

Mental Health Screening Tool (MHST)

5 Years to Adult



California Institute for Mental Health
1119 K Street
Sacramento, CA 95814
(916) 556-3480

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ABOUT THE FOSTER CARE MENTAL HEALTH SCREENING TOOL (MHST)

What is the MHST?

The MHST is a brief tool intended to be used primarily by non-mental health professionals to rapidly screen children and youth ages 5 through adult who are being considered for out-of-home placement. The purpose of the instrument is to identify which children/youth should be referred for a mental health assessment. Additionally, the instrument is designed to prioritize the urgency of the referral.

Does the MHST apply only to children being considered for out-of-home placement?

Not necessarily. The tool was designed for children being considered for out-of-home placement in response to requirements set down in SB 933; however, the tool should identify any child in need of follow-up mental health assessment. Several California Counties are utilizing the MHST in a variety of ways within their child and family service system.

How was the MHST developed?

The MHST was developed by a multi-agency workgroup consisting of representatives from county child welfare, juvenile probation, public health and mental health departments; state representatives from the Department of Social Services, Mental Health and the Board of Corrections, and a parent representative. The project was undertaken by the California Institute for Mental Health (CIMH) and funded by a grant from the Zellerbach Family Fund.

Six counties pre-tested the MHST and found that it can be completed quickly, is easy to use and is helpful. They reported that it accurately identified children and youth meeting medical necessity criteria who were in need of mental health services.

Who can use the MHST?

The tool was originally designed to be used by social workers and probation officers, but other non-mental health professionals working with children may find it useful, and the MHST may also be valuable when used by mental health professionals as a step in the overall referral and assessment process.

When should the MHST be used?

The tool has been designed to meet the requirements of SB933 that requires that fully-funded System of Care counties must screen and assess all children and youth going into group home placements.

Originally, the screening instrument was designed to be used by social workers within the first few days after a child is removed from the home, and by probation officers when out-of-home placement is first being considered. Each county system will determine how the

MHST fits within its child serving system; however, the tool may be used at any time a social worker or probation officer feels it is appropriate.

What do Mental Health and Social Services/Probation departments need to do to implement the MHST in their county?

All departments who are to be involved need to work together to develop an implementation plan. Among other things, there must be agreement regarding the following:

- The populations to be screened
- When the MHST will be administered
- How, and to whom in mental health, the information will be transmitted
- The process by which consent to release information, allowing mental health to follow up on the screening, is secured
- How and what feedback will be given by mental health back to the referent

After a county has decided to use the MHST, what is the suggested process for completing the screening instrument?

The caseworker/probation officer should complete the MHST as soon as possible after the youth is determined to be in need of out-of-home placement, or in need of a mental health screening. A “yes” answer to any of the questions on the front page indicates an “Identified Risk” with a high priority need for a mental health assessment. When a “yes” box is checked on the front of the form, this form should be faxed immediately to the designated mental health staff person. It is recommended that an assessment be scheduled to take place no later than five days following the receipt of the MHST.

A “yes” answer to any question under the “Risk Assessment” section on the back of the form also indicates a need for referral, although the need is not as urgent and the assessment may not need to be completed as quickly.

Circling the behaviors outlined in *Italics* after each question allows the person completing the screen to quickly and easily offer more specific information that will assist with the mental health assessment.

Because they are so broad, won’t the questions in the MHST screen every child in out-of-home care as needing mental health assessment?

The MHST is designed to utilize the questions in conjunction with the more specific examples of events or behavior. Using the examples to determine the answer to the question allows the MHST to discriminate, and identify those most in need.

Because the examples are so severe, won’t the MHST screen too many children as not needing mental health assessment?

The examples were developed with considerable input from experienced representatives of county department of social service systems. They reflect the scale, or standards, most welfare workers use in determining children most in need of mental health services.

Don't all children in foster care or out-of-home placement need a full mental health assessment?

