



Child Ages 0-5 SED Eligibility Screening Tool

List A (Mild-Moderate) Up to 2 from List A			List B (SED) 1 from List B or 3+ from list A		
<input type="checkbox"/>	A1	Inappropriate levels of inattention or hyperactivity-impulsivity that interferes functioning (child must be 36 months old)	<input type="checkbox"/>	B1	Child age 0-3 with 2 or more items from List A
<input type="checkbox"/>	A2	Withdrawn, Isolative, excessively passive; excessive crying, difficult to soothe, sadness, depression	<input type="checkbox"/>	B2	Aggression and/or unusual or uncontrollable behavior
<input type="checkbox"/>	A3	Marked or persistent anxiety or worry associated with agitation, irritability, and/or sleep disturbance	<input type="checkbox"/>	B3	Has harmed or has a clear desire to harm self or others or animals (head banging, risky behavior)
<input type="checkbox"/>	A4	Peer relationship issues; frequent conflicts with peers	<input type="checkbox"/>	B4	Trauma-Physical, sexual abuse; neglect or exposure to violence or other significant incidents
<input type="checkbox"/>	A5	Sleep concerns; difficulty falling asleep, nightmares; night walking	<input type="checkbox"/>	B5	At risk of losing home, child care or preschool placement due to a mental health issue/behavior
<input type="checkbox"/>	A6	Not age appropriate sexualized behaviors	<input type="checkbox"/>	B6	Significant Parent/Child attachment issues
<input type="checkbox"/>	A7	Significant Family stressors (Caretaker with serious physical, mental health, SU disorders or developmental disabilities; DV, unstable housing or homelessness, separation from/loss of primary caregiver)	<input type="checkbox"/>	B7	Open CFS case, currently in Out of Care home or foster care placement-with 2 or less in list A and none in list B
<input type="checkbox"/>	A8	CFS report in last 6 months	<input type="checkbox"/>	B8	Failure to Thrive
<input type="checkbox"/>	A9	Limited receptive and expressive communication skills			
<input type="checkbox"/>	A10	Feeding or elimination difficulties			
<input type="checkbox"/>	A11	Serious Medical issues/disabilities			

Youth ages 0-5 will be determined to meet criteria for **Specialty Mental Health** services if

- a) The youth has a qualifying diagnosis of mental illness; AND
- b) Meets three (3) or more criteria from List A or one (1) criterion from List B; AND
- c) There is a reasonable expectation that specialty mental health treatment interventions will significantly diminish the impairment in functioning or Prevent significant deterioration in functioning; AND
it is probable that the child will be enabled to progress developmentally as individually appropriate (or if covered by EPSDT, the identified condition can be corrected or ameliorated, or maintained at current level.)
- d) The functional impairment is not responsive to physical health care treatment.