

---

# IDAHO YOUTH EMPOWERMENT SERVICES

## Child and Adolescent Needs and Strengths Screener 2.0

### Birth thru Age 18

Copyright 2024, 2017, 1999 by the University of Kentucky Research Foundation  
and the Praed Foundation

2024  
REFERENCE  
GUIDE

# TABLE OF CONTENTS

INTRODUCTION.....	4
RATING NEEDS .....	4
CANS SCREENER FAQ.....	5
WHAT IS A YES CANS SCREENER? .....	5
WHY WOULD THE YES CANS SCREENER BE USED?.....	5
HOW IS THE YES CANS SCREENER ADMINISTERED?.....	5
YES CANS SCREENER ITEMS.....	6
BEHAVIORAL/EMOTIONAL NEEDS DOMAIN .....	7
LIFE FUNCTIONING DOMAIN .....	14
RISK BEHAVIORS DOMAIN.....	22
CAREGIVER RESOURCES & NEEDS DOMAIN.....	31
RATING THE SCREENER .....	39

# INTRODUCTION

The state of Idaho's System of Care for children and youth – Youth Empowerment Services (YES) – is for children and youth diagnosed with a mental health disorder and substantial impairment in functioning, also known as serious emotional disturbance (SED).

This screening tool has been developed based on the **Idaho Children's Mental Health Child and Adolescent Needs and Strengths (CANS)**. The CANS is a comprehensive, multi-domain, standardized tool which helps families & providers work together to ensure the family voice is heard. It helps to plan and manage services, track child and family progress, identify and allocate resources the family needs, and allows the family to tell their unique story. It can improve care coordination, strengthen decision making, and build transparency with families and providers.

The YES CANS Screener helps identify needs across four areas: Behavioral and Emotional Needs, Life Functioning, Risk Behaviors and Caregiver Resources and Needs. Items in each domain are rated as a '0', '1', '2', or '3.'

Please use the screening form in conjunction with this YES CANS Screener Reference Guide for more information about the areas of need and ratings.

## RATING NEEDS

The YES CANS Screener is based on the Child and Adolescent Needs and Strengths (CANS). It is easy to learn and has widespread use among providers and other partners in the service system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the child/youth and family. All items in the screening tool will be rated for all individuals based on the following rating scale.

### Basic design for rating Needs

Rating	Level of need	Appropriate action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/ additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/intensive action required

# CANS SCREENER FAQ

## WHAT IS A YES CANS SCREENER?

- The Child and Adolescent Needs and Strengths, or CANS, is used with those who participate in Youth Empowerment Services (YES). The YES Screener, based on the CANS, was developed as a preliminary needs identification tool.
- The screening tool is easy to learn and has an excellent reputation among providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the youth and family.
- The screening tool will help providers identify unmet mental health needs, and to link children/youth and their families to further assessment and treatment.

## WHY WOULD THE YES CANS SCREENER BE USED?

- The screener can assist with the identification of an unmet mental health need.
- Research has shown that early intervention of mental health symptoms leads to better outcomes.
- The YES CANS screener was specifically designed for practitioners in a non-mental health setting.
- The screening tool is brief, consisting of approximately 28 items and can be completed in the office.
- No certification for those that administer the screener is required.
- The YES CANS screener can help connect families and children with a more comprehensive mental health assessment.

## HOW IS THE YES CANS SCREENER ADMINISTERED?

- The screener is used only if the practitioner suspects mental health issues.
- The YES CANS screener is divided into Domains: Behavioral/Emotional Needs, Life Functioning, Risk Behaviors, and Caregiver Resources and Needs.
- Each domain is then divided into items, such as Anxiety, Family Functioning and Anger Control.
- Each of these items is rated from 0-3, based on the status of the need, impact on functioning, and urgency for intervention as defined by each item in the YES CANS Screener Reference Guide.
- The YES CANS screener is given a final total rating. This total rating will help providers and the family know if they need to pursue mental health treatment options.