It is widely held as a "Best Practice" that all children in out-of-home care should receive a full mental health assessment. The MHST may be less relevant to systems that are committed to doing so. However, the MHST can be useful in a number of situations that include:

- Child Service systems that do not have the resources, or have otherwise determined that it is not necessary to assess all children in out-of-home care.
- Child Service systems that seek to triage, or identify those children most in need of mental health assessment, to more effectively utilize resources and serve children.
- Child Service systems that serve a broader child population than those children who are in out-of-home care. For example, some systems may want to screen all children who come into contact with law enforcement.

How will the Mental Health Department respond to answers of "Unknown?"

Each county child serving system will have to develop its own response to these answers. If possible, a child whose screen only indicated answers of "No" and "Unknown" should be screened again after one or two weeks when more information regarding the child is available.

How is the MHST currently being utilized?

Several counties that participated in the MHST Pre-Test, and others who learned of its development, have already integrated it into their child and family service systems. Because each system is unique, the MHST will be utilized differently across the state. Some examples follow:

San Francisco

The San Francisco City and County Children's System of Care is utilizing two tools to facilitate child referrals to mental health services. The MHST will be used within the existing continuum of care in San Francisco. The Department of Social Services, the San Francisco Unified School District, the Department of Mental Health, Juvenile Probation and existing contractors with those agencies will utilize the MHST. San Francisco is also developing a screening tool for programs and contractors that do not have clinical staff. This tool will also be made available to parents, teachers and organizations to use to help in early identification of SED children.

Solano County

Solano County has stationed mental health staff at the Department of Social Services. Staff members provide individual assessment and include the use of the Mental Health

Screening Tool to further highlight areas of risk. The children are then referred to appropriate mental health services, most to Mental Health Clinics.

San Mateo

San Mateo County is implementing the MHST in a system that will fully assess all children in out-of-home care. The instrument will be completed by county social workers that place the child. It will then be forwarded to a Mental Health Department liaison who will use the tool to prioritize children as “urgently” or “less urgently” in need of a mental health assessment. A mental health staff person will then be assigned. In this case the MHST is being used as a “smart” referral form, and placing workers may send other reports to mental health along with the MHST.

Shasta County

Shasta County Department of Social Services Children’s Protective Services Division uses the MHST to identify children who appear to be in need of an assessment of their mental and emotional functioning. Upon receipt of the MHST a Mental Health clinician, who is assigned to providing assessment and treatment for foster children, reviews the form with the referring worker. The clinician determines if a mental health assessment appears to be needed and the urgency of the referral. The Mental Health Department assesses those youth who have indicators of a mental disorder. Shasta County is moving toward a screening process for all youth who enter foster care that will identify those children in need of health, mental health, substance abuse and educational assessments. The MHST will be used in this screening process.

How can we get assistance/training on the use of the MHST in our county?

Contact the California Institute for Mental Health at (916) 556-3480, and ask for information regarding the Foster Care Mental Health Screening Tool.

MENTAL HEALTH SCREENING TOOL (CHILD 5 YEARS TO ADULT)

Referent: _____ **Date:** _____
Telephone: _____ **Agency:** Social Services Probation Other: _____
Child's Name: _____ **Date of Birth:** _____
Child's Ethnicity: _____ **Primary Language:** _____
Child's Current Telephone: _____ **SSN#:** _____
Child's Current Residence: Shelter Group Home Relative Juvenile Hall
 Foster Care Other: _____
Caregiver/Contact Person (if known): _____
Child's Current Address: _____

Please check applicable boxes on both sides of this form. Following each question are examples of behaviors or problems that would require a "YES" check. Please circle any that apply. This list is not exhaustive. If you have a question about whether or not to check "YES," please indicate the issues under the COMMENTS section on the reverse side of the form.

