

MANUAL: FOM 802, Mental Health, Behavioral and Developmental Needs of Foster Children	JOB AID
SUBJECT: Mental Health Screening	08/07/2013 New Issue
Contact Office: Ashley Wills DHS Health, Education, Youth Unit (517) 241-2239 WillsA@michigan.gov	Partial Revision Complete Revision

Overview: Each well-child exam (initial, periodic and yearly) will include a mental health screening using an evidence-based instrument. An evidence-based mental health screening tool helps to identify the need for further evaluation and assessment in children. Through the collaboration of DHS and Michigan Department of Community Health, the Medicaid provider policy effective April 1, 2013 (http://www.michigan.gov/documents/mdch/MSA_13-06_412853_7.pdf), requires that a validated and normed screening instrument must be used by the primary care provider (PCP) for foster children. The recommended mental health screening instruments¹ are:

- The Ages and Stages Questionnaire – Social Emotional (ASQ: SE), for children up to age 5 ½ years.
- The Pediatric Symptom Checklist (PSC), for children ages 5 ½ years and older.

Mental Health Screening Tools:

- Ages and Stages Questionnaire: Social-Emotional (ASQ: SE)
The ASQ: SE is designed to be completed by parents or caregivers of young children. It consists of a series of eight questionnaires for 6, 12, 18, 24, 30, 36, 68 and 60 month age intervals. Each questionnaire can be used within 3 months (for 6 – 30 month intervals) or 6 months (for 36 – 60 month intervals) of the chronological age targeted by the questionnaire, as noted in chart below:

Child's Age in Months	ASQ: SE Questionnaire
3 through 6 months	6 Month
9 through 14 months	12 Month/1 Year
15 through 20 months	18 Month
21 through 26 months	24 Month/2 Year
27 through 32 months	30 Month
33 through 41 months	36 Month/3 Year
42 through 53 months	48 Month/4 Year
54 through 65 months	60 Month/5 Year

¹ Although the ASQ: SE or PSC is recommended, the PCP may use another validated screening instrument. Refer to final note on page 3 for more information.

The ASQ: SE questionnaires can be completed by persons with a 5th or 6th grade reading level. If a parent or person completing the form is not capable of completing the form on his/her own, the worker may provide assistance in completing the tool. The ASQ: SE is available in both English and Spanish, and the score may be adjusted if certain questions are omitted due to cultural/ethnic reasons. An ASQ: SE tool kit has been provided to each DHS local and placing agency foster care office. Each tool kit contains an ASQ: SE User's Guide, which provides a detailed description of the questionnaires.

- **PSC: Pediatric Symptom Checklist**

The PSC is a brief questionnaire designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. The PSC questionnaire is used for children ages 5 ½ and older. There are two versions:

- Parent/caregivers-completed version (PSC).
- Youth self-report (Y-PSC). The Y-PSC may be administered to youth ages 11 years and older.

The PSC is available free of charge at:

http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf. The

PSC is available in other languages at:

http://www.massgeneral.org/psychiatry/services/psc_forms.aspx

Questionnaire Completion:

The screening tool/questionnaire should be completed by the person who knows the child best. This role may change during the course of the case, as parents are more likely to know the child better than foster parents at removal, but this may not be the case if the child remains in care.

Additionally, if the parent or caregivers are not sure whether a child exhibits a particular behavior described in a questionnaire item, the caseworker should not advise or lead parents but instead should encourage parents/caregiver to use their judgment.²

Scoring:

The PCP is responsible for scoring and interpreting the results of the screening instrument and proposing recommendations regarding follow up. If the screening indicates a need for further evaluation, the caseworker is responsible for ensuring timely and appropriate follow up through a referral to the behavioral health division of the child's Medicaid Health Plan (MHP) for an assessment and treatment. In some circumstances, if a child/youth is already in treatment, the follow up would consist of making the mental health providers aware of the results of the screen.

Implementation:

While the assigned caseworker has the primary responsibility for facilitating the completion of the screening tool, the mental health screening process begins with engaging the family (birth and foster and any other caregivers) within the MiTEAM Practice Model. Family engagement through the MiTEAM process should be utilized before removal, at removal and throughout the case. The

² From ASQ: SE Product Overview.

mental health screenings should be discussed with families at each suitable juncture within the MiTEAM model. The screening tool may be initiated by any direct staff in conjunction with Family Team Meetings or during other family contacts when indicated.

If the screening tool is not completed during the FTM, the assigned caseworker must follow up with the family to ensure completion prior to the child's EPSDT/Well Child Exam. Additional caseworker responsibilities include:

- Arrange the delivery of the completed screening tool to the medical provider prior to or at the scheduled well child exam.
- Document mental health screening in SWSS or MiSACWIS.
- Ensure appropriate and timely follow-up referrals and treatment as indicated.
- Provide narrative of mental health screening and all follow-up in case service plans.

Best practice tip: A copy of the completed screening tool may be filed in the child's case file in case a need for a copy presents at a later date.

Note: Other mental health screening tools can be used at the physician's discretion as long as they are evidence-based. Any questions about whether or not a particular screen will be accepted should be directed to Ashley Wills, Behavioral Health Analyst, WillsA@michigan.gov. Screening tools are to be scored by the medical provider.

Additional instruction can be found at www.michiganchildwelfaretraining.com. Log onto OmniTrack Plus (JJOLT) in the upper left corner. View the In-Services/E-Learning folder and select the training titled "Medicaid Policy for Supervisors: Meeting the Medical Needs of Children in FC."