# YES CANS SCREENER ITEMS

## **Behavioral/Emotional Needs Domain**

Mood Disturbance/Fluctuation

Anxiety

Impulse Control

Anger Control

Oppositional Behavior

Psychosis (Thought Disorder)

## **Life Functioning Domain**

Family Functioning

Living Situation

Social Functioning

School Attendance

Recreational

Medical

Physical

## **Risk Behaviors Domain**

Suicide Watch

Non-Suicidal Self-Injurious Behavior

Other Self-Harm (Recklessness)

Danger to Others

Bullying

Bullied by Others

Cruelty to Animals

Delinquent Behavior

## **Caregiver Resources & Needs**

Physical Health

Mental Health

Substance Use

Developmental

Social Resources

Family Stress

Supervision

# BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

This section identifies the behavioral health needs of the child/youth. While the CANS Screener is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of '2' or '3' as described by the action levels below.

**Question to Consider for this Domain:** What are the presenting social, emotional, and behavioral needs of the child/youth?

---

For the **Behavioral/Emotional Needs Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
- 2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## MOOD DISTURBANCE

Symptoms included in this item are depressed mood, hypomania, or mania.

---

### Tips/Questions to Consider:

- Individual does not need to have a diagnosis of a depressive disorder or bipolar or related disorders in order to rate this item.
- 

### Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child/youth has no prolonged emotional/mood problems. No evidence or history of episodes or cycles of depressive and hypomanic or manic symptoms.

---

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child/youth has a history of prolonged mood problems, but not currently. Or there is suspicion or evidence of depression, irritability, or other issues of mood, including mood swings with some evidence of hypomania, that are not yet impacting the child/youth's functioning.

---

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth has problems with mood disturbance that currently impacts functioning. Child/youth's episodes of depression followed by hypomania/mania (or hypomania/mania followed by depression) interfere with functioning. Child/youth's symptoms may impact their social functioning, school attendance or participation, leisure time or home life, or ability to experience happiness.

---

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child/youth has problems with mood disturbance that is dangerous or disabling. This would include a child/youth whose emotional symptoms prevent appropriate participation in school, friendship groups, or family life.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## ANXIETY

This item rates evidence of symptoms associated with DSM anxiety disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors). Panic attacks can be a prominent type of fear response.

---

### Tips/Questions to Consider:

- Is the child/youth avoiding normal activities out of fear?
  - Does the child/youth act frightened or afraid? Do they worry excessively?
- 

### Ratings and Descriptions

- |       |   |
|-------|---|
| 0     | <i>No evidence of any needs; no need for action.</i><br>No evidence of anxiety symptoms.  |
| <hr/> |   |
| 1     | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.</i><br>History, suspicion, or evidence of some anxiety. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the child/youth significant distress or markedly impairing functioning in any important context. |
| <hr/> |   |
| 2     | <i>Need is interfering with functioning. Action is required to ensure that the identified need is addressed.</i><br>Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child/youth's ability to function in at least one life domain.  |
| <hr/> |   |
| 3     | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i><br>Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.  |
- 

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)



---

## IMPULSE CONTROL

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here.

---

### Tips/Questions to Consider:

- Does the child/youth's impulsivity put them at risk?
  - Has the child/youth's impulsivity impacted their life?
  - Is the child/youth able to control themselves in an age-appropriate manner?
  - Does the child/youth report feeling compelled to do something despite negative consequences?
- 

### Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of symptoms of loss of control of behavior.

---

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

There is a history or evidence of some impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. The child/youth may exhibit limited impulse control, e.g., child/youth may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.

---

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Clear evidence of problems with impulsive behavior that interferes with the child/youth's functioning in at least one life domain. This indicates a child/youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, employers, etc.). A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here.

---

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Clear evidence of a dangerous level of or impulsive behavior that places the child/youth at risk of physical harm. This indicates a child/youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child/youth may be impulsive on a nearly continuous basis. The child/youth endangers themselves or others without thinking.

---

**Supplemental Information:** This item includes behavioral symptoms associated with Attention-Deficit/Hyperactivity Disorder (ADHD) and Impulse Control Disorders as indicated in the DSM. Children/youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), and sexual behavior, fire-starting or stealing.

---

[\[Return to Table of Contents\]](#)    [\[Return to Core Item List\]](#)

---

## ANGER CONTROL

This item captures the child/youth's ability to identify and manage their anger when frustrated.

---

### Tips/ to Consider:

- How does the child/youth control their emotions?
  - Do they get upset or frustrated easily?
  - Do they overreact if someone criticizes or rejects them?
  - Does the child/youth become aggressive or violent without concern of the consequence?
- 

### Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of any anger control problems.

---

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History, suspicion, or evidence of some problems with controlling anger. Child/youth may sometimes become verbally aggressive when frustrated. Peers, adults and family are aware of and may attempt to avoid stimulating angry outbursts.

