



Youth Services Evaluation Report

March 1 – November 30 2017

Background

Outpatient Mental Health Services

Children's Centre Thunder Bay (CCTB) is an organization which serves children, youth, and their families within the District of Thunder Bay. Their aim is to improve children's and youth's quality of life by addressing social, developmental, behavioural, and mental health needs. In addition, CCTB strives to strengthen the family's capacity to care for children and build the community's capacity to support children, youth, and families. CCTB's mental health services are divided into age groupings which include Infant and Child Services (ICS; 0-6 years), Youth Services (YS; 7-12 years), and Adolescent Services (AS; 13-18 years). This evaluation report is based on the outcomes of **Youth** who completed outpatient mental health services between March 1 and November 30 2017.

Child and Adolescent Needs and Strengths (CANS)

The CANS is a well-established assessment tool developed by Dr. John Lyons and is used in mental health settings to assess a child or adolescents needs and strengths. The CANS is intended to serve as a clinical tool to gather essential information from clients in order to inform treatment decisions and to monitor treatment progress and outcomes.

Scoring

- Each CANS item is scored on a **4-level rating system**.
- These ratings are indicative of **action levels** which are distinct for **need and strength items** as shown below.
- The clinician considers a **30-day window** for ratings in order to make sure assessments reflect a youth's current functioning.
- CANS ratings of a **2 or 3 represent action level** items and a degree of functional impairment which requires remediation.

Rating	Needs Items	Strengths Items
0	No evidence of need	Centerpiece strength
1	Requires monitoring or prevention	Useful strength
2	Need identified, action required	Strength must be significantly built upon
3	Immediate action required	No strength identified

Background

Child and Adolescent Needs and Strengths (CANS)

Internal Consistency

Each CANS item is grouped with other items into various domains that capture important areas of mental health functioning.

Domains:

- Social Functioning
- Emotional and Behavioural Needs
- Risk Behaviours
- Strengths
- Family/ Caregiver Functioning

Cronbach's alpha	Internal consistency
$\alpha \geq 0.9$	Excellent
$0.9 > \alpha \geq 0.8$	Good
$0.8 > \alpha \geq 0.7$	Acceptable
$0.7 > \alpha \geq 0.6$	Questionable
$0.6 > \alpha \geq 0.5$	Poor
$0.5 > \alpha$	Unacceptable

The table below highlights the internal consistency scores for each CANS domain used in this evaluation. Internal consistency **values above .70** are considered **good and reflect sound psychometric properties for each domain**.

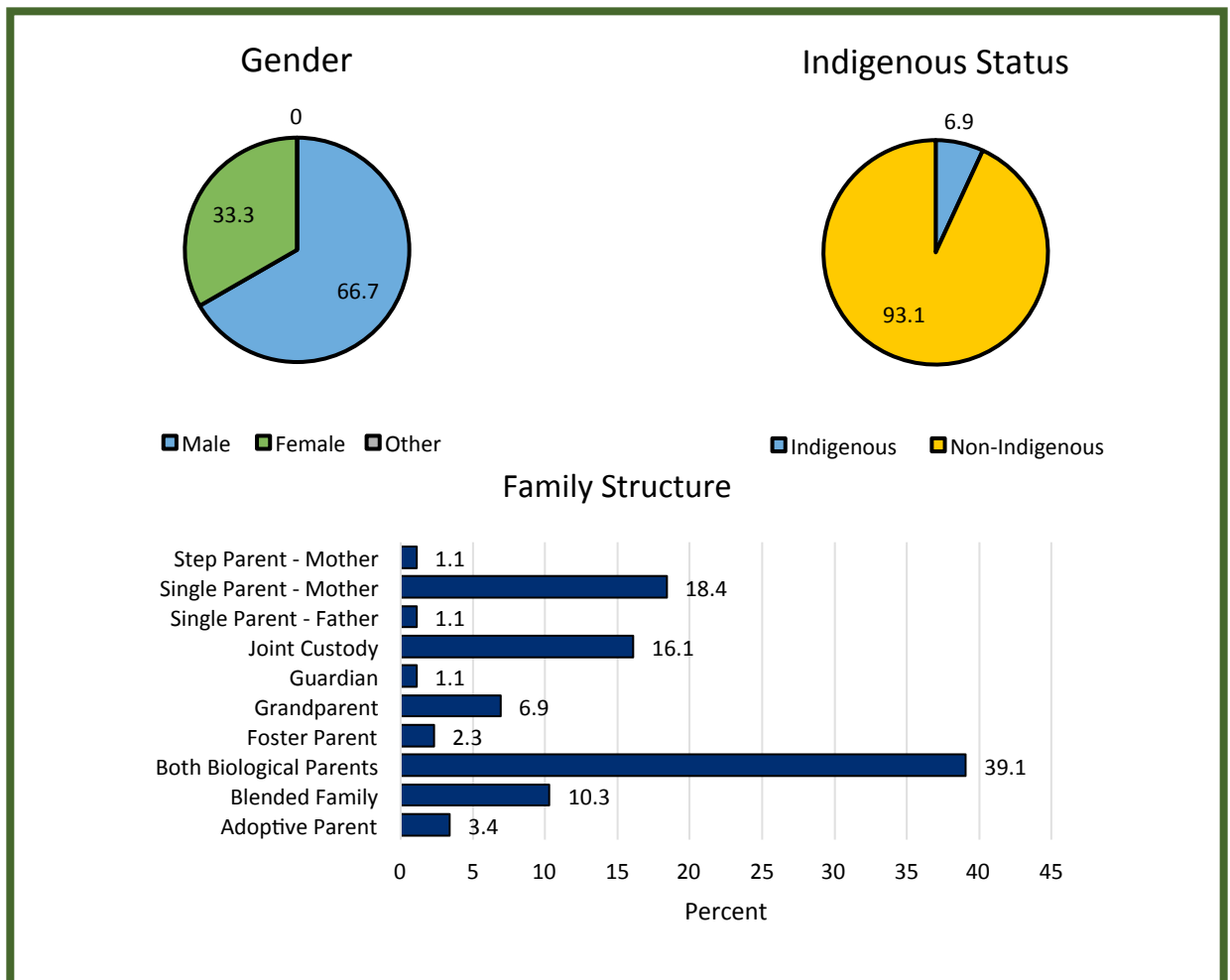
CANS Domains	Number of Domain Items	Alpha Coefficient
Social Functioning	4	.80
Emotional and Behavioural Needs	19	.81
Risk Behaviour	19	.75
Youth Strengths	14	.85
Family/Caregiver Functioning	17	.89



