

Source: Hodges, K., Doucette-Gates, A., & Liao., Q. (1999). The relationship between the child and adolescent functional assessment scale (CAFAS) and indicators of functioning. *Journal of Child and Family Studies*, 8(1), 109-122.

This article summarizes changes on the Child and Adolescent Functional Assessment Scale (CAFAS) for those youth who had six months of uninterrupted service in sites across the country participating in the Center for Mental Health Services' *Comprehensive Community Mental Health Services for Children and their Families Program*.

Of the 3,187 youth for which information was collected upon entry, approximately two-thirds (64.3%) of the youth were males with an average age of 11.87 years, with the average age for girls being one year older. The majority of the families were impoverished, with 65% living below poverty level.

Analysis of CAFAS data at intake revealed that those youth who had previous psychiatric hospitalizations had higher CAFAS scores (i.e., were more impaired) than youth who had no previous psychiatric hospitalizations. Likewise, youth who lived in residential facilities were more impaired than youth who lived at home or in home-like settings. This was true for youth who lived in residential facilities at intake as well as for youth in residential facilities six months after entry into the program. Youth who performed below average academically were also found to be more impaired than youth who were performing at or above average academically. The same pattern was revealed in the area of contact with law enforcement. Youth who had contact with law enforcement were more impaired, as measured by the CAFAS, than youth who had no contact with law enforcement. The authors contend that these results support the CAFAS in determining functioning levels of youth across a variety of domains.

Ethnicity:	64%	Caucasian
	18.9%	African American
	8.4%	Hispanic
	8.7%	Other
Residence:	54%	Single parent families
	22%	Two parent families
	9%	Non-parental guardian
	12%	Wards of the state
	3%	Other
Referred by:	21%	Schools
	19%	State social services
	19%	Mental health
	14%	Parents
	9%	Juvenile justice
	18%	Other (public health, private physician, self)

A total of 873 youth had a CAFAS score at intake and again at six months post-entry. Analyses indicated that as a group, the total CAFAS score decreased significantly over the six months indicating improved functioning. No difference in rate of improvement was noted as a function of custodial status, referral source, previous psychiatric hospitalization, diagnosis, living arrangement, unsatisfactory school performance, poor attendance, or legal involvement. That is, regardless of these factors, all youth improved.