

INFORMATION REGARDING THE MENTAL HEALTH SCREENING TOOLS (MHST)

What is the Wisconsin MHST? The MHST is a brief screening tool. There are two separate versions of the MHST, one designed to identify those children up to 5 years old most urgently in need of a more thorough mental health screening or assessment, and a second version that serves the same purpose for children 5 years old and over.

The Division of Children & Family Services' (DCFS) charge was to work with children's mental health professionals and county and tribal child welfare agencies to develop a screening tool that would help identify children statewide whose mental health issues, due to abuse, neglect, or other causes, put them in need of a more intensive mental health assessment. *Screening* is the first step in the on-going process to identify those children who may have, or are at risk of developing, mental, emotional, or behavioral problems and need to be referred to the next step in the process: seeing a mental health professional for a further assessment to evaluate whether the child is in need of mental health services.

The goal is to offer a screening tool to those counties/tribes that are willing to implement it as a part of their Initial Assessment process, under the Child Functioning Element, and to provide the Department with feedback on its application and efficacy.

Don't all children in out-of-home care need a thorough mental health assessment?

It is this project's recommendation that all children entering the child welfare system receive a mental health screening. This is indicated since abuse, neglect, and/or other traumas (including removal of children from their homes) have negative impacts on the emotional and mental health of children.

Recognizing that the complexities associated with the child welfare system may make the use of time consuming, complicated instruments with all children impractical, the two versions of the MHST offered within this document are intended to be used as a basic resource that may identify those children most in need of more intensive assessment and evaluation. Both versions have been designed to be easily integrated into the child welfare system and used by those who may not have expertise in childhood mental health.

How was the MHST developed? The MHST tools were developed in California by a multi-agency workgroup consisting of participants with expertise in children's health, mental health, developmental disabilities, and childcare services. Last year Wisconsin's Department of Health & Family Services created its own cross-disciplinary workgroup responsible for developing policy and procedure to improve mental health screening for children in the child welfare system. Various stakeholders and child welfare professionals were included in the statewide workgroup and provided consultation, input, direction, and feedback on redesigning each version of the screening tool to better fit the needs of Wisconsin's counties/tribes. The long term goal is to help provide a consistent tool for agencies to measure a child's need for mental health assessment.

Who can use the MHST? The tool was originally designed for use by those who do not have expertise in the area of childhood mental health, but have contact with children in the child welfare system.

What do Social or Human Services agencies need to do to implement the MHST in their county/tribe? All departments and/or agencies that are involved should work together to develop an implementation plan. Decisions to be considered include: what populations should be screened; when the MHST will be administered; how information will be transmitted to the mental health provider or services; and how feedback will be given by the mental health provider to the person making the referral. The MHST is offered in an electronic format that allows for alteration if necessary, to reflect the unique needs of each agency.

After a county/tribe has decided to use the MHST, what is the suggested process for using the screening instrument? For initial use of this screening tool, the following process is recommended:

- Children should be screened during the first 60 days of entrance into the child welfare system, and documented under the Child Functioning Element of the Initial Assessment. Children may also be re-screened at any time, as deemed appropriate by the child welfare agency.
- Children should be screened during the first 60 days of entrance into the child welfare system, and documented under the Child Functioning Element of the Initial Assessment.
- Children could also be re-screened and the outcomes documented during the Family Assessment.
- Children who screen as negative at both the Initial and Family Assessment should be screened on an “as needed” basis to monitor for changes that may take place due to new information or changing circumstances.
- A child scoring a “YES” answer to any of the questions may need to be referred for a more thorough mental health assessment. The amount of time between screening and follow-up will depend upon available resources; however, the referral should be considered as “urgent” and receive a timely response.

After a county has decided to use the MHST, what is the suggested process for completing the screening instrument? The caseworker should complete the MHST as soon as possible after the child has entered into the child welfare system.

In the 5 years to adult version of the screening tool, a “yes” answer to any of the questions on the front page indicates an “Identified Risk” may require an urgent need for a mental health assessment. A “yes” answer to any question under the

“Child Functioning” section may also indicate a possible need for referral, although the need may not be as urgent as a “yes” response under the “Identified Risk” section. Again, circumstances unique to the individual child should always be considered.

Circling the behaviors outlined in *italics* after each question and/or writing in additional behaviors that aren’t listed as examples 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 use 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/tribal social service systems. They reflect the scale, or standards, most child welfare workers use in determining children most in need of mental health services.

Don’t all children in the child welfare system or in an out-of-home placement need a full mental health assessment? While the MHST may be less relevant to systems that are able to complete full assessments, it can be useful when counties/tribes are forced to “triage”, that is, identify those children most in need of mental health assessment, to more effectively utilize resources and serve children.

Mental Health Screening Tool (MHST)

(adapted from California Mental Health Screening Tool)

5 Years to Adult



Wisconsin Department of Health & Family Services

MENTAL HEALTH SCREENING TOOL (CHILD 5 YEARS TO ADULT)

Person Making Referral:
Telephone:

Date:

Child's Name:
Child's Ethnicity:
Caregiver/Contact Person (if known):

Date of Birth:

Child's Current Residence: Home Relative Foster Home
Group Home Shelter Residential Care Center
Other: _____

Please check if an IEP exists that addresses behavior or mental health issues

*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 and referrals may be subject to professional discretion or case specific circumstances. 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.*

Referral decision: Does this child need to see someone who specializes in mental health?