Demographics

Population:

- Total of **87** youth who completed service over the nine month period of this evaluation.
- The mean of age of children was **6.82 (S.D. = 3.11) years at the first referral and 10.49 (S.D. = 1.96) years at closing.**
- Roughly **two-thirds** of the youth were **male**, most commonly coming from homes with **two biological parents or a single mother.**
- About **3.4% of these youth were adopted**, with **6.9% living with a grandparent**, and another **2.3% being in foster care.**
- **97.7%** of clients indicated **English as their preferred language with 2.3% indicating Other as their preferred language.**
- Other demographic information about these youth can be found in the figures below.



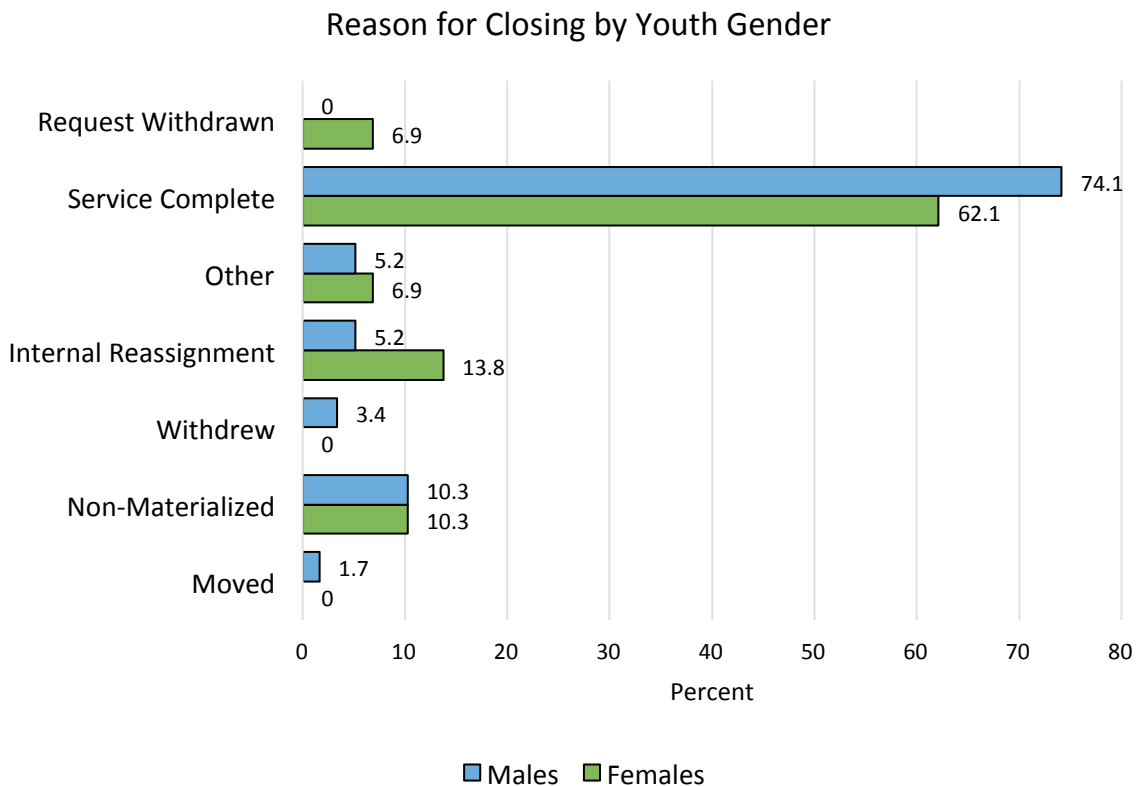
Outcomes

Client Engagement and Treatment Participation

Closing Reasons

An important goal for successful mental health services is client engagement and the ability to follow through with a full course of treatment. As can be seen in the figure below, the majority of clients successfully participated in treatment with **roughly 62.1% of female and 74.1% of male youth completing a full episode of care.**

Important to note are those youth and their **families who did not fully complete service.** Only a few youth **prematurely ended service and withdrew from treatment (0.0% of females; 3.4% of males).** A high number of youth non-materialized and did not start service following a referral. This was evenly distributed across gender with **10.3% of both female and male youth non-materializing.** When taken together, **clients who withdrew or non-materialized represented roughly 10.3% of female and 13.7% of male youth.**



