



North Carolina Department of Health and Human Services Division of Social Services

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February 28, 2001

Dear County Director of Social Services

Subject: Behavioral Health Screening Tools - Effective March 1, 2001

ATTENTION ALL CHILD WELFARE STAFF

As part of the "New Beginnings" partnership with mental health and juvenile justice, DSS child welfare social workers are responsible for screening certain children for possible referral for behavioral health services funded by Medicaid or the At-Risk Children's Program (ARC). The purpose of the At-Risk program is to prevent children from having to enter DSS custody or be placed in a training school or psychiatric facility in order to access medically necessary mental health services. General information about the screening process was provided at the regional training events last November and December. The purpose of this letter is to provide instructions for behavioral health screenings and provide you with copies of each of the behavioral health screening tools.

Target Population

Effective March 1, 2001, DSS child welfare staff should complete the appropriate behavioral health screening tool(s) for children who are:

- (1) at risk of inappropriate placement into DSS custody, training schools (youth academies) or state psychiatric facilities due to a lack of appropriate, community-based mental health services; or
- (2) currently in DSS custody and placed in an out-of-home setting that is not adequately meeting the child's mental health needs; or
- (3) currently in DSS custody, placed in an out-of-home setting and receiving mental health services that are not funded by Medicaid or At-Risk funds. This screening process is the first step in determining a child's eligibility for mental health services funded by Medicaid or At-Risk funds.

Timeframe

The following timeframes apply to use of the screening tools:

- (1) For children entering DSS custody, the screening tool should be completed within the same timeframe as the required physical examination (i.e. within seven days). The screening results should be discussed with the medical professional conducting the physical examination.
- (2) For children not in DSS custody, the screening tool should be completed at the time that DSS staff determines that the child is at-risk of unnecessary out-of-home placement.
- (3) For children already in DSS custody on March 1, 2001 and who are appropriate for screening (see Target Population information above), the screening tool should be completed as soon as possible.

Behavioral Health Screening Tools

The Division of Mental Health, consistent with the implementation of the System of Care (SOC), has identified four screening tools for appropriate use by DSS child welfare social workers to identify a child's needs for mental health services. The DSS social worker will need to determine the appropriate screening tool(s) to use from the tools described in this letter. These tools include:

- (1) Stressful Life Events Review: This screening tool is intended to provide a brief but focused overview of the stressful circumstances in a child's life that may be affecting the child's current functioning. The DSS social worker who knows the child and the family best should complete this tool. This screening tool is completed for every child following the completion of the other screening tools listed. The Stressful Life Events Review is required to accompany the other screening tools each and every time a child is referred to the Area Mental Health Program for an evaluation. The Stressful Life Events Review will only need to be updated when there are changing conditions in the child's life.
- (2) Pediatric Emotional-Behavioral/Developmental Screening (PEDS) and PEDS Interpretation Form: This screening tool is designed for use with children from birth through age 5 for emotional-behavioral and developmental problems. The person who knows the child best at the time completes this tool. This person may be the natural parent, the foster parent or DSS worker. Scoring of the form is somewhat complex; however, this tool has been determined to be the most successful for screening young children for such difficulties. As the DSS social worker interprets the PEDS scores and completes the PEDS

Interpretation Form, the results will indicate whether referral to the child's primary care physician or to the Area Mental Health Program is most appropriate or whether further work with the child is indicated before a referral is made.

- (3) Pediatric Symptom Checklist (PSC): This screening tool is designed to evaluate the psychosocial functioning of children 6 to 18 years of age. It is intended to serve as a method of early identification of psychosocial difficulties. The DSS social worker who knows the child best completes this tool. The DSS worker should obtain information from the natural parents, foster family or other child caring agencies, if appropriate, as well as from schools and other persons involved with the child. When a child receives a positive score on the PSC, a referral should be made to the Area Mental Health Program for an evaluation. The information gathered from this tool is submitted along with other information to the Area Mental Health Program at the time of referral.
- (4) Problem Oriented Screening Instrument for Teenagers (POSIT): This screening tool is designed for use with adolescents 12 through 18 years of age, but may be used at the worker's discretion for a child younger than 12 years old, when there is a suspicion of substance abuse. This screening tool is to be completed by the adolescent. If reading the instrument is a problem, the DSS social worker may read the questions to the adolescent. The results should be reviewed by the DSS social worker for completeness and accuracy and modified if additional information is known about the child in this area. If the adolescent responds positively to one question, a referral should be made to the Area Mental Health Program for an evaluation.

All children referred to the Area Mental Health Program will be assessed for eligibility for Medicaid or At-Risk funded services. This is a joint assessment process involving DSS and mental health staff as well as family members. If the child is not eligible for Medicaid, eligibility for At-Risk (ARC) funded services will be determined. Since ARC funding does not constitute an entitlement, children who meet ARC Program eligibility will be served on a 'first come-first served' basis as long as At Risk funds are available. Eligibility for ARC funded services must be re-determined annually. ARC funds may be used to support non-Medicaid covered services for a Medicaid eligible child.

It is essential that DSS and area mental health agencies develop an efficient referral and joint assessment process. The Memorandum of Agreement that must be signed to access At-Risk funds identifies specific timeframes for assessments. County DSS staff must have particular clarity about how to forward screening tool information to the area programs.

Dear County Director Letter
February 28, 2001
Page 4

The attached forms may be copied for use, with the exception of the PEDS form and the PEDS Interpretation Form. We are distributing a supply of these two forms to each county DSS which should be used until the supply is exhausted, at which time copies can be used.

We continue to be very hopeful that the New Beginnings partnerships will significantly improve inter-agency collaboration on behalf of children with mental health needs, improve access to Medicaid-funded services for children in foster care, and reduce the number of children who enter DSS custody unnecessarily. If you have questions regarding the information in this letter or want additional information on the ARC Program, please refer to the February 1, 2001 memorandum entitled the "At-Risk Children's Program" or you may contact Elsie Roane at (919) 733-4622 or e-mail her at elsie.roane@ncmail.net.

Sincerely,



Charles C. Harris, Chief
Children's Services

Attachments

cc: Chip Modlin
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