---

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth's difficulties with controlling anger are impacting functioning in at least one life domain. Child/youth's temper has resulted in significant trouble with peers, family, adults and/or school personnel. Anger may be associated with physical violence. Others are likely quite aware of anger potential.

---

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child/youth's temper or anger control problem is dangerous. Child/youth frequently gets into fights that are often physical. Others likely fear the child/youth.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## OPPOSITIONAL BEHAVIOR

This item rates the child/youth's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the child/youth.

---

### Tips/Questions to Consider:

- Does the child/youth follow their caregivers' rules?
  - Have teachers or other adults reported that the child/youth does not follow rules or directions?
  - Does the child/youth argue with adults when they try to get the child/youth to do something?
  - Does the child/youth do things that they have been explicitly told not to do?
- 

### Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of oppositional behaviors.

---

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child/youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.

---

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child/youth's functioning in at least one life domain. Behavior causes emotional harm to others. A child/youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.

---

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child/youth has severe problems with compliance with rules or adult instruction or authority.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## PSYCHOSIS (THOUGHT DISORDER)

This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders. The common symptoms of these disorders include hallucinations (i.e., experiencing things others do not experience), delusions (i.e., a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), disorganized thinking, and bizarre/ idiosyncratic behavior.

---

### Tips/Questions to Consider:

- Does the child/youth exhibit behaviors that are unusual or difficult to understand?
  - Are the unusual behaviors interfering with the child/youth's functioning?
- 

### Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of psychotic symptoms. Thought processes and content are within normal range.

---

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child/youth with a history of hallucinations but none currently. Use this category for children/youth who are below the threshold for one of the DSM diagnoses listed above.

---

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.

---

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm.

---

[\[Return to Table of Contents\]](#)    [\[Return to Core Item List\]](#)

# LIFE FUNCTIONING DOMAIN

Life domains are the different arenas of social interaction found in the lives of children/youth and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the child/youth and family are experiencing.

**Question to Consider for this Domain:** How is the child/youth functioning in individual, family, peer, school, and community realms?

---

For the **Life Functioning Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
- 2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## FAMILY FUNCTIONING

This item rates the child/youth's relationships with those who are in their family. It is recommended that the description of family should come from the child/youth's perspective (i.e., who the child/youth describes as family). In the absence of this information, consider biological and adoptive relatives and significant others with whom the child/youth is still in contact. When rating this item, consider the relationship the child/youth has with their family as well as the relationship of the family as a whole. **Note:** For children/youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. Foster families should only be considered if they have made a significant commitment to the child/youth.

---

### Tips/Questions to Consider:

- Who is in the family? Include specific details of who is defined as the family and the aspects of their functioning in the narrative.
  - Who does the child/youth identify as their family?
  - Does the child/youth get along with their family?
  - Are there problems/conflicts between family members that require resolution?
- 

### Ratings and Descriptions

- |       |  |
|-------|--|
| 0     | <i>No evidence of any needs; no need for action.</i><br>No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members.   |
| <hr/> |  |
| 1     | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.</i><br>History or suspicion of problems, and/or child/youth is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with the child/youth. Arguing may be common but does not result in major problems. |
| <hr/> |  |
| 2     | <i>Need is interfering with functioning. Action is required to ensure that the identified need is addressed.</i><br>Child/youth is having problems with parents, siblings, and/or other family members that are impacting their functioning. Frequent arguing, and difficulty maintaining positive relationships may be observed.  |
| <hr/> |  |
| 3     | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i><br>Child/youth is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.   |
- 

**Supplemental Information:** Family Functioning should be rated independently of the problems the child/youth experienced or stimulated by the child/youth currently being assessed.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## LIVING SITUATION

This item refers to how the child/youth is functioning in their current living arrangement, which could be with a relative, in a foster home, etc. This item should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

---

### Tips/Questions to Consider:

- How has the child/youth been behaving and getting along with others in the current living situation?
  - Is their current living situation at risk?
  - How does the child/youth fit into/feel about the current living arrangement?
- 

### Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of a problem with functioning in the current living environment. Child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.

---

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child/youth experiences mild problems with functioning in the current living situation. Caregivers express some concern about the child/youth's behavior in the living situation, and/or the child/youth and caregiver have some difficulty dealing with issues that arise in daily life.