Outcomes

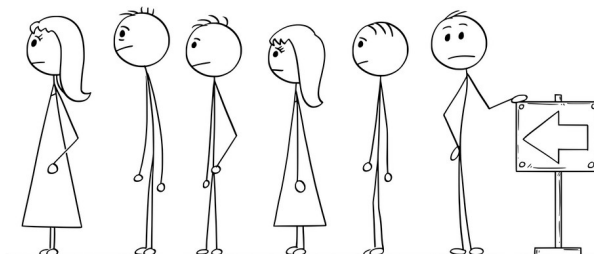
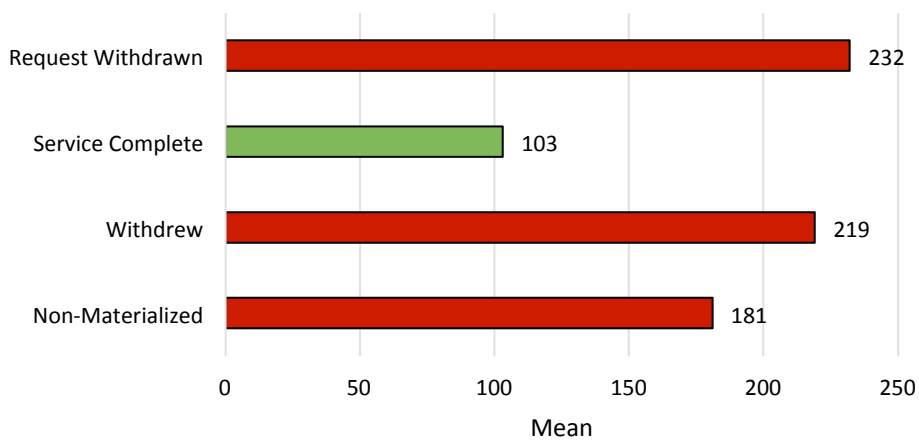
Client Engagement and Treatment Participation

Days Waiting

An important benchmark for service engagement is that youth begin services within three months of their referral to CCTB. In this group of pre-teen youth, **44.8% (n = 39) began to receive service within 90 days of their referral.** The significance of achieving this waitlist benchmark can be seen when looking at youth who successfully completed service versus those who withdraw or non-materialized.

Youth who **non-materialized (M = 180.88 days), prematurely withdrew from service (M = 219 days), or withdrew their request for service (M = 232 days) waited considerably longer for service** when compared to youth **who successfully completed service (M = 103 days).** The figure below displays wait times for each Reason for Closing category. While the shorter wait times for youth who successfully completed service may reflect the triaging and quicker assignment of youth with more severe problems, it may also represent the potential harm that waiting for service can have on engaging youth and successfully completing treatment.

Days Waiting



Outcomes

Client Engagement and Treatment Participation

Child and Adolescent Needs and Strengths

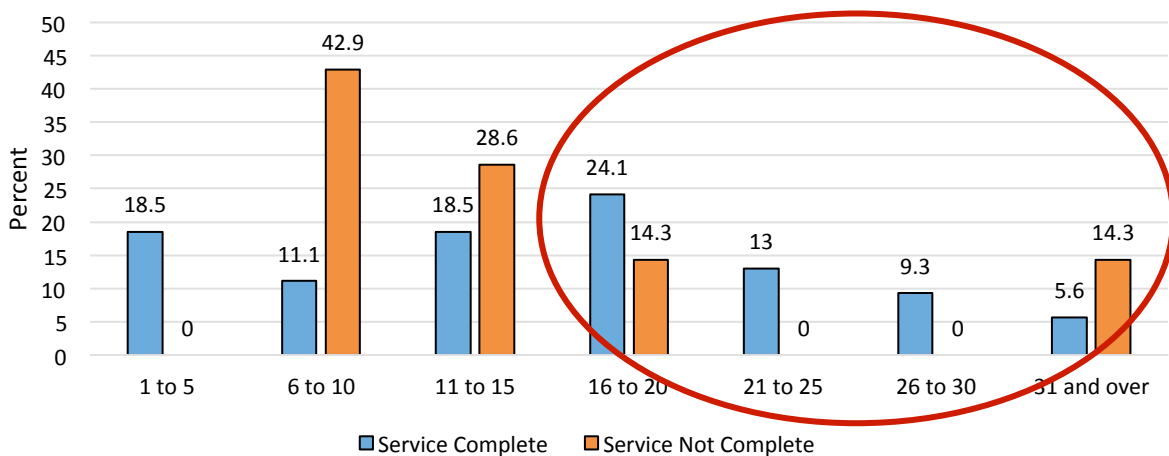
Examination of individual CANS items from the complete versus not complete service groups (as shown in Appendix A) suggested that youth who did not complete service had more severe difficulties with:

- Building relationships
- Social functioning
- Less optimistic.

There were **no other individual items which were found to be significantly higher in the youth who did not complete service**. This may be due, in part, to the fact that youth on the YS service had a low rate of treatment drop outs.

As shown in the figure below, youth who participated in outpatient services at CCTB had severe mental health issues, regardless of whether they completed or did not complete service. Most outstanding in these results are the high number of co-morbid conditions and functional impairments. For youth who **successfully completed service, 52% had 16 or more actionable needs and strengths items on the CANS**. This represents a **significant level of functional impairment in daily living and a complex needs profile**. Similarly, youth who **did not complete service also had a high number of action items on their needs and strengths**. Of this latter group, **28.6% had 16 or more actionable items in their pre-treatment CANS profile**.

CANS Pre-Treatment: Actionable Needs and Strengths Items



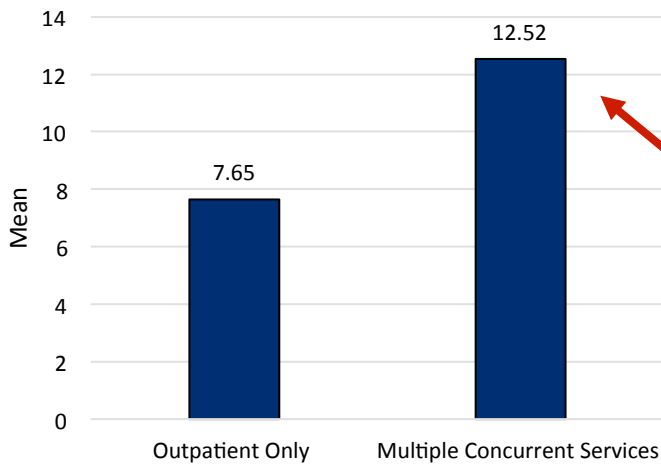
Outcomes

Client Engagement and Treatment Participation

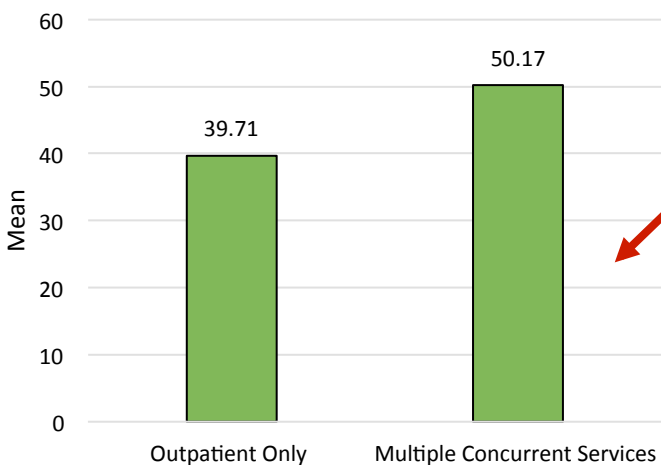
Intensity of Service

As another measure of service need, clients were broken down into youth who utilized the outpatient service only versus those youth who required outpatient services plus other complementary services such as Day Treatment, parenting interventions, or school services. As can be seen, **more than half (40.3%) of the youth required additional services** beyond just outpatient interventions. This reinforces the CANS information regarding treatment need. Many of these youth required intensive services. Importantly, the impact on treatment duration can be seen in the figures below.

Months in Service



Hours of Service



Youth who had concurrent mental health services were in treatment **roughly 1.6 times longer** and received roughly **1.3 times more service hours** than youth who received outpatient service only.

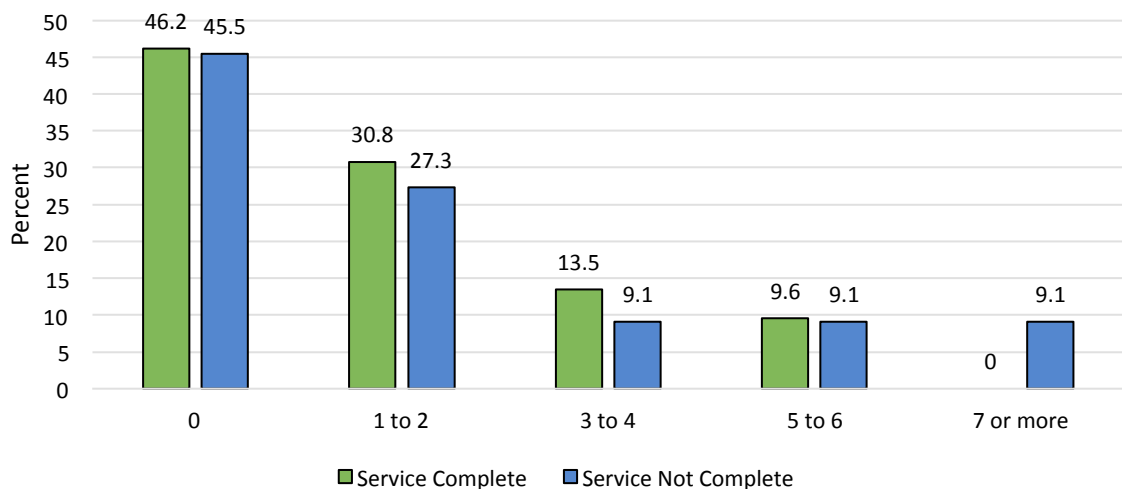
Outcomes

Client Engagement and Treatment Participation

Missed Appointments

Another important factor of engagement in treatment is the level of follow through with appointments. If clients frequently miss appointments, it represents a disruption in service and lack of continuity in working on treatment goals. If there are frequent missed appointments, it may represent the presence of barriers to service or lack of engagement by therapists. As can be seen in the figure below, **most clients who successfully completed service had few attendance problems with appointments. Roughly 77% of these clients missed two or fewer appointments** over the course of service. Only about **10% of the service complete clients missed five or more appointments** over the 10 months of service typically given to these clients. This suggests that within successful episodes of care, a small minority of clients require persistence, flexibility, or some form of supports to ensure provision of the YS service.

Missed Appointments



Outcomes

Treatment Outcomes: Individual CANS items

Information about the frequency of each individual CANS item for youth in the outpatient mental health program is broken down by gender, concurrent service use, and by service completion is displayed in Appendix A. At the CANS individual item level, analyses can be done examining the treatment success within that area of functioning. The tables below provide a **summary of the outcomes achieved on a selection of the most frequently presenting need items and all strength items**. The outcome for each of these individual items can be classified into the following categories:

- Initial** = percentage of youth who were identified with an actionable need item at the start of treatment
- Clinical Progress** = percentage of youth who had an actionable need item at the start of service and improved in that area of functioning. *Note: This category only examines clients who displayed an actionable need for each individual item at pre-treatment.
- Worsening** = percentage of clients where an actionable need item was identified at the start of service and this item increased in severity. *Note: This category only examines clients who displayed an actionable need for each individual item at pre-treatment.

Strengths

Overall, youth who participated in treatment demonstrated some improvements in their strengths. The strengths in which they showed the **greatest gains was in their self-expression, resiliency, and peer relationships**. This suggests that following service, **youth were better able to express their feelings, show greater resiliency in the case of adversity, and related more effectively with other youth**. These are important qualities which are necessary for a successful and positive quality of life.

Boxes highlighted in yellow indicates the item displayed statistically significant results.

	Initial N (%)	Clinical Progress N (%)	Worsening N (%)	Effect Size	r
Talents/ Interests	23 (37.7)	6 (30)	0 (0)	.18	.021
Extracurricular Activities	28 (45.9)	5 (20.8)	0 (0)	.08	.279
Optimism	25 (41)	6 (25)	0 (0)	.21	.008
Leadership	41 (68.3)	7 (21.2)	0 (0)	.25	.006
Peer Relations	31 (50.8)	11 (42.3)	0 (0)	.34	.000
Self-expression	36 (59)	11 (33.3)	0 (0)	.42	.001
Flexibility/Adaptation to Change	20 (32.8)	3 (16.7)	0 (0)	.12	.059
Resiliency	30 (49.2)	10 (38.5)	0 (0)	.31	.000
Family	17 (27.9)	5 (38.5)	0 (0)	.18	.035
Natural Supports	20 (32.8)	2 (13.3)	0 (0)	.08	.157
Community Involvement	23 (37.7)	2 (10.5)	0 (0)	.04	.480
Cultural Identity	16 (26.2)	1 (6.7)	0 (0)	.05	.317
Transitions	16 (26.2)	11 (73.3)	0 (0)	.27	.008

*Note: Effect Size and Significance includes the entire YS population.

Outcomes

Treatment Outcomes: Individual CANS Needs Items

Needs

With respect to Need items, the **greatest treatment effects** occurred with **both externalizing and internalizing disorders of anger control, anxiety, moodiness, emotional self-regulation, and ability to better understand the consequences for personal decisions**. This suggests that youth are better able to manage their emotions and think through the consequences for their behaviour. Importantly, there were **several areas where minimal success was achieved**, even though they were commonly occurring need issues. This included **overall adjustment to past traumatic events and school attendance**. These latter areas require greater attention in service provision and how best to deliver services for these specific problem areas.

	Initial N (%)	Clinical Progress N (%)	Worsening N (%)	Effect Size	r
Ability to Pay Attention	27 (44.3)	14 (58.3)	0 (0)	.33	.001
Adjust to Trauma	13 (21.7)	6 (54.5)	0 (0)	.23	.005
Anger Control	30 (49.2)	18 (66.7)	1 (3.7)	.70	.000
Anxiety	25 (41)	18 (81.8)	0 (0)	.54	.000
Family Stress	22 (36.1)	8 (47.1)	0 (0)	.40	.000
Moodiness	26 (42.6)	19 (76)	0 (0)	.56	.000
Over-reactive	32 (52.5)	17 (65.4)	0 (0)	.56	.000
Parent-child relationship	17 (27.9)	7 (53.8)	0 (0)	.34	.001
Self-management	38 (62.3)	24 (72.7)	0 (0)	.73	.000
Social Functioning	27 (44.3)	11 (50)	1 (4.5)	.33	.001
School Attendance	7 (11.5)	3 (60)	0 (0)	.19	.038

*Note: Effect Size and Significance includes the entire YS population.

Outcomes

Treatment Outcomes: Domain Level CANS

Examination of treatment outcomes across various subgroups of YS youth as well as the **overall total sample possessing a pre- and post- CANS score reveals statistically and clinically meaningful positive outcomes for youth.**

Domain	Pre-Treatment Mean (SD)	Post Treatment Mean (SD)	Effect Size	r
Social Skills	3.67 (2.86)	2.79 (2.58)	.32	.000
Mental Health Needs	14.62 (7.26)	10.60 (6.11)	.60	.000
Risk Behaviours	17.87 (7.93)	15.50 (8.43)	.29	.000
Youth Strengths	6.94 (5.26)	4.33 (3.92)	.56	.000
Family & Caregiver Needs	7.81 (6.44)	6.69 (5.92)	.18	.017
Total	51.17 (21.71)	40.19 (21.60)	.51	.000

YS youth who took part in services demonstrated a **moderate level improvement in their mental health functioning, use of strengths, and overall functioning.**

Small effect size improvements were noted in **their social functioning, family and caregiving needs, and decrease in risk behaviours.**



Outcomes

Treatment Outcomes: One Outpatient Service and Multiple Concurrent Services

As seen in the figures below, a **significant difference** was noted for youth who took part in **outpatient services only** and for youth who required **multiple concurrent services**. Youth with **only outpatient services** showed **significant improvements** within the **small to moderate range**, with the **greatest improvements** coming from the **Mental Health domain** where a **moderate effect size improvement** was observed. This is in contrast to youth who took part in **concurrent services**. In this latter case, youth showed **overall large effect size changes** with **large effect changes** occurring on the **mental health and risk behaviour domains**. There were also **moderate effect size** changes in their **social functioning and strengths**. The only area that **did not change** was in the **Family and caregiver functioning** which was unchanged. This suggests that youth with more complex and severe mental health needs benefitted the most from interventions.

YS Treatment Outcomes by CANS Domains: Outpatient Service only (N = 27)

Domain	Pre-Treatment Mean (SD)	Post Treatment Mean (SD)	Effect Size	r
Social Skills	2.96 (2.86)	2.33 (2.66)	.23	.011
Mental Health Needs	12.11 (6.95)	8.81 (6.55)	.49	.000
Risk Behaviours	4.37 (4.54)	3.11 (3.90)	.30	.001
Youth Strengths	16.85 (9.58)	15.19 (10.24)	.17	.003
Family & Caregiver Needs	7.48 (6.47)	5.56 (5.92)	.31	.002
Total	44.11 (23.74)	35.33 (24.70)	.36	.000

YS Treatment Outcome by CANS Domains: Multiple Concurrent Services (N = 25)

Domain	Pre-Treatment Mean (SD)	Post Treatment Mean (SD)	Effect Size	r
Social Skills	4.44 (2.71)	3.28 (2.46)	.45	.003
Mental Health Needs	17.32 (6.71)	12.52 (5.04)	.81	.000
Risk Behaviours	9.72 (4.58)	5.64 (3.58)	.99	.000
Youth Strengths	18.96 (5.65)	15.84 (6.09)	.53	.000
Family & Caregiver Needs	8.16 (6.52)	7.92 (5.79)	.04	.549
Total	58.80 (16.56)	45.44 (16.51)	.81	.000

Outcomes

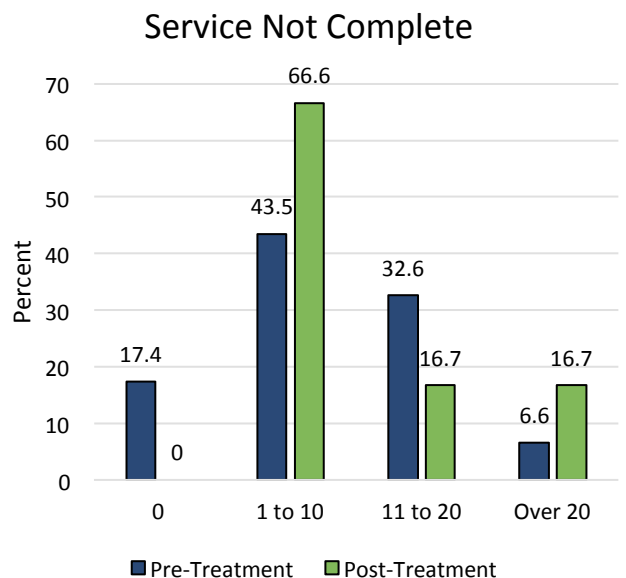
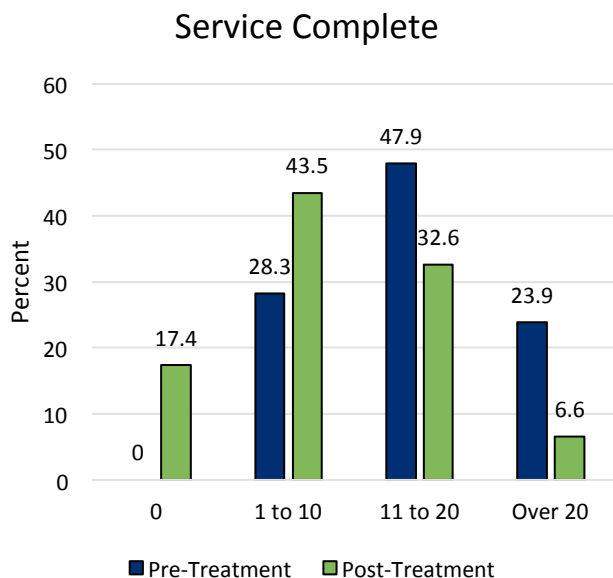
Treatment Outcomes: Service Complete vs. Service Not Complete

The table below highlights the results for youth who successfully completed intervention when compared to those who did not. These results show a **significant difference for those youth who successfully completed service**. The **moderate effect size for service completers of .54 is clinically more meaningful and better than the small effect of .26 for service non-completers**.

This suggests that engaging youth in service and being able to complete an episode of care is critical for successful outcomes.

	Pre-Treatment CANS Mean (SD)	Post-Treatment CANS Mean (SD)	Effect Size
Service Complete (N = 46)	51.33 (21.23)	39.85 (20.95)	.54
Service Not Complete (N = 6)	50.00 (27.40)	42.83 (28.02)	.26

The benefits of treatment can also be viewed in terms of the number of CANS items which fall within the need for action level (rating of 2 or 3). This can be viewed in the figures below. As can be seen, roughly **23.9% youth who completed service had over 20 CANS action items at the start of treatment**. However, by the end of service, **this number dropped to only 6.6% of youth**. This large change was also noted on youth who had **0 CANS action items**. At the start of treatment, there were **no youth in this category**. However, by the end of service, there were **17.4% of youth with no CANS action items**. More modest changes were noted in the youth who did not complete service.



Summary and Conclusions

Results from this evaluation of the YS service highlight a number of very positive treatment outcomes. There were also some areas of weakness which should be considered in the provision of future services. Key service delivery findings and recommendations are summarized below.

- Roughly two-thirds of youth clients referred for service were male with a mix of both internalizing and externalizing needs being present. It will be important to ensure clinicians have a strong skill set to address this wide range of presenting issues.
- Roughly two-thirds of youth clients successfully completed service. This suggests that the majority of clients were able to engage in services and follow through with appointments to the end of intervention.
- Not all youth who participated in services were able to make progress or improvement. This was observed in the failure to engage some of the youth who sought out services. While few youth prematurely dropped out of service, roughly 10% non-materialized. Another group of youth (roughly 14% of girls and 5% of boys) were internally referred to other services. Understanding why these youth needed to be transferred to another service may help identify problems with service identification and triaging.
- Youth who did not complete service waited 1.4 times longer for service than those youth who successfully completed treatment.
- Youth who did not complete service had equally severe mental health problems on the CANS total score as those who did not complete service. There were only several areas of functioning that were higher in the not complete service group. Youth who did not complete service had more difficulty building relationships, poorer social functioning and were less optimistic. .
- Youth who completed service had many co-morbid and functional areas of impairment with 52% possessing 16 or more CANS items rated at an action level (i.e., 2 or 3). This was less evident for the youth who did not complete treatment. In this latter group, 28.2% were given 16 or more action items on the CANS.
- Youth who received concurrent and additional services to traditional outpatient treatment were found to be in service roughly 1.6 times longer than youth who received outpatient service only.

Summary and Conclusions

- Using the criteria of five or more missed appointments, only 10% of youth who successfully completed service had difficulties making appointments. Roughly 77% of youth missed two or fewer appointments over the course of treatment. This suggests that a minority of youth clients had difficulty following through with treatment sessions.
- The greatest treatment effects occurred with both externalizing and internalizing symptoms of anger control, anxiety, moodiness, emotional self-regulation, and ability to better understand the consequences for personal decisions. This suggests that positive gains were made in the functioning related to emotional regulation skills, internalizing symptoms, externalizing symptoms, and interpersonal skills.
- Treatment progress was not observed in the area of adjustment to trauma and school attendance. This suggests that youth who present with these needs at the start of treatment require additional or different treatment services given the difficulties observed in successfully intervening on these issues.
- Clinically meaningful changes were noted on several of the CANS strength items with the strongest improvements occurring on resiliency, peer relations, and self-expression. This suggests that youth gained in their ability to manage difficult future life circumstances through increased resiliency. They also improved their peer relations and enhanced their abilities to express themselves.
- Statistical and clinically meaningful results were obtained across all CANS domains with moderate effect size improvements occurring in youths' mental health functioning, use of strengths, and overall Total CANS score.
- More significant treatment effects were obtained with clients who required concurrent mental health services when compared to those youth who needed outpatient mental health services only. Youth who needed outpatient only had small to moderate size effects. This is in contrast to youth who received concurrent services. This latter group had moderate large effect size changes across all of the CANS domains except for the Family Caregiver domain where not changes were obtained.
- Not surprisingly, the effectiveness of interventions for clients who did not complete service was much weaker than that found with youth who successfully completed service.

Appendix A: Frequency of Individual CANS Items for Youth in the YS Service

Domains	Gender		Concurrent		Service Complete		Overall
	Male	Female	Yes	No	Yes	No	N (%)
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	
Social Skills							
Social Functioning	18 (41.9)	9 (50)	15 (51.7)	12 (37.5)	22 (40.7)	5 (71.4)	27 (44.3)
Building Relationships	15 (34.9)	7 (38.9)	12 (41.4)	10 (31.3)	17 (31.5)	5 (71.4)	22 (36.1)
Empathy	10 (23.3)	1 (5.6)	7 (24.1)	4 (12.5)	10 (18.5)	1 (14.3)	11 (18)
Social Perception	10 (23.3)	6 (33.3)	9 (31)	7 (21.9)	14 (25.9)	2 (28.6)	16 (26.2)
Behavioural and Emotional							
Mental Health Needs							
Attention Deficit	16 (38.1)	4 (22.2)	11 (37.9)	9 (29)	19 (35.8)	1 (14.3)	20 (33.3)
Ability to Pay Attention	23 (53.5)	4 (22.2)	17 (58.6)	10 (31.3)	24 (44.4)	3 (42.9)	27 (44.3)
Decision Making Skills	17 (39.5)	3 (16.7)	10 (34.5)	10 (31.3)	15 (27.8)	5 (71.4)	20 (32.8)
Intellectual	0 (0)	0(0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Special Education	7 (16.3)	2 (11.1)	7 (24.1)	2 (6.3)	8 (14.8)	1 (14.3)	9 (14.8)
Learning Disability	8 (18.6)	2 (11.1)	7 (24.1)	3 (9.4)	9 (16.7)	1 (14.3)	10 (16.4)
Activities of Daily Living	5 (11.6)	0 (0)	4 (13.8)	1 (3.1)	4 (7.4)	1 (14.3)	5 (8.2)
Autism Spectrum/ PDD	1 (2.3)	0 (0)	0 (0)	1 (3.1)	1 (1.9)	0 (0)	1 (1.6)
Self-Management	28 (65.1)	10 (55.6)	24 (82.8)	14 (43.8)	36 (66.7)	2 (28.6)	38 (62.3)
Moodiness	22 (51.2)	4 (22.2)	16 (55.2)	10 (31.3)	24 (44.4)	2 (28.6)	26 (42.6)
Over-reactive	25 (58.1)	7 (38.9)	20 (69)	12 (37.5)	29 (53.7)	3 (42.9)	32 (52.5)
Attachment Difficulties	4 (9.3)	3 (16.7)	2 (6.9)	5 (15.6)	6 (11.1)	1 (14.3)	7 (11.5)
Parent-Child Relations	13 (30.2)	4 (22.2)	9 (31)	8 (25)	17 (31.5)	0 (0)	17 (27.9)
Eating Disturbance	3 (7)	0 (0)	3 (10.3)	0 (0)	3 (5.6)	0 (0)	3 (4.9)
Anxiety	19 (44.2)	6 (33.3)	12 (41.4)	13 (40.6)	23 (42.6)	2 (28.6)	25 (41)
Mood Disturbance	11 (25.6)	2 (11.1)	8 (27.6)	5 (15.6)	12 (22.2)	1 (14.3)	13 (21.3)
Sleep	7 (16.3)	1 (5.6)	4 (13.8)	4 (12.5)	7 (13)	1 (14.3)	8 (13.1)
Psychosis	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Adjustment to Trauma	11 (25.6)	2 (11.8)	9 (32.1)	4 (12.5)	12 (22.6)	1 (14.3)	13 (21.7)
Risk Behaviours							
Suicide Risk	1 (2.3)	0 (0)	1 (3.4)	0 (0)	1 (1.9)	0 (0)	1 (1.6)
Self-injuring Behaviour	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other self-harm	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Aggression towards objects	9 (20.9)	3 (16.7)	11 (37.9)	1 (3.1)	11 (20.4)	1 (14.3)	12 (19.7)
Cruelty to animals	1 (2.3)	0 (0)	1 (3.4)	0 (0)	1 (1.9)	0 (0)	1 (1.6)
Danger to others	5 (11.6)	0 (0)	3 (10.3)	2 (6.3)	5 (9.3)	0 (0)	5 (8.2)
Sexual Aggression	1 (2.4)	0 (0)	0 (0)	1 (3.2)	1 (1.9)	0 (0)	1 (1.7)
Elopement/ Runaway	0 (0)	1 (5.6)	1 (3.4)	0 (0)	1 (1.9)	0 (0)	1 (1.6)
Delinquent Behaviour	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Fire setting	1 (2.3)	0 (0)	1 (3.4)	0 (0)	1 (1.9)	0 (0)	1 (1.6)
Bullying	2 (4.7)	2 (11.1)	4 (13.8)	0 (0)	4 (7.4)	0 (0)	4 (6.6)
Sexual Development	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Oppositional Behaviour	16 (37.2)	4 (22.2)	15 (51.7)	5 (15.6)	19 (35.2)	1 (14.3)	20 (32.8)
Conduct Behaviour	0 (0)	2 (4.7)	1 (3.4)	1 (3.1)	2 (3.7)	0 (0)	2 (3.3)
School Discipline	13 (30.2)	1 (5.6)	11 (37.9)	3 (9.4)	13 (24.1)	1 (14.3)	14 (23)
School Attendance	6 (14)	1 (5.6)	5 (17.2)	2 (6.3)	6 (11.1)	1 (14.3)	7 (11.5)
Substance Abuse	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Impulse Control	15 (34.9)	6 (33.3)	15 (51.7)	6 (18.8)	19 (35.2)	2 (28.6)	21 (34.4)
Anger Control	24 (55.8)	6 (33.3)	21 (72.4)	9 (28.1)	28 (51.9)	2 (28.6)	30 (49.2)

