
IDAHO CHILDREN'S MENTAL HEALTH

Child and Adolescent
Needs and Strengths

SCREENING FORM
REFERENCE GUIDE

Birth – 18 Years of Age

2017

INTRODUCTION

The State of Idaho is implementing a System of Care for Idaho’s children and youth called Youth Empowerment Services (YES). This system is for children and youth diagnosed with a mental health disorder and a substantial impairment in functioning. This is also known as a serious emotional disturbance (SED).

This screening tool has been developed based on the 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, helps to identify and allocate resources the family needs, it can improve service coordination, strengthen decision making, build transparency with families and providers, and allows the family to tell their unique story.

The CANS Screener helps identify needs across 4 areas, Behavioral and Emotional Needs, Life Functioning, Risk Behaviors and Caregiver Resources. Items in each domain are rated as a 0, 1, 2, or 3.

Please use the screening form in conjunction with this children’s mental health (CMH) Screener Reference Guide for more information about the areas of need and ratings.

RATING NEEDS

The Screening tool is based on the CANS and it is expected to be easy to learn and has an excellent reputation, both nationally and internationally, 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.

- Basic core items – grouped by domain – are rated for all individuals.
- A rating of 0, 1, 2 or 3 is utilized

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 FOR PRACTITIONERS: FAQ

What is a CANS Screener?

- There is a new system of care for children's mental health in Idaho. Youth Empowerment Services (YES)
- As a part of YES, a new communication tool will be used in children's mental health (CMH), called the Child and Adolescent Needs and Strengths, or CANS. The CMH Screener was developed as a preliminary needs identification tool, based on the CANS.
- 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 families to further assessment and treatment.

Why would a practitioner want to use the CANS screener?

- 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 CANS screener was specifically designed for practitioners in a non-mental health setting.
- The screening tool is short, approximately 33 questions and can be completed in the office.
- No certification for the screener is required
- CANS screener can help connect families and children with a more comprehensive mental health assessment.

How is the CANS Screener administered?

- The screener is used only if the practitioner suspects mental health issues.
- The CANS screener is divided into Domains: Behavioral/Emotional Needs, Life Functioning Domains, Risk Behavior Domains and Caregiver Resources and Needs.
- Each domain is then divided into Core Items, such as anxiety, family and anger control.
- Each of these core items, is given a rating from 0-3, based on the level of need of the defined Core Item in the CMH screener Reference Guide.
- The 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.

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I. BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

This section identifies the behavioral health needs of the individual. While the 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.

A. MOOD DISTURBANCE

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> • There may or may not be overlap with the rating for the depression item. • Individual does not need to have a diagnosis of a mood or affective disorder in order to rate this item. 	Ratings and Descriptions	
	0	Individual with no prolonged emotional/mood problems. No evidence of depression, hypomania, or mania.
	1	Individual with prolonged emotional/mood problems. Evidence of depression, irritability, or other issues of mood causing mild problems with peers, family, or school functioning. Mild mood swings with some evidence of hypomania.
	2	Individual with a moderate level of mood disturbance. This would include episodes of mania, depression, social withdrawal, school avoidance, or inability to experience happiness.
	3	Individual with a severe level of mood disturbance. This would include an individual whose emotional symptoms prevent appropriate participation in school, friendship groups, or family life.

Supplemental Information: This item should be rated a '0', unless there is evidence of a mood disturbance impacting functioning

B. ANXIETY

This item rates symptoms associated with DSM-5 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.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the individual have any problems with anxiety or fearfulness? • Is the individual avoiding normal activities out of fear? • Does the individual act frightened or afraid? 	Ratings and Descriptions	
	0	No evidence of anxiety symptoms.
	1	There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the individual significant distress or markedly impairing functioning in any important context.
	2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the individual's ability to function in at least one life domain.
	3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the individual to function in any life domain.

C. IMPULSIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD), Impulse-Control Disorders and mania as indicated in the DSM-5. Children/individuals 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), sexual behavior, fire-starting or stealing.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Is the individual unable to sit still for any length of time?Does the individual have trouble paying attention for more than a few minutes?Is the individual able to control their behavior, talking?	<p>0 No evidence of symptoms of loss of control of behavior.</p> <hr/>
	<p>1 There is a history or evidence of mild levels of impulsivity evident in action or thought that place the individual at risk of future functioning difficulties. The individual may exhibit limited impulse control, e.g., individual 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.</p> <hr/>
	<p>2 Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the individual's functioning in at least one life domain. This indicates an individual with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). An individual who often intrudes on others and often exhibits aggressive impulses would be rated here.</p> <hr/>
	<p>3 Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the individual at risk of physical harm. This indicates an individual 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 individual may be impulsive on a nearly continuous basis. The individual endangers self or others without thinking.</p>

D. ANGER CONTROL

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">How does the individual control their emotions?Does the individual get upset or frustrated easily?Does the individual overreact if someone criticizes or rejects the individual?Does the individual seem to have dramatic mood swings?	<p>0 No evidence of any anger control problems.</p> <hr/>
	<p>1 History, suspicion of, or evidence of some problems with controlling anger. Individual may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.</p> <hr/>
	<p>2 Individual's difficulties with controlling anger are impacting functioning in at least one life domain. Their temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.</p> <hr/>
	<p>3 Individual's temper or anger control problem is dangerous. Individual frequently gets into fights that are often physical. Others likely fear the child/youth.</p>

E. OPPOSITIONAL BEHAVIOR (Compliance with Authority)

This item rates the individual'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 individual.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the individual follow their caregivers' rules?• Have teachers or other adults reported that the individual does not follow rules or directions?• Does the individual argue with adults when they try to get the child/individual to do something?• Does the individual do things that they have been explicitly told not to do?	0 No evidence of oppositional behaviors.
	1 There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Individual may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
	2 Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the individual's functioning in at least one life domain. Behavior causes emotional harm to others. An individual whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.
	3 Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the individual has severe problems with compliance with rules or adult instruction or authority.

E. 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.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the individual exhibit behaviors that are unusual or difficult to understand?• Does the individual engage in certain actions repeatedly?• Are the unusual behaviors or repeated actions interfering with the individual's functioning? Who has diagnosed the individual?• When was the diagnosis made?• Has culture been considered?• What are the symptoms versus diagnosis?	0 No evidence of psychotic symptoms. Both thought processes and content are within normal range.
	1 Evidence of disruption in thought processes or content. Individual may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child/individual with a history of hallucinations but none currently. Use this category for children/individual who are below the threshold for one of the DSM diagnoses listed above.
	2 Evidence of disturbance in thought process or content that may be impairing the individual's functioning in at least one life domain. Individual may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.
	3 Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the individual or others at risk of physical harm.

II. LIFE FUNCTIONING DOMAIN

Life domains are the different arenas of social interaction found in the lives of individuals 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 individual and family are experiencing.

A. FAMILY

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

Questions to Consider:

- Who is in the family?
- Who does the individual identify as his/her family?
- Who is the person that represents the greatest need?
- Include specific details of who is defined as the family and the aspects of their functioning in the narrative text domain. Is there conflict in the family relationship that requires resolution?
- Is treatment required to restore or develop positive relationship in the family?

Ratings and Descriptions

- | | |
|---|--|
| 0 | No evidence of problems in relationships with family members, and/or individual is doing well in relationships with family members. |
| 1 | History or suspicion of problems. Individual might be 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 individual. Arguing may be common but does not result in major problems. |
| 2 | Individual is having problems with parents, siblings and/or other family members that are impacting the individual's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed. |
| 3 | Individual 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. |

B. LIVING SITUATION

This item refers to how the Individual is functioning in the Individual's 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.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• How has the Individual been behaving and getting along with others in the current living situation?• How do they feel about their neighborhoods?• How does the individual fit into/feel about the current arrangement?	0 No evidence of problem with functioning in current living environment. Individual and caregivers feel comfortable dealing with issues that come up in day-to-day life.
	1 Individual experiences problems with functioning in current living situation. Caregivers express some concern about Individual's behavior in living situation, and/or Individual and caregiver have some difficulty dealing with issues that arise in daily life.
	2 Individual has problems with functioning in current living situation. Individual's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Individual and caregivers have difficulty interacting effectively with each other much of the time.
	3 Individual has profound problems with functioning in current living situation. Individual is at immediate risk of being removed from living situation due to problematic behaviors.