YES	NO	Unknown	IDENTIFIED RISK
10	10	10	1. Does it appear that this child may be a danger to her/himself? <i>Attempted suicide; made suicidal gestures; expressed suicidal ideation; assaulted other children or adults; reckless and put self in dangerous situations; exhibits extreme eating disordered behaviors; attempts to or has sexually assaulted or molested other children.</i>
10	10	10	2. Has this child experienced significant physical or sexual abuse or has s/he been exposed to violent behavior in the last 90 days for which s/he has not received any intervention? <i>Examples include cruel restraint, beatings, burns, physical torture, broken bones, internal injuries, multiple injuries, oral sex, anal sex, or intercourse, serious unmet health needs/living arrangements, abandonment, consistent scapegoating, indifference, or witnessed violence, sexual assault, or murder.</i>
10	10	10	3. Does this child have developmentally inappropriate behaviors that are so difficult that maintaining him/her in his current living or educational situation is in jeopardy?

10	10	10	<p><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 complete attention of caregiver; overly jealous of caregiver's other relationships; wanders the house at night; fails to respond to limit setting or other discipline.</i></p> <p>4. Has the child exhibited bizarre or unusual behaviors (relative to cultural norms) in the last 90 days?</p> <p><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.</i></p> <p>5. Child either needs an immediate prescription refill or help obtaining their medication.</p> <p><i>Caretaker needs help getting child's existing prescription refill; prescription needs to be renewed; caretaker's concerned child needs to be evaluated for medication; or child is refusing to take medication.</i></p>
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If you checked any of the above boxes YES, the child may require an urgent referral to mental health services.

COMMENTS/ADDITIONAL INFORMATION:

YES	NO	Unknown	CHILD FUNCTIONING
			<p>6. This child has a history of the behaviors or experiences listed in the “Identified Risk” section on the front page that occurred <u>more</u> than 90 days ago. <u>Please list:</u></p>
10	10	10	<p>7. Does the child have significant problems with social adjustment?</p> <p><i>Regularly involved in physical fights with other children or adults; verbally threatens people; damages possessions of self or others; runs away; refuses to attend school; steals; regularly lies; mute; confined due to serious law violations; does not seem to feel guilt after misbehavior.</i> <i>Other: _____</i></p>
10	10	10	<p>8. Does this child have problems making and maintaining healthy relationships?</p> <p><i>Unable to form positive relationships with peers; provokes and victimizes other children; gang involvement; exhibits high-risk sexual behavior; does not form bond with caregiver.</i></p>
10	10	10	<p>9. Does this child have significant problems with personal care?</p> <p><i>Eats or drinks substances that are not food; regularly enuretic/encopretic during waking hours (subject to age of child); extremely poor personal hygiene; has significantly changed his/her eating and/or sleeping habits.</i></p>
10	10	10	<p>10. Does this child have significant functional impairment?</p> <p><i>With no known history of developmental disorder, behavior or emotions interfere with ability to learn at school; significantly delayed in language; “not socialized” and incapable of managing basic age appropriate skills; is selectively mute, has issues that are not addressed or inadequately addressed by IEP.</i></p>
10	10	10	<p>11. Does this child have significant problems managing his/her feelings?</p>

			<p><i>Severe temper tantrums; screams uncontrollably; cries inconsolably; constantly restless or overactive; significant and regular nightmares.</i></p> <p><i>Withdrawn and uninvolved with others; frequently appears sad; whines or pouts excessively; regularly expresses feeling worthless or inferior; worries excessively and preoccupied compulsively with minor annoyances; regularly expresses the feeling that others are out to get him/her.</i></p>
10	10	10	<p>12. Does this child have a history of psychiatric hospitalization, psychiatric care and/or prescribed psychotropic medication?</p> <p><i>Child has a history of psychiatric care; either inpatient or outpatient.</i></p>
10	10	10	<p>13. Is this a child who is twelve years of age or older who is known to abuse alcohol and/or drugs? If yes, please have child complete the attached GAIN Screen.</p> <p><i>Child regularly uses alcohol or drugs.</i></p>

If any of the above boxes are checked “YES”, the child may need to be referred to a mental health professional to determine if a further assessment is required.