---

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth has moderate to severe problems with functioning in the current living situation. Child/youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.

---

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child/youth has profound problems with functioning in their current living situation. Child/youth is at immediate risk of being unable to remain in the present living situation due to problematic behaviors.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## SOCIAL FUNCTIONING

This item rates social skills and relationships. It includes age-appropriate behavior and the ability to make and sustain relationships. Social Functioning is different from interpersonal skills (a strength) in that functioning is a description of how the child/youth is doing currently. Strengths are longer-term assets.

---

### Tips/Questions to Consider:

- Do same-age peers get along with the child/youth?
  - Can the child/youth maintain their relationships with others?
  - Can the child/youth can act appropriately in social settings?
  - Is the child/youth constantly in conflict with their peers? Adults?
- 

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of problems, or the child/youth has age-appropriate social functioning.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*  
There is a history or suspicion of problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships.
- 
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*  
Child/youth is having some problems with their social relationships that interfere with functioning in other life domains.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others or have maladaptive relationships with others. The quality of the child/youth's social relationships presents an imminent danger to their safety, health, and/or development.
- 

**Supplemental Information:** A child/youth who socializes with primarily younger or much older children/youths would be identified as having needs on this item. A child/youth who has conflictual relationships with peers also would be described as having needs. An isolated child/youth with no same-age friends would be rated '3.'

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)



---

## SCHOOL ATTENDANCE

This item rates issues of attendance. If school is not in session, rate the last 30 days when school was in session.

---

### Tips/Questions to Consider:

- Does the child/youth have any difficulty attending school?
  - Is the child/youth on time for school? Does the child/youth have excessive tardies?
  - How many times a week is the child/youth absent?
  - Once the child/youth arrives at school, does the child/youth stay for the rest of the day? Does the child/youth stay in class?
- 

### Ratings and Descriptions

- |    |  |
|----|--|
| 0  | <i>No evidence of any needs; no need for action.</i><br>Child/youth attends school regularly.  |
| 1  | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.</i><br>Child/youth has a history of attendance problems, OR the child/youth has some attendance problems but generally goes to school. |
| 2  | <i>Need is interfering with functioning. Action is required to ensure that the identified need is addressed.</i><br>Child/youth's problems with school attendance are interfering with academic progress.  |
| 3  | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i><br>Child/youth is generally absent from school.   |
| NA | Child/youth is not required or expected to be in school due to age, having graduated high school, or completed their GED.  |
- 

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## RECREATIONAL

This item rates the child/youth's access to and use of leisure activities that are organized or scheduled.

---

### Tips/Questions to Consider:

- Does the child/youth have things that they like to do with free time?
  - Things that give the child/youth pleasure?
  - Does the child/youth often claim to be bored or have nothing to do?
- 

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of any problems with recreational functioning. Child/youth has access to sufficient activities that the child/youth enjoys.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Child/youth is doing adequately with recreational activities although some problems may exist.
- 
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*  
Child/youth is having moderate problems with recreational activities. Child/youth may experience some problems with effective use of leisure time.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth has no access to or interest in recreational activities. Child/youth has significant difficulties making use of leisure time.
- 

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## MEDICAL

This item describes the child/youth's current health status.

---

### Tips/Questions to Consider:

- Does the child/youth have any current health problems? Any chronic health conditions?
  - How much do the child/youth's health conditions interfere with their life?
- 

### Ratings and Descriptions

- |   |   |
|---|---|
| 0 | <i>No evidence of any needs; no need for action.</i><br>No evidence that the child/youth has any health problems or chronic conditions; or they are healthy.  |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.</i><br>Child/youth has transient or well-managed medical problems that require medical treatment. |
| 2 | <i>Need is interfering with functioning. Action is required to ensure that the identified need is addressed.</i><br>Child/youth has a chronic illness that requires ongoing medical intervention.                                   |
| 3 | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i><br>Child/youth has a life-threatening illness or medical condition.  |
- 

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## PHYSICAL

This item describes the child/youth's physical limitations.