C. 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 (Strengths) in that functioning is a description of how the Individual is doing currently. Strengths are longer-term assets.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Is the individual pleasant and likeable?• Do same age peers like the Individual?• Do you feel that the individual can act appropriately in social settings?• What does the individual need?• Are the individual's behaviors in social settings considered appropriate?• Can the individual negotiate with others to get what they need?• Is the individual on target developmentally?	0 No evidence of problems and/or individual has developmentally appropriate social functioning.
	1 There is a history or suspicion of problems in social relationships. Individual is having some difficulty interacting with others and building and/or maintaining relationships.
	2 Individual is having some problems with social relationships that interfere with functioning in other life domains.
	3 Individual is experiencing significant disruptions in social relationships. Individual may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the individual's social relationships presents imminent danger to the individual's safety, health, and/or development.

D. SCHOOL ATTENDANCE

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the individual have any difficulty attending school?• How many times a week is the individual absent?• Once the individual arrives at school, does the individual stay for the rest of the day?• Who is responsible for getting individual to school?• Is school in session?• Why does the individual report that he/she is not going to school? Has this been addressed?• What is the rest of the individual's family doing while the individual is supposed to be in school?	0 Individual attends school regularly.
	1 Individual has a history of attendance problems, OR individual has some attendance problems but generally goes to school.
	2 Individual's problems with school attendance are interfering with academic progress.
	3 Individual is generally absent from school.
	NA Not applicable for children three years and younger or for individuals not required/expected to be in school.

E. RECREATIONAL

This item is intended to reflect the individual's access to and use of leisure time activities that are organized or scheduled.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the individual have things that they like to do with free time?• Things that give the individual pleasure?• Activities that are a positive use of the individual's extra time?• Are there recreational activities that are available to the individual?• How does the individual's status as receiving services impact his/her ability to participate in activities?	0 No evidence of any problems with recreational functioning. Individual has access to sufficient activities that the individual enjoys.
	1 Individual is doing adequately with recreational activities although some problems may exist.
	2 Individual is having moderate problems with recreational activities. Individual may experience some problems with effective use of leisure time.
	3 Individual has no access to or interest in recreational activities. Individual has significant difficulties making use of leisure time.

F. MEDICAL

This item describes both health problems and chronic/acute physical conditions or impediments.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the individual have any current health problems?	0 Individual has no current health problems or chronic conditions.
<ul style="list-style-type: none">• Does the individual have any chronic health conditions?	1 Individual has mild/treatable medical problems that require medical treatment.
<ul style="list-style-type: none">• How much does this interfere with the individual's life?	2 Individual has chronic illness that requires ongoing medical intervention.
	3 Individual has life threatening illness or medical condition.

G. PHYSICAL

This item is used to identify physical limitations, including chronic conditions that entail impairment of eating, breathing, vision, hearing, mobility, or other functions.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the individual have anything that limits their physical activities?	0 Individual has no physical limitations.
<ul style="list-style-type: none">• How much does this interfere with the individual's life?	1 Individual has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Also rate here are treatable medical conditions that result in physical limitations (e.g., asthma).
<ul style="list-style-type: none">• Is the individual's functioning being impaired by a physical health issue?	2 Individual has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
<ul style="list-style-type: none">• Has the individual seen a dentist, eye doctor, etc.?	3 Individual has severe physical limitations due to multiple physical conditions.
<ul style="list-style-type: none">• Does the individual have all necessary medications? Inhalers? Skin creams?	

III. RISK BEHAVIORS DOMAIN

This section focuses on behaviors that can get children and 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.

A. 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 or youth to end their life. A rating of ‘2’ or ‘3’ would indicate the need for a safety plan. Notice the specific time frames for each rating.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Has the individual ever talked about a wish or plan to die or to kill themselves? Has the individual ever tried to commit suicide? 	0 Individual has no evidence or history of suicidal or self-injurious behaviors.
	1 History of suicidal or self-injurious behaviors or significant ideation but no self-injurious behavior during the past 30 days.
	2 Recent (last 30 days) but not acute (today) suicidal ideation or gesture. Self-injurious in the past 30 days (including today) without suicidal ideation or intent.
	3 Current suicidal ideation and intent in the past 24 hours., or command hallucinations

B. NON-SUICIDAL SELF-INJURIOUS BEHAVIOR (SELF-MUTILATION)

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)? Does the individual ever purposely hurt oneself (e.g., cutting)? 	0 No evidence of any forms of self-injury.
	1 A history or suspicion of self-injurious behavior.
	2 Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
	3 Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the individual’s health at risk.

