing and self-destructive social behavior that currently seeks to damage or disengage relationships.

F. Parenting Care and Attention

Caregiver(s): CHECK ALL THAT APPLY

- 1. Demonstrates respect for the young person's identity culture and their community. To parent the young person, the caregiver(s) makes efforts to increase cultural awareness and takes the responsibility to show and teach the young person about the young person's family history, including their birth family's culture and community. Maintains skin and hair care needs for the child. **(Basic)**
- 2. Demonstrates awareness and keeps the young person emotionally and physically safe from differential treatment in the home and community. **(Basic)**
- 3. Provides a home environment for the young person that includes food, language, toys, clothing and community activities outside the home that supports the child 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 the young person's developing individual identity. Caregiver can identify the specific people, and their deliberate, recognizable actions with the child that have been established for this purpose. **(Significant)**
- 5. Demonstrates and mentors the child to develop skills to safely negotiate difficulties in diverse settings at school, in the neighborhood, with-in social media communities and in public. **(Extensive)**
- 6. Regularly coordinates, attends or hosts cultural community events to help the child establish, develop and maintain connection to their culture that builds the young person's identity. Caregiver can identify the frequency of the specific events and how they support the young person's identity development. **(Extensive)**
- 7. Drives 200 miles or more each month for the young person to attend events for the young person to make and/or keep connections with their culture and community: **(Extensive)**
- 8. Helps the young person repair and re-build their damaged identity. Caregiver can list the substantial, deliberate parenting actions they are taking to nurture the young person'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. Has transformed their daily life to include the child's identity and community into the caregiver's daily life. Caregiver(s) have made permanent major life changes to commit to the young person'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 the caregiver's parental care and attention. (None)**

CHILD DOMAIN G: Education

Scope: This domain measures the parental care needed in the caregiver's home to support learning and educational success at school, and considers activities that the young person 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 the young person.

Focus: Because the young person 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 child's involvement in typical childhood activities.

Parenting: All young person 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 the young person's education by encouraging learning, arranging early childhood screenings, providing school supplies, prompting school attendance, communicating with teachers and other education professionals, and reinforcing homework completion. Parents promote school, sports, art or community activities because it helps children 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 the young person participates.

G. Child's Needs

Child: CHECK ONE

- a. Is working above appropriate grade level, or exceeding expectations of their special education individual education plan (IEP).
- b. Is working at appropriate grade level, or meeting expectations of their special education IEP. Select this item for Infant or preschool child, who does not have an 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.

G. Parenting Care and Attention

Caregiver(s): CHECK ALL THAT APPLY

- 1. Encourages educational activities in the home, and reads to the child, including an infant or preschooler. **(Basic)**
- 2. Arranges for preschool program that develops school readiness and ensures the child receives early childhood educational screenings. **(Basic)**
- 3. Ensures the young person's school enrollment and attendance, provides school supplies, supports for homework, and attends school meetings. **(Basic)**
- 4. Attends the young person's school conferences/meetings, and communicates with teachers and other education professionals making sure the school is aware of the young person's needs. **(Basic)**
- 5. Is involved in daily communication with the young person's teachers or other school staff. **(Significant)**
- 6. Has a specific responsibility in the child's IEP, such as the plan defines the caregiver as picking up the young person early from school in response to a certain set of behaviors. **(Significant)**
- 7. Involved daily with the young person and homework during the school year, supporting young person's efforts with direct supervision and attentive positive reinforcement. **(Significant)**

- 8. Attends the young person's school conferences or other related school meetings in a school that is farther away than the caregiver's local school district making sure the school is aware of the young person's needs in the classroom. **(Significant)**
- 9. Supports educational success and attendance for the young person who has current attendance issues such as school suspension, school phobia or had other serious school attendance issues. This includes disruptive behaviors that require the caregiver's regular (more than once a week) intervention at the school with the young person. **(Extensive)**
- 10. Supports a young person in home-based educational program for a young person 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 home school program that a caregiver(s) decided to provide or day treatment where education is a component.) **(Extensive & Exceptional)**
- 11. **None of the above indicators apply to the caregiver's parental care and attention. (None)**

Ensures school stability for the young person by providing daily transportation when bus service is not available to keep them attending the same school: CHECK ALL THAT APPLY

- 12. Time to drive the young person to school takes longer than 30 minutes but 60 minutes or less a day. **(Significant)**
- 13. Time to drive the young person to school takes longer than 60 minutes, but less than 90 minutes a day. **(Extensive)**
- 14. Time to drive the young person to school takes longer than 90 minutes a day. **(Exceptional)**
- 15. Not applicable.

G. Additional Parental Care and Attention on Activities

Caregiver(s): CHECK ALL THAT APPLY

- 16. Offers the young person the opportunity to have healthy social activities with friends and provides age appropriate activities in the home that are consistent with youth's interests.
- 17. Includes the young person in family recreational activities and family vacations.
- 18. Has effectively advocated with an organization to change and adapt the typical activities for a young person with special needs.

Registers, provides for the cost of the activities (or secures additional funding supports from the community) and transports the young person to: CHECK ONE

- 19. None or not applicable.
- 20. One after- school activity.
- 21. Several after-school activities.

CHILD DOMAIN H: Child Care

Scope: This domain measures the child care needed for caregiver(s) who works outside the home, or is enrolled in a training or education program.

Focus: This rating is based on an average of the child care needed throughout the calendar year. Summer applies to extensive periods of time a child is not in school; for children who attend year-round school substitute breaks between terms. It does not apply to the occasional holiday break during the school year. This domain does not consider the child's level of care (included in other domains). Levels are adjusted to reflect the typically higher child care needs of younger children ages 0 to 6 compared to those ages 7 to 12; the latter are assigned a lesser level based on this domain.

This domain does not include educational programs offered by the school district or community action agency, such as early childhood or Head Start (Item G). However, it could include any preschool program that is not supported by the local school district or social service programs.

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

H. Needs

Child care: CHECK ONE

- a. Is not needed or minimal. The person(s) needing child care does not work or attend education outside of the home OR on average year-round the need is nine hours a week or less. Select this item if Child Care Assistance program or other resources pay for child care cost. **(Basic)**
- b. Is needed for a year-round average of **10 to 19** hours a week, OR need for work or educational child care during the summer only. **(Significant)**
- c. Is needed for a year-round average of **20 to 29** hours a week. **(Extensive)**
- d. Is needed for a year-round average of **30 to 39** hours a week. **(Exceptional)**
- e. Is needed for a year-round average of **40 or more** hours a week. **(Maximum)**

DOCUMENTATION

Documentation for all domains

Please explain, if you selected a child need rating of **d**, and parenting indicators of **extensive** or **exceptional** in any of the domains. *(500 characters)*

MAPCY EXTRAORDINARY LEVEL 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 young people 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 child with very high needs in their home.

Focus: The extraordinary level increases are available when a child 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 the young persons 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 reached. If so, then SSIS asks the assessor the certifying tests to complete the initial tests.

Parenting: When the initial tests determine the child’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 young person is receiving medical assistance waived services or other in-home services to provide necessary care for young people 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 Increases Initial Tests

Three Entry Tests

Is this young person’s total standard MAPCY score 62 or higher?

- Yes
- No (Go no further on Extraordinary Levels; this child is not eligible for Extraordinary Levels)

Looking at the young person’ need level in Domain D Mental Health, Physical Health & Development, which of the following is TRUE?

- Level d for AT LEAST ONE of the scales in Domain D
- Level c for BOTH the Emotional & Behavioral scale and the Development scale
- NEITHER of the above applies (Go no further; this child 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 on Extraordinary Levels; this child is not eligible for Extraordinary Levels)

Two Certifying Tests

When the young person’s needs have met the Three Entry Tests, this young person may qualify for one or more Extraordinary Levels. Please consider the following questions:

Does this young person currently physically reside with the caregiver(s) in the caregiver(s) home?

- Yes
- No (Go no further on Extraordinary Levels; this child is not eligible for Extraordinary Levels)

Placement prevents residential placement:

Do you certify that but for placement with this caregiver(s), this young person would be in residential placement?

- Yes, I so certify
- No (Go no further on Extraordinary Levels; this child is not eligible for Extraordinary Levels)

Agency Screening Date: *Minnesota Statutes, sections 245.4885, 256B.092 and 260C.157 requires responsible social service agency screening teams to determine the child's level of care. Did the agency screening team or the comparable process conducted by a tribal social service agency determine the child's level of care need would be residential placement WITHOUT the parental care of this caregiver?*

- Yes
- No (Go no further on Extraordinary Levels; this child is not eligible for Extraordinary Levels)

Please enter the **date of the agency screening team meeting:** (MM/DD/YYYY)

Please provide a brief description of how this caregiver can uniquely and safely support this young person (who would otherwise require residential placement) in living in the community. (500 characters)

Extraordinary Level Increases Indicators:

Pre-Rated Extraordinary Level Increases 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:** Child cannot be left alone and is suspended or expelled from school. MAPCY responses selected would be Domain C, Indicator 10 and Domain G Indicator 10 for Child, or 12 for Youth.
- 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 the caregiver schedules, coordinates, takes or participates in with the child or youth. MAPCY response is pre-rated when in the standard tool Domain D selected, both Indicators 14 and 15 in child tool or Indicators 13 and 14 in youth tool.