COMMENTS/ADDITIONAL INFORMATION:

Mental Health Follow Up Response

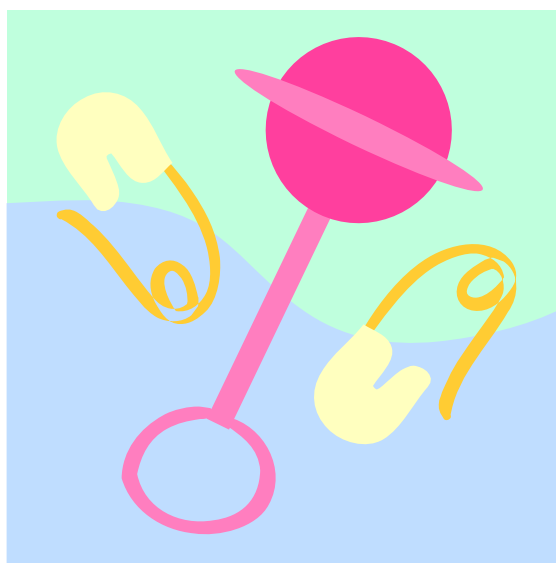
Name: Date:

- . MH Assessment complete; no follow up MH service required.
- . MH Assessment complete; MH follow up required.
- . Other:

Mental Health Screening Tool (MHST)

(adapted from California Mental Health Screening Tool)

0 Up to 5 Years



Wisconsin Department of Health & Family Services

MENTAL HEALTH SCREENING TOOL (CHILD 0 UP TO 5 YEARS)

Person Making Referral:
Telephone:

Date:

Child's Name:
Child's Ethnicity:
Caregiver/Contact Person (if known):

Date of Birth:

Child's Current Residence: Home Relative Foster Home
 Other: _____

Is there a Birth to 3 referral?

*Please check applicable boxes. Examples of behaviors or problems that would require a "YES" check follow each question. **Please circle any that apply.** This list is not exhaustive and referrals may be subject to professional discretion or case specific circumstances. If you have a question about whether or not to check "YES," please offer relevant information in the COMMENTS section.*

Referral decision: Does this child need to see someone who specializes in mental health?

YES	NO	Unknown	IDENTIFIED RISK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>History</p> <p>1. Has this child experienced significant physical or sexual abuse, extreme or chronic neglect, or been witness to or victim of violent behavior or trauma?</p> <p><i>Examples include cruel restraint, beatings, burns, physical torture, broken bones, internal injuries, multiple injuries, oral sex, anal sex, or intercourse, serious unmet health needs/living arrangements, failure to thrive, abandonment, consistent scapegoating, indifference, or witnessed violence, sexual assault, or murder.</i></p>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>Behavior</p> <p>2. Does this child exhibit unusual or uncontrollable behavior?</p> <p><i>0 – 18 mos: Crying that is excessive in intensity or duration; persistent arching, "floppiness," or stiffening when held or touched; cannot be consoled by caregiver; cannot initiate or maintain sleep without extensive assistance under usual or expected conditions.</i></p> <p><i>18 – 36 mos: Any of the behaviors above; extremely destructive, dangerous, or violent behavior; excessive, frequent tantrums; persistent and intentional aggressions despite reasonable adult intervention;</i></p>

		<p><i>excessive or repetitive self-injurious behavior (e.g. head banging) or excessive, self-stimulating behavior (e.g. rocking, masturbation); appears to have an absence of fear or awareness of danger.</i></p> <p>3 – 5 yrs: <i>Any of the behaviors above; frequent night terrors; excessive preoccupation with routine, objects or actions (e.g. hand washing – becomes distraught if interrupted, etc.); extreme hyperactivity; excessively “accident-prone;” repeated cruelty to animals; lack of concern or regard for others; severe levels of problem behavior in toileting (e.g. encopresis, smearing) or aggression (e.g. biting, kicking, property destruction).</i></p>
<p>10</p>	<p>10</p>	<p>3. Does this child seem to be disconnected, despondent, excessively passive, or withdrawn?</p> <p>0 – 18 mos: <i>Does not vocalize (e.g. “coo”), cry or smile; does not respond to caregiver (e.g. turns away from his/her face; makes or maintains no eye contact; interaction with others does not appear to be engaging); does not respond to environment (e.g. motion, sound, light, activity, etc.); persistent and excessive feeding problems.</i></p> <p>18 – 36 mos: <i>Any of the above; fails to initiate interaction or share attention with others with whom s/he is familiar; unaware or uninvolved with surroundings; does not explore environment or play; does not seek caretaker/adult to meet needs (e.g. solace, play, object attainment); few or no words; fails to respond to verbal cues.</i></p> <p>3 – 5 yrs: <i>Any of the above; does not use sentences of 3 or more words; speech is unintelligible; excessively withdrawn; does not play or interact with peers; persistent, extremely poor coordination of movement (e.g. extremely clumsy); unusual eating patterns (e.g. refuses to eat, overeats, repetitive ingestion of nonfood items); clear and significant loss of previously attained skills (e.g. no longer talks or is no longer toilet trained).</i></p> <p>Placement, Childcare, Education Status</p>
<p>10</p>	<p>10</p>	<p>4. Does this child exhibit behaviors that may not allow him/her to remain in his/her current living, preschool and/or childcare situation?</p> <p><i>The child’s behaviors, and/or the caregiver’s inability to understand and manage these behaviors, threaten the child’s ability to benefit from a stable home environment, or preschool or childcare situation.</i></p>

If any of the above boxes are checked “YES”, the child may need to be referred to a provider of children’s mental health services to determine if further assessment is required.

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: