# ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

#### **AHCCCS MEDICAL POLICY MANUAL**

# POLICY 580 – ATTACHMENT A – STRENGTHS, NEEDS, AND CULTURE DISCOVERY DOMAINS

# STRENGTHS, NEEDS, AND CULTURE DISCOVERY (SNCD) shall include the family vision, child and family strengths, specific needs, and cultural influences/preferences.

The information in these domains are provided as direction for addressing the child and family's unique SNCD in service planning and delivery.

#### **FAMILY VISION:**

- 1. What would success look like to the family? What do they hope to accomplish by participating in services?
- 2. How will they know when they are ready to transition out of services?
- 3. What are the needs and areas of focus that shall be addressed with the intent to move toward this desired future?

### PERSONAL: (PROVIDE THEIR NAME, AGE, ETHNICITY, RACE)

- 1. Any special accomplishments or achievements they might have?
- 2. Are there any special personality characteristics?
- 3. How do they define themselves? How does the family define them?
- 4. What is unique about the child and family?
- 5. Is there something that they are proud of that they would like to share?
- 6. What are their short-term and long-term future goals?

#### **STRENGTHS:**

- 1. What are they most proud of in their life?
- 2. What do they like about themselves?
- 3. What do they enjoy or love doing?
- 4. What do you friends admire or like about you?
- 5. What challenges have you overcome?
- 6. What are your unexpected talents?
- 7. What would your family say are your strengths?
- 8. What is something that people compliment you on?
- 9. How can the strengths you have identified help you in your life and in treatment (be functional)?

## FAMILY/LIVING/HOUSING

- 1. Who is a part of the family (mom, dad, siblings, grandparents, parent(s), or pets etc.)?
- 2. The nature and dynamics of these relationships.
- 3. What does this family need to live successfully together?
- 4. What is the family's living environment and are there any needs in this area?
- 5. Who lives together and how that is working for everyone?
- 6. What activities does the family do together (i.e., eat dinner, go to movies, celebrations, holidays, religious gatherings)?
- 7. What does a typical day look like for this child and family?
- 8. Have there been any recent changes in living environment/situation (e.g., removal from family, divorce, adoption, school suspension, family death, auto accident, loss of job/income)?

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#### **COMMUNITY INVOLVEMENT**

- 1. What relationships does the child have in the community (e.g., friends, significant others, important adult and community relationships)?
- 2. Whom are the people the child and family are most comfortable with?
- 3. Who are the supportive people in the family's life and how they might assist?
- 4. What are the things the child and family are good at or like to do (e.g., interests, talents, skills, abilities, education, friends, family, religion/spirituality, work, school, etc.)?
- 5. Does the family have any organizational affiliations?

### **EDUCATIONAL/VOCATIONAL TRAINING**

- 1. Does the child attend school? Is the child involved in an educational or vocational training program?
- 2. How is the child doing in school/training?
- 3. What are the child's likes or dislikes pertaining to school?
- 4. What activities does the child participate in at school?
- 5. If the child is not in school, what are the situations that have led to the child not being in school?
- 6. Does the child have any special education needs or accommodations (such as testing, evaluations, development of an IEP/504 Plan, alternative school, change of teacher)?
- 7. What are the family's beliefs regarding school/academic achievement?
- 8. Are there any current challenges at school?

## **SOCIAL/RELATIONSHIP DOMAIN**

- 1. Does the child spend time with friends? How often?
- 2. Does the child have opportunities to socialize/engage in fun, meaningful activities?
- 3. What are the ways the child chooses to relax (fun, hobbies, extra-curricular activities, sports, interests, support systems, after-school activities, clubs, etc.)?
- 4. Who are the child's friends and family members that provide support? How do they provide support?

### BEHAVIORAL/EMOTIONAL/PSYCHOLOGICAL

- 1. What are the child and family's needs in these areas?
- 2. Are there any issues that impede interactions within the family or in the community (social anxiety, substance use, anger/behavioral outbursts, mood, medication side effects, hyperactivity, anxiety, traumatic experiences, etc.)?
- 3. What has worked to improve functioning in the past?

#### SAFETY

- 1. Are there any safety concerns for the child?
- 2. Are there any safety needs of family members?
- 3. Are there any current risk-taking behaviors that are concerning to the family?
- 4. Are there any challenges to the child maintaining their own safety?
- 5. Are there potential dangers/concerns for themselves or to the community?
- 6. What strengths/supports are present to address safety concerns?
- 7. Is there a crisis plan in place? Does the family have a copy? Is it helpful?

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#### **LEGAL**

- 1. Is the family currently involved with the judicial system (current legal status, probation, custody, adjudication, foster care, etc.)?
- 2. Has the child been the victim of a crime?
- 3. Is child justice-involved? Has the child been charged with or convicted of a crime?

#### HEALTH

- 1. Are there any health care needs? Does the family need access to any needed specialty services?
- 2. Does the family have involvement with the Division of Developmental Disabilities (DDD), Arizona Long Term Care Services (ALTCS), Children's Rehabilitative Services (CRS), or Department of Child Safety (DCS), etc.?
- 3. Does the child or caregiver have any limitations on physical activity?
- 4. Does the child or caregiver have any acute/chronic or debilitating illnesses?
- 5. Are there dental, hearing, speech, vision, or other issues affecting the child or family?
- 6. Does the child have any immunization needs?

## **VOCATIONAL/EMPLOYMENT (PERSONS 16 AND OLDER OR OTHERS IF PERTINENT)**

- 1. What is the youth's current work status (full, part-time, or volunteer)?
- 2. What is their current job, (e.g., type of work, work environment, length of employment and attitude toward work)?
- 3. What is the impact of work on personal and family life (e.g., family, leisure time, health, relationships)?
- 4. If the youth is not employed, do they have interest in finding employment (describe interests)?
- 5. Are there any supports or resources needed to get a job and/or keep a current job (training or social skills)?

#### **FINANCIAL**

- 1. Are there any financial issues affecting the family's ability to provide basic needs and housing?
- 2. Does the family have transportation to school, community activities, appointments, etc.?
- 3. Are there financial issues that are causing stress to the child or family?
- 4. Does the family need help with Nutritional Assistance, food boxes or other financial resources?

#### **CULTURAL DISCOVERY:**

- 1. Does the family have any spiritual beliefs or religious affiliations?
- 2. How does the family describe their values, culture, and beliefs? Are there cultural considerations that would promote an understanding of the child and family?
- 3. What are the things that make the child or family feel good about themselves and help make their life meaningful?
- 4. In what ways does the family celebrate special occasions (holidays, birthdays, weddings, religious observances)?
- 5. Are there multiple generations living in one home?
- 6. Are there cultural differences due to age or acculturation?
- 7. What are the family's attitudes and expectations related to services?
- 8. What are their beliefs about the cause of the issues needing to be addressed?