

Today’s Date:	Child’s Name:	Child’s Age:
Screener’s Name:		Caregiver’s Name:

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

I. Behavioral/Emotional Needs		0	1	2	3	0	1	2	3	
A. Mood Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		D. Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		E. Oppositional Behavioral (Compliance with Authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		F. Psychosis (Thought Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child/youth have at least one rating of ‘2’ or greater or two ratings of ‘1’ or greater?							YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

2. Life Functioning		0	1	2	3	0	1	2	3	
A. Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		E. Recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		F. Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		G. Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. School Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Does the child/youth have at least one rating of ‘1’ or greater?							YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

3. Risk Behaviors		0	1	2	3	0	1	2	3	
A. Suicide Watch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		E. Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Non-Suicidal Self-Injurious Behavior (Self-Mutilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		F. Bullied by Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Other Self-Harm (Recklessness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		G. Cruelty to Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Danger to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		H. Delinquency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child/youth have at least one rating of ‘1’ or greater?							YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

4. Caregiver Resources & Needs		0	1	2	3	0	1	2	3	
A. Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		E. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		F. Family Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		G. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Does the child/youth have at least one rating of ‘1’ or greater?							YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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 to both A and B, refer the child/youth for a more comprehensive assessment.
Contact Liberty Healthcare at 1-877-305-3469.

If NO to either A and/or B and you would like further information about mental health treatment options, contact the Idaho Careline Dial 2-1-1, or go to www.211.idaho.gov

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