---

### Tips/Questions to Consider:

- Does the child/youth have anything that limits their physical activities?
  - How much do the child/youth's physical limitations interfere with their life?
  - Does the child/youth need accommodations for physical impairments – leg braces, sign language, walking cane, wheelchair, guide dog, etc.?
  - Does the child/youth have all necessary medication? Inhalers? Skin creams?
- 

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence that the child/youth has any physical limitations.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*  
Child/youth has some physical condition that places some limitations on activities. Conditions such as impaired hearing or vision would be rated here. Also rate treatable medical conditions that result in physical limitations (e.g., asthma).
- 
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*  
Child/youth has a physical condition that impacts their activities/functioning. Sensory disorders such as blindness or deafness, or significant motor difficulties that impact the child/youth's functioning would be rated here.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth has life threatening physical condition due to multiple physical conditions.
- 

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

# RISK BEHAVIORS DOMAIN

This section focuses on behaviors that can get children/youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window.

**Question to Consider for this Domain:** Does the child/youth's behaviors put them at risk for serious harm?

---

For the **Risk Behaviors Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
- 2 Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.
- 3 Need or risk behavior is dangerous or disabling; requires intensive and/or immediate action to address the need or risk behavior.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## SUICIDE WATCH

This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of a child/youth to end their life. A rating of '2' or '3' would indicate the need for a safety plan.

---

### Tips/Questions to Consider:

- Has the child/youth ever talked about a wish or plan to die or to kill themselves?
  - Has the child/youth ever tried to commit suicide?
  - Does the child/youth have a clear, available, and lethal plan?
- 

### Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of suicidal ideation.

---

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the past 30 days.

---

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Recent, (last 30 days) but not acute (today), suicidal ideation or gesture. Self-injurious behavior in the past 30 days (including today) without suicidal ideation or intent is rated here.

---

3 *Need or risk behavior is dangerous or disabling; requires intensive and/or immediate action to address the need or risk behavior.*

Current suicidal ideation and intent in the past 24 hours, OR command hallucinations that involve self-harm.

---

**Supplemental Information:** A rating of '2' or '3' requires a safety plan. 988 is a national crisis hotline.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

This item includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the child/youth (e.g., cutting, carving, burning self, face slapping, head banging, etc.).

---

### Tips/Questions to Consider:

- Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?
  - Does the child/youth use self-injurious behavior as a release?
  - Does the child/youth ever purposely hurt themselves (e.g., cutting)?
- 

### Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of any forms of self-injury.

---

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

A history or suspicion of self-injurious behavior.

---

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.

---

3 *Need or risk behavior is dangerous or disabling; requires intensive and/or immediate action to address the need or risk behavior.*

Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child/youth's health at risk.

---

**Supplemental Information:** Suicidal behavior is not self-mutilation. Carving and cutting on the body are common examples of self-mutilation behavior. Generally, body piercings and tattoos are not considered a form of self-injury. Repeatedly piercing or scratching one's skin would be included. Self-mutilation in this fashion is thought to have addictive properties since generally the self-harm behavior results in the release of endorphins that provide a calming feeling.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## OTHER SELF-HARM (RECKLESSNESS)

This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child/youth or others in some jeopardy. **Suicidal or non-suicidal, self-injurious behaviors are not rated here.**

---

### Tips/Questions to Consider:

- Does the child/youth ever put themselves in dangerous situations?
  - Has the child/youth ever talked about or acted in a way that might be dangerous to themselves (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?
- 

### Ratings and Descriptions

- |       |  |
|-------|--|
| 0     | <i>No evidence of any needs; no need for action.</i><br>No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.  |
| <hr/> |  |
| 1     | <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.</i><br>There is a history or suspicion of or some reckless or risk-taking behavior (other than suicide or self-mutilation) that placed the child/youth at risk of physical harm. |
| <hr/> |  |
| 2     | <i>Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.</i><br>Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth in danger of physical harm.            |
| <hr/> |  |
| 3     | <i>Need or risk behavior is dangerous or disabling; requires intensive and/or immediate action to address the need or risk behavior.</i><br>Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth at immediate risk of death.                      |
- 

**Supplemental Information:** This item provides an opportunity to identify other potentially self-destructive behaviors (e.g., reckless driving, subway surfing, unprotected sex, substance use, etc.). If the child/youth frequently exhibits significantly poor judgment that has the potential to place themselves in danger, but has yet to actually do so, a rating of '1' might be used to indicate the need for prevention. A rating of '3' is used for a child/youth that has placed themselves in significant physical jeopardy during the rating period.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)



---

## DANGER TO OTHERS

This item rates the child/youth's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others.

---

### Tips/Questions to Consider:

- Has the child/youth ever injured another person on purpose?
  - Does the child/youth get into physical fights?
  - Has the child/youth ever threatened to kill or seriously injure others?
- 

### Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).