C. OTHER SELF-HARM (RECKLESSNESS)

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the individual act without thinking?Has the individual ever talked about or acted in a way that might be dangerous to the youth's self (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?	0 No evidence of behaviors (other than suicide or self-mutilation) that place the individual at risk of physical harm.
	1 There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places individual at risk of physical harm.
	2 Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the individual in danger of physical harm.
	3 Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the individual at immediate risk of death.

D. DANGER TO OTHERS

This item rates the individual's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate the need for a safety plan. Reckless behavior that may cause physical harm to others is not rated on this item.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Has the individual ever injured another person on purpose?Does the individual get into physical fights?Has the individual ever threatened to kill or seriously injure others?	0 No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
	1 History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.
	2 Occasional or moderate level of aggression towards others. Individual has made verbal threats of violence towards others.
	3 Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Individual is an immediate risk to others.

E. BULLYING

This item rates behavior that involves intimidation (verbal 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.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Are there concerns that the individual might bully other children?Have there been any reports that the individual has picked on, made fun of, harassed or intimidated another person?Does the individual hang around with other people who bully?	0 No evidence that the individual has ever engaged in bullying at school or in the community.
	1 History or suspicion of bullying, or individual has engaged in bullying behavior or associated with groups that have bullied other children.
	2 Individual has bullied other children in school or in the community. He/she has either bullied the other children, or led a group that bullied other children.
	3 Individual has repeatedly utilized threats or actual violence when bullying others in school and/or in the community.

F. BULLIED BY OTHERS

This rating describes the degree to which an individual has been bullied by others, including cyber-bullying.

Questions to Consider	Ratings and Descriptions	
	0	There is no evidence that the individual has been bullied by others.
	1	Individual has been bullied occasionally in the past but has coped adequately. Their school performance has not been directly impacted by the bullying.
	2	Individual has been bullied in the past and has had difficulty coping. Their school performance has been negatively impacted by the bullying. For example, the individual may avoid certain places or activities that they would otherwise enjoy.
• Is the individual being bullied by others?	3	Individual is currently being bullied at school and is having difficulty coping. The bullying is putting the individual's school performance or attendance at risk. For example, the child/adolescent may no longer come to school regularly or skip certain classes to avoid being bullied.

G. CRUELTY TO ANIMALS

This rating includes any violence directed towards animals.

Questions to Consider	Ratings and Descriptions	
	0	The child/adolescent has no evidence of cruel behavior directed towards animals.
	1	History of notable cruelty to animals but none during the past 30 days.
	2	Occasional or moderate level of cruelty to animals during the past 30 days, aggressive teasing, hitting, kicking, etc.
• Are there concerns that the child/adolescent might be hurting animals?	3	Frequent or dangerous (significant harm) level of cruelty to animals resulting in significant injury or death to the animal(s).

H. DELINQUENCY

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

Questions to Consider	Ratings and Descriptions	
	0	No evidence or no history of delinquent behavior.
	1	History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.
	2	Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the individual at risk.
• Do you know of laws that the individual has broken (even if the individual has not been charged or caught)?	3	Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the individual at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.
• Has the individual ever been arrested?		
• Has individual been detained?		
• Has the individual committed a crime?		
• Has he/she been truant?		

IV. CAREGIVER RESOURCES & NEEDS DOMAIN

The items in this section represent potential areas of need for caregivers while simultaneously highlighting the areas in which the caregivers can be a resource for the youth.

Caregivers are rated by household. The needs and resources of multiple caregivers are combined based on how they affect care giving. For situations in which a youth has multiple caregivers it is recommended to rate 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 monitoring or disciplining of a 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 mother works the second shift, then his skills should be factored into the ratings of the youth’s supervision.