Extraordinary Level Increases Indicators

The following extraordinary level indicators are determined by the assessor. Select the parental indicators that apply to the care this young person is receiving, choosing one response in each set.

Service Access: CHECK ONE

- 5. Intensive Supervision - Service Access III:** Relief is not available from caregiver duty. Young person is eligible for 8 or more hours a week of services by a professional service provider, including respite care, a Personal Care Attendant (PCA), MA Waiver service provider, in-home nursing, or similar services where the caregiver can leave the young person to another's supervision. However, due to the lack of availability of family or service providers, the caregiver cannot access approved services that include a parental relief component. This indicator does not apply if the caregiver has arranged to function as a designated waiver service provider for the young person in their care. This is not available to a Foster Residence setting.
- 6. Intensive Supervision - Service Access IV:** Relief is not available from caregiver duty. Young person is eligible for 8 or more hours a week of services by a professional service provider, including respite care, a Personal Care Attendant (PCA), MA Waiver service provider, in-home nursing, or similar services where the caregiver can leave the young person to another's supervision. However, due to the young person's previous aggressive/assaultive behaviors towards service providers, the caregiver cannot access approved services that include a parental relief component. This indicator does not apply if the caregiver has arranged to function as a designated waiver service provider for the young person in their care.
- 7. None of the above**

Night Supervision: CHECK ONE

- 8. Intensive Supervision - Night I:** Based on a written safety plan developed by the agency or a medical, mental health, behavioral, or corrections professional, a 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 young person 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.
- 10. None of the above**

Intensive Supervision – Restricted Placement: CHECK ONE

- 11. Intensive Supervision – Restricted Placement I:** For the purpose of safety, this young person is the youngest in the caregiver’s home. This is valid only when paired with child or youth needs d in Domain D1, and as long as this young person remains the youngest child in the caregiver’s home.
- 12. Intensive Supervision – Restricted Placement II:** For the purpose of safety, this young person is the sole child or youth in the caregiver’s home. This is valid
- 13. None of the above**

Intensive Supervision – Medically Dependent: CHECK ALL THAT APPLY

- 14. Intensive Supervision – Medically Dependent II:** This indicator is selected if appropriate by the assessor. Based on a written medical care plan developed by the agency, medical or mental health professional, the caregivers as parent are required to coordinate medical care, therapy and/or treatment for a young person with prolonged dependency on medical care. These conditions require the caregiver as a parent to daily administer specialized medication or treatments, and the caregiver’s intensive supervision of the young person’s physical symptoms or conditions. This is valid only when paired with a child or youth’s needs d in Domain D1 or D2.
- 15. Medically Dependent II does not apply**
- 16. Medically Dependent III:** This is a conditional indicator that is determined by SSIS when Intensive Supervision – Medically Dependent II is selected and the caregiver is actively mentoring the child’s parents, prospective adoptive parent or relative custodian to learn and participate in the child parental care. This indicator is rated, when Medically Dependent II is paired with standard tool Domain E, Indicator 7.

Required Documentation: If you selected AT LEAST one of the indicators in Service Access, Night Supervision or Medically Dependent, explain the efforts of the legally or financially responsible agency, caregiver(s), parents and others to request support services in the home and community that would ease the degree of parental duties of the caregiver for the care and supervision of the young person, including medically assistance waived services. When Night Supervision or Medically Dependent II is selected, make available a current copy of the written safety plan or medical care plan, as part of the documentation provided for approval. (1000 characters)

Extraordinary Level Increases Magnifiers

When indicators are selected, the assessor then the magnifier questions doesn't count.

Sibling Magnifier: CHECK ONE

- 17. Sibling Supervision:** This young person is one of **2 or more** siblings from the same family that this caregiver is currently caring for in their home
- 18. Sibling Supervision:** This young person is one of **3 or more** siblings from the same family that this caregiver is currently caring for in their home.
- 19. None of the above**

Placement Magnifier: This is determined by the SSIS, from the Standard MAPCY Domain A: Placement Experience

END OF EXTRAORDINARY SECTION