YES	NO	Unknown	IDENTIFIED RISK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Has this child been a danger to him/herself or to others in the last 90 days? <i>Attempted suicide; made suicidal gestures; expressed suicidal ideation; assaultive to other children or adults; reckless and puts self in dangerous situations; attempts to or has sexually assaulted or molested other children, etc.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Has this child experienced severe physical or sexual abuse or has s/he been exposed to extreme violent behavior in his/her home in the last 90 days? <i>Subjected to or witnessed extreme physical abuse, domestic violence or sexual abuse, e.g., severe bruising in unusual areas, forced to watch torture or sexual assault, witness to murder, etc.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Does this child have behaviors that are so difficult that maintaining him/her in his current living or educational situation is in jeopardy? <i>Persistent chaotic, impulsive or disruptive behaviors; daily verbal outbursts; excessive noncompliance; constantly challenges the authority of caregiver; requires constant direction and supervision in all activities; requires total attention of caregiver; overly jealous of caregiver's other relationships; disruptive levels of activity; wanders the house at night; excessive truancy; fails to respond to limit setting or other discipline, etc.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Has the child exhibited bizarre or unusual behaviors in the last 90 days? <i>History or pattern of fire-setting; cruelty to animals; excessive, compulsive or public masturbation; appears to hear voices or respond to other internal stimuli (including alcohol or drug induced); repetitive body motions (e.g., head banging) or vocalizations (e.g., echolalia); smears feces; etc.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Does the child have an immediate need for psychotropic medication consultation and/or prescription refill? <i>Either needs immediate evaluation of medication or needs a new prescription.</i>

If you checked any of the above boxes YES, the child requires urgent referral to Mental Health. Please forward this form to the agency listed on reverse side of this form immediately. Please continue on reverse.

COMMENTS/ADDITIONAL INFORMATION: _____

YES	NO	Unknown	RISK ASSESSMENT
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. This child has a history of the behaviors or experiences listed on the front page, "Identified Risk" section, that occurred more than 90 days ago. List: _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Does the child have problems with social adjustment? <i>Regularly involved in physical fights with other children or adults; verbally threatens people; damages possessions of self or others; runs away; truant; steals; regularly lies; mute; confined due to serious law violations; does not seem to feel guilt after misbehavior, etc.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Does this child have problems making and maintaining healthy relationships? <i>Unable to form positive relationships with peers; provokes and victimizes other children; gang involvement; does not form bond with caregiver, etc.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Does this child have problems with personal care? <i>Eats or drinks substances that are not food; regularly enuretic during waking hours (subject to age of child); extremely poor personal hygiene.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Does this child have significant functional impairment? <i>No known history of developmental disorder, and behavior interferes with ability to learn at school; significantly delayed in language; "not socialized" and incapable of managing basic age appropriate skills; is selectively mute, etc.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Does this child have significant problems managing his/her feelings? <i>Severe temper tantrums; screams uncontrollably; cries inconsolably; significant and regular nightmares; withdrawn and uninvolved with others; whines or pouts excessively; regularly expresses the feeling that others are out to get him/her; worries excessively and preoccupied compulsively with minor annoyances; regularly expresses feeling worthless or inferior; frequently appears sad or depressed; constantly restless or overactive; etc.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Does this child have a history of psychiatric hospitalization, psychiatric care and/or prescribed psychotropic medication? <i>Child has a history of psychiatric care, either inpatient or outpatient, or is taking prescribed psychotropic medication.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Is this child known to abuse alcohol and/or drugs? <i>Child regularly uses alcohol or drugs.</i>

If any of the above boxes are checked "YES", the child needs to be referred to Mental Health to determine if an assessment or services are required. Please forward the form to:

(Could be preprinted to have the address of local Mental Health agency.)

COMMENTS/ADDITIONAL INFORMATION: _____

Mental Health Follow Up Response

Name: _____ Date: _____

MH Assessment complete; no follow up MH service required.

MH Assessment complete; MH follow up required.

Other: _____