---

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.

---

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.

---

3 *Need or risk behavior is dangerous or disabling; requires intensive and/or immediate action to address the need or risk behavior.*

Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.

---

**Supplemental Information:** Imagined violence, when extreme, may be rated here. Physically harmful aggression or command hallucinations that involve the harm of others, or a child/youth setting a fire that placed others at significant risk of harm would be rated a '3.' Reckless behavior that may cause physical harm to others is not rated on this item.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## **BULLYING**

This item describes behavior that involves intimidation (verbal, virtual, or physical) of others; threatening others with harm if they do not comply with the individual's demands is rated here. A victim of bullying is not rated here.

---

### **Tips/Questions to Consider:**

- Are there concerns that the child/youth might bully other children?
  - Have there been any reports that the child/youth has picked on, made fun or, harassed or intimidated another person verbally, physically, or virtually (via social media, etc.)?
  - Does the child/youth's peer group include those that are known to bully others?
- 

### **Ratings and Descriptions**

0 *No evidence of any needs; no need for action.*

No evidence that the child/youth has ever engaged in bullying at school, home and/or in the community.

---

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History of suspicion of bullying, or child/youth has engaged in bullying behavior or associated with groups that have bullied others.

---

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Child/youth has bullied other children at school, home and/or in the community. They have either bullied the other individuals or led a group that bullied others.

---

3 *Need or risk behavior is dangerous or disabling; requires intensive and/or immediate action to address the need or risk behavior.*

Child/youth has repeatedly utilized threats or actual violence when bullying others at school, home and/or in the community.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## **BULLIED BY OTHERS**

This item describes a child/youth who has been bullied by others, including cyber bullying.

---

### **Tips/Questions to Consider:**

- Has the child/youth ever been bullied or the victim of a crime?
- 

### **Ratings and Descriptions**

- 0    *No evidence of any needs; no need for action.*  
No evidence that the child/youth has experienced bullying by others.
- 
- 1    *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*  
Suspicion or history of being bullied by others but has coped adequately. Their school performance has not been directly impacted by the bullying.
- 
- 2    *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*  
Child/youth has been bullied which is impacting their functioning and potentially placing them at risk of re-victimization. The child/youth's school performance has been negatively impacted by the bullying. They may also avoid certain places or activities that they would otherwise enjoy.
- 
- 3    *Need or risk behavior is dangerous or disabling; requires intensive and/or immediate action to address the need or risk behavior.*  
Child/youth is currently being bullied and is having difficulty coping. The bullying is putting the child/youth's school performance or attendance at risk, e.g., the child/youth may no longer come to school regularly or skip certain classes to avoid being bullied. This rating is also used for children/youth who are not currently being bullied, but the past bullying is impacting their functioning in a way that is dangerous and/or disabling to them.
- 

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## CRUELTY TO ANIMALS

This item describes any violence directed towards animals.

---

### Tips/Questions to Consider:

- Are there concerns that the child/youth may be hurting animals?
- 

### Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of the child/youth exhibiting cruel behavior towards animals.

---

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History of notable cruelty to animals by none during the past 30 days.

---

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Child/youth engages in cruelty to animals in the past 30 days including aggressive teasing, hitting, kicking, etc. or animals.

---

3 *Need or risk behavior is dangerous or disabling; requires intensive and/or immediate action to address the need or risk behavior.*

Child/youth engages in frequent or dangerous (significant harm) level of cruelty to animals resulting in significant injury or death to the animal(s).

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## DELINQUENT BEHAVIOR

This item includes both criminal behavior and status offenses that may result from the child/youth failing to follow required behavioral standards (e.g., truancy, curfew violations, vandalism, underage drinking/drug use, driving without a license). Sexual offenses should be included as delinquent/criminal behavior. If caught, the child/youth could be arrested for this behavior.

---

### Tips/Questions to Consider:

- Do you know of laws that the child/youth has broken (even if they have not been charged or caught)?
  - Has the child/youth ever been arrested, on probation, or been incarcerated?
- 

### Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence or history of delinquent or criminal behavior.

---

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History or suspicion of delinquent or criminal behavior, but none in the recent past. Status offenses would generally be rated here.

---

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Child/youth has been engaged in criminal activity during the past year, but the criminal activity does not represent a significant physical risk to others in the community. Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.

---

3 *Need or risk behavior is dangerous or disabling; requires intensive and/or immediate action to address the need or risk behavior.*

Serious recent acts of delinquent or criminal activity that place others at risk of significant loss or injury. Examples include car theft, residential burglary, rape, armed robbery, and assault.

---

**Supplemental Information:** When rating children or youth: This item uses the mental health rather than the juvenile justice definition of delinquency, reflecting behaviors that we know about. Since the primary goal of the intervention is to prevent the child/youth from future harm, it is necessary to assess behaviors of which we are aware. The general vagueness of this item prevents placing the child/youth in any legal jeopardy from the assessment (i.e., no specific crimes are identified, just a level of risk).

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

# CAREGIVER RESOURCES & NEEDS DOMAIN

The items in this section represent caregivers' potential areas of need while simultaneously highlighting the areas in which the caregivers can be a resource for the child/youth. Caregiver ratings should be completed by household – the resources and needs of multiple caregivers are combined based on how they affect caregiving. For situations in which a child/youth has multiple caregivers it is recommended that ratings are based on the needs of the set of caregivers as they affect the youth. For example, the supervisory capacity of a father who is not involved in the monitoring or disciplining of a child/youth may not be relevant to the ratings. Alternatively if the father is responsible for the children because he works the first shift and the other caregiver works the second shift, then his caregiving skills should be factored into the ratings of the child/youth's supervision. Please note:

- If the child or youth has been placed temporarily, then focus on the caregiver to whom they will be returned.
- If it is a long term foster care placement, the foster parents are rated as the caregiver(s).
- If the child/youth is currently in a group home or residential treatment center, rate the community caregivers with whom the child/youth will be placed upon discharge.
- If there is NO community caregiver for the child/youth, this section offers a rating of Not Applicable (NA).
- If a young person is living independently of any caregiver, then this section should be rated Not Applicable (NA).

**Question to Consider for this Domain:** What are the resources and needs of the child/youth's caregiver(s)?

---

For the **Caregiver Resources & Needs Domain**, use the following categories and action levels:

- 0 No current need; no need for action. This may be a resource for the child/youth.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.
- 2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
- 3 Need prevents the provision of care; requires immediate and/or intensive action.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## PHYSICAL HEALTH

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to parent the child/youth. This item does not rate depression or other mental health issues.

---

### Tips/Questions to Consider:

- How is the caregiver's health?
  - Does the caregiver have any health problems that limit their ability to care for the family?
- 

### Ratings and Descriptions

- 0    *No current need; no need for action. This may be a resource for the child/youth.*  
No evidence of medical or physical health problems. Caregiver is generally healthy.
- 
- 1    *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
There is a history or suspicion of, and/or caregiver is in recovery from, medical/physical problems.
- 
- 2    *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Caregiver has medical/physical problems that interfere with the capacity to parent the child/youth.
- 
- 3    *Need prevents the provision of care; requires immediate and/or intensive action.*  
Caregiver has medical/physical problems that make parenting the child/youth currently impossible.
- 

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## MENTAL HEALTH

This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to the child/youth.

---

### Tips/Questions to Consider:

- Do caregivers have any mental health needs that make parenting difficult?
  - Is there any evidence of transgenerational trauma that is impacting the caregiver's ability to give care effectively?
- 

### Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of caregiver mental health difficulties.

---

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.

---

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver's mental health difficulties interfere with their capacity to parent.

---

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has mental health difficulties that make it currently impossible to parent the child/youth.

---

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)



---

## SUBSTANCE USE

This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child/youth.

---

### Tips/Questions to Consider:

- Do caregivers have any substance use needs that make parenting difficult?
  - Is the caregiver receiving any services for the substance use problems?
- 

### Ratings and Descriptions

- 0    *No current need; no need for action. This may be a resource for the child/youth.*  
No evidence of caregiver substance use issues.
- 
- 1    *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.
- 
- 2    *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Caregiver has some substance abuse difficulties that interfere with their capacity to parent.
- 
- 3    *Need prevents the provision of care; requires immediate and/or intensive action.*  
Caregiver has substance abuse difficulties that make it currently impossible to parent the child/youth.
- 

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## DEVELOPMENTAL

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to parent.

