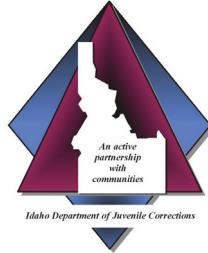




Empowering the mental wellness of children, youth and their families



IDAHO DEPARTMENT OF
HEALTH & WELFARE

450 W. State Street, Boise, ID 83702

Contact:

Email: YES@dhw.idaho.gov

Phone: 211

www.yes.idaho.gov

Youth Empowerment Services (YES) is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and, in some cases, religion or political beliefs.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 211.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 211.

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**Youth Mental Health
Checklist for Families**
www.yes.idaho.gov

What is YES?

The Idaho Youth Empowerment Services (YES) is a new system of care for Idaho's children and youth who meet criteria for a serious mental health condition.

YES provides a new way for families to find the mental health supports they need for their children and youth. It is strengths-based and family-centered, and incorporates a team approach that focuses on providing individualized care for children.

Through a coordinated and collaborative effort, multiple child-serving agencies work with the family to build a treatment plan around the unique needs and strengths of each child.

How do I use the Checklist?

This checklist tool can be used by anyone to help determine if a child may benefit from a full mental health assessment.

Families may also request a full mental health assessment without first going through the checklist.

In addition, school problem-solving teams may present this tool to further communicate with parents the importance of seeking additional services outside of the school setting.

More information on these services can be found at:
www.yes.idaho.gov

Mental Health Checklist

- My child has shown recent dramatic changes in behavior, mood, or interest level.
- My child has difficulty making and keeping healthy relationships with others.
- My child often worries or feels sad.
- My child often complains about not feeling well which impacts his/her activities (for example, stomachaches, headaches, etc.).
- My child has difficulty sleeping (too much or too little).
- My child often challenges, disregards, or defies authority.
- My child has trouble controlling his/her behavior when upset.
- My child does or says things that physically/emotionally hurt themselves, others, or animals.
- My child is often convinced of something that is not really true.
- My child has difficulty in various community settings such as school, church, clubs, and activities.
- My child or family experiences frequent, intense arguing and conflict.
- My family has experienced one or more stressful events that may continue to affect my child today.
- My family has difficulty understanding and meeting my child's needs.
- My family may require additional supports to meet my child's needs.

If you check one or more boxes above, your child may be eligible for a more comprehensive assessment.

Please call 211 for additional information.