Appendix A: Frequency of Individual CANS Items for Youth in the YS Service

Family Caregiver Needs and Strengths

Parenting Skills	13 (30.2)	5 (27.8)	9 (31.0)	9 (28.1)	16 (29.6)	2 (28.6)	18 (29.5)
Supervision	3 (7.0)	0 (0)	2 (6.9)	1 (3.1)	3 (5.6)	0 (0)	3 (4.9)
Involvement with care	0 (0)	2 (11.1)	2 (6.9)	0 (0)	2 (3.7)	0 (0)	2 (3.3)
Problem Solving	4 (9.3)	4 (22.2)	4 (13.8)	4 (12.5)	7 (13)	1 (14.3)	8 (13.1)
Knowledge	4 (9.3)	1 (5.6)	2 (6.9)	3 (9.4)	5 (9.3)	0 (0)	5 (8.2)
Ability to Communicate	7 (16.3)	3 (16.7)	4 (13.8)	6 (18.8)	10 (18.5)	0 (0)	10 (16.4)
Understanding of Impact of Own Behavior	10 (23.3)	2 (11.1)	7 (24.1)	5 (15.6)	12 (22.2)	0 (0)	12 (19.7)
Organization	1 (2.3)	2 (11.1)	2 (6.9)	1 (3.1)	3 (5.6)	0 (0)	3 (4.9)
Social Resources/Natural Supports	6 (14)	1 (5.6)	4 (13.8)	3 (9.4)	5 (9.3)	2 (28.6)	7 (11.5)
Stable Living Situation	1 (2.3)	0 (0)	0 (0)	1 (3.1)	0 (0)	1 (14.3)	1 (1.6)
Physical Health	3 (7.0)	1 (5.6)	2 (6.9)	2 (6.3)	4 (7.4)	0 (0)	4 (6.6)
Mental Health	3 (7.0)	2 (11.1)	3 (10.3)	2 (6.3)	5 (9.3)	0 (0)	5 (8.2)
Substance Use	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Developmental	0 (0)	1 (5.6)	1 (3.4)	0 (0)	1 (1.3)	0 (0)	1 (1.6)
Family Functioning	10 (23.3)	2 (11.1)	6 (20.7)	6 (18.8)	11 (20.4)	1 (14.3)	12 (19.7)
Family Stress	17 (39.5)	5 (27.8)	11 (37.9)	11 (34.4)	20 (37)	2 (28.6)	22 (36.1)
Safety	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

Youth Strengths

Talents/ Interests	17 (39.5)	6 (33.3)	11 (37.9)	12 (37.5)	20 (37)	3 (42.9)	23 (37.7)
Extracurricular Activities	22 (51.2)	6 (33.3)	14 (48.3)	14 (43.8)	25 (46.3)	3 (42.9)	28 (45.9)
Optimism	21 (48.8)	4 (22.2)	12 (41.4)	13 (40.6)	21 (38.9)	4 (57.1)	25 (41)
Leadership	30 (71.4)	11 (61.1)	25 (86.2)	16 (51.6)	36 (67.9)	5 (71.4)	41 (68.3)
Peer Relations	23 (53.5)	8 (44.4)	17 (58.6)	14 (43.8)	27 (50)	4 (57.1)	31 (50.8)
Self-expression	26 (60.5)	10 (55.6)	20 (69)	16 (50)	31 (57.4)	5 (71.4)	36 (59)
Flexibility/Adaptation to Change	17 (39.5)	3 (16.7)	10 (34.5)	10 (31.3)	17 (31.5)	3 (42.9)	20 (32.8)
Resiliency	23 (53.5)	7 (38.9)	17 (58.6)	13 (40.6)	26 (48.1)	4 (57.1)	30 (49.2)
Family	13 (30.2)	4 (22.2)	8 (27.6)	9 (28.1)	17 (31.5)	0 (0)	17 (27.9)
Natural Supports	17 (39.5)	3 (16.7)	10 (34.5)	10 (31.3)	18 (33.3)	2 (28.6)	20 (32.8)
Community Involvement	18 (41.9)	5 (27.8)	11 (37.9)	12 (37.5)	21 (38.9)	2 (28.6)	23 (37.7)
Cultural Identity	14 (32.6)	2 (11.1)	6 (20.7)	10 (31.3)	15 (27.8)	1 (14.3)	16 (26.2)
Transitions	13 (30.2)	3 (16.7)	9 (31)	7 (21.9)	13 (24.1)	3 (42.9)	16 (26.2)
Adaption to Change	12 (27.9)	2 (11.1)	6 (20.7)	8 (25)	11 (20.4)	3 (42.9)	14 (23)