- If the youth has been placed temporarily, then focus on the caregiver to whom the youth will be returned.
- If it is a long term foster care placement, then rate that caregiver(s).
- If the youth is currently in a group home or residential treatment center it would be more appropriate to rate the community caregivers where the youth will be placed upon discharge.
- If there is NO community caregiver this section offers a rating of “N/A”.
- Similarly, if a young person is living independently of any caregiver then this section should be rated not applicable “N/A”.

A. 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 individual. This item does not rate depression or other mental health issues.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • How is the caregiver’s health? 	0 No evidence of medical or physical health problems. Caregiver is generally healthy.
<ul style="list-style-type: none"> • Does the caregiver have any health problems that limit their ability to care for the family? 	1 There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.
	2 Caregiver has medical/physical problems that interfere with their capacity to parent the individual.
	3 Caregiver has medical/physical problems that make parenting the individual impossible at this time.

B. 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 individual.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">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?	0 No evidence of caregiver mental health difficulties.
	1 There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
	2 Caregiver's mental health difficulties interfere with their capacity to parent.
	3 Caregiver has mental health difficulties that make it impossible to parent the individual at this time.

C. SUBSTANCE USE

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Do caregivers have any substance use needs that make parenting difficult?Is the caregiver receiving any services for the substance use problems?	0 No evidence of caregiver substance use issues.
	1 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 Caregiver has some substance abuse difficulties that interfere with their capacity to parent.
	3 Caregiver has substance abuse difficulties that make it impossible to parent the individual at this time.

D. DEVELOPMENTAL

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the caregiver have developmental challenges that make parenting/caring for the individual difficult?	0 No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
	1 Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
	2 Caregiver has developmental challenges that interfere with the capacity to parent the individual.
	3 Caregiver has severe developmental challenges that make it impossible to parent the individual at this time.

E. 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 individual and family.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does family have extended family or friends who provide emotional support?Can they call on social supports to watch the individual occasionally?	0 Caregiver has significant social and family networks that actively help with caregiving.
	1 Caregiver has some family, friends or social network that actively helps with caregiving.
	2 Work needs to be done to engage family, friends or social network in helping with caregiving.
	3 Caregiver has no family or social network to help with caregiving, or individual has no known caregiver.

F. FAMILY STRESS

This is the impact of managing the children’s behavioral and emotional needs on the family’s stress level.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Do caregivers find it stressful at times to manage the challenges in dealing with the youth’s needs?Does the stress ever interfere with ability to care for the youth?	0 No evidence of caregiver having difficulty managing the stress of the children’s needs and/or caregiver is able to manage the stress of youth’s needs.
	1 There is a history or suspicion of and/or caregiver has some problems managing the stress of the children’s needs.
	2 Caregiver has notable problems managing the stress of the children’s needs. This stress interferes with their capacity to provide care.
	3 Caregiver is unable to manage the stress associated with children’s needs. This stress prevents caregiver from parenting.

G. SUPERVISION

This item rates the caregiver’s capacity to provide the level of monitoring and discipline needed by the individual. Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their individual.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">How does the caregiver feel about their ability to keep an eye on and discipline the child/individual?Does the caregiver need some help with these issues?	0 No evidence caregiver needs help or assistance in monitoring or disciplining the individual, and/or caregiver has good monitoring and discipline skills.
	1 Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.
	2 Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.
	3 Caregiver is unable to monitor or discipline the individual. Caregiver requires immediate and continuing assistance. Individual is at risk of harm due to absence of supervision or monitoring.

V. RATING THE SCREENER

A. Did you rate the child/youth “**YES**” in Behavior/Emotional Needs? (**YES:** A rating of ‘2’ or greater or two ratings of ‘1’ or greater in the domain?)

➤ If **YES**, continue to question B.

B. If “**YES**” to question A, did you rate the youth/child as “**YES**” in Life Functioning or Risk Behaviors or Caregiver Resources? (**YES:** A rating of 1 or greater on any question in the domain)

➤ If “**YES**,” refer the child/youth for a more comprehensive assessment.

To contact the contracted Independent assessment provider call:

Contact Liberty Healthcare at 1-877-305-3469.

For assistance of information on how to access the YES program, call the Idaho Careline.

Idaho Careline Dial 2-1-1, or go to www.211.idaho.gov

Please visit youthempowermentservices.idaho.gov for more information about services available.