---

### Tips/Questions to Consider:

- Does the caregiver have developmental challenges that make parenting/caring for the child/youth difficult?
- 

### Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
- 
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.
- 
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*  
Caregiver has severe developmental challenges that make it currently impossible to parent the child/youth.
- 

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## SOCIAL RESOURCES

This item rates the social assets (e.g., extended family) and resources that the caregiver can bring to bear in addressing the multiple needs of the child/youth and family.

---

### Tips/Questions to Consider:

- Does family have extended family or friends who provide emotional support?
  - Can they call on social supports to watch the child/youth occasionally?
  - Who does the caregiver call for help when an emergency happens?
- 

### Ratings and Descriptions

- |       |  |
|-------|--|
| 0     | <i>No current need; no need for action. This may be a resource for the child/youth.</i><br>Caregiver has significant social and family networks that actively help with caregiving.  |
| <hr/> |  |
| 1     | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.</i><br>Caregiver has some family, friends or social network that actively helps with caregiving. |
| <hr/> |  |
| 2     | <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i><br>Work needs to be done to engage family, friends, or social network in helping with caregiving.   |
| <hr/> |  |
| 3     | <i>Need prevents the provision of care; requires immediate and/or intensive action.</i><br>Caregiver has no family or social network to help with caregiving.  |
- 

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## **FAMILY STRESS**

This item rates the impact of managing the child/youth's behavioral and emotional needs on the family's stress level.

---

### **Tips/Questions to Consider:**

- Do caregivers find it stressful at times to manage the challenges in dealing with the child/youth's needs?
  - Does the stress ever interfere with ability to care for the child/youth?
- 

### **Ratings and Descriptions**

- 0    *No current need; no need for action. This may be a resource for the child/youth.*  
No evidence of caregiver having difficulty managing the stress of the child/youth's needs and/or caregiver can manage the stress of child/youth's needs.
- 
- 1    *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.*  
There is a history or suspicion of and/or caregiver has some problems managing the stress of child/youth's needs.
- 
- 2    *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Caregiver has notable problems managing the stress of child/youth's needs. This stress interferes with their capacity to provide care.
- 
- 3    *Need prevents the provision of care; requires immediate and/or intensive action.*  
Caregiver is unable to manage the stress associated with child/youth's needs. This stress prevents caregiver from providing care.
- 

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

---

## **SUPERVISION**

This item rates the caregiver's capacity to provide the level of monitoring and discipline needed by the child/youth. Discipline is defined in the broadest sense, and includes all of the things (e.g., limit setting, monitoring) that parents/caregivers can do to promote positive behavior with their child/youth.

---

### **Tips/Questions to Consider:**

- How does the caregiver feel about their ability to keep an eye on and set limits or redirect the child/youth?
  - How does the caregiver keep the environment safe for the child/youth to explore/learn?
  - Does the caregiver need some help with these issues?
- 

### **Ratings and Descriptions**

- |       |  |
|-------|--|
| 0     | <i>No current need; no need for action. This may be a resource for the child/youth.</i><br>No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills.   |
| <hr/> |  |
| 1     | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i><br>Caregiver generally provides adequate supervision but is inconsistent. Caregiver may need occasional help or assistance. |
| <hr/> |  |
| 2     | <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i><br>Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.  |
| <hr/> |  |
| 3     | <i>Need prevents the provision of care; requires immediate and/or intensive action.</i><br>Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision or monitoring.                       |
- 

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

# RATING THE SCREENER

## **A. Did you rate the child/youth 'YES' on the Behavioral/Emotional Needs?**

[YES = at least one rating of '2' or '3', OR two or more ratings of '1', '2', or '3' on any item in the Behavioral/Emotional Needs Domain.]

➡ If **YES** to question A, continue to question B.

➡ If **NO** to question A, DO NOT continue to question B. Child/youth does not need a Comprehensive Assessment.

## **B. Did you rate the child/youth 'YES' on Life Functioning or Risk Behaviors, or their caregivers on Caregiver Resources and Needs?**

[YES = At least one rating of '1', '2', or '3' on any item in the Life Functioning, Risk Behaviors, or Caregiver Resources and Needs Domains.]

➡ If **YES** to question B, refer the child/youth for a Comprehensive Assessment.

For information about further assessment or services available please contact Magellan of Idaho at  
**1-855-202-0973, or [magellanidmfam@magellanhealth.com](mailto:magellanidmfam@magellanhealth.com)**

Please visit <https://yes.idaho.gov> for more information about Idaho's children's mental health system of care.