## Ongoing Mental Health Screening

## P.O. Box 40983 ● Olympia, WA ● 98504-5710

Enter Date

To: caseworker name, Caseworker

Cc: Name

This letter is to inform you that an Ongoing Mental Health (OMH) screen has been recently completed for

name**.**

The OMH report describes which tools were used and to whom the tool was administered, i.e., child and/or caregiver. The report also indicates if the child needs further mental health assessment or other referrals based on the scores of each tool and additional information received. As of date, the OMH report has been uploaded into FamLink for your review along with a case note. The caregiver has also been sent a copy of the OMH report.

Please be aware that this child may be referred for additional screening at any time the child remains in out-of-home care. If there are concerns, please contact the Title, Name, at email address or Phone, to refer the child for rescreening.

Thank you,

Name and title.

Ongoing Mental Health Screener

Department of Children, Youth, and Families

phone.

email

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|  | **Ongoing Mental Health (OMH)**  **Screening Report** | Date of Report:  Screening Interval:  6 months  Other  Reason for referral (if applicable) |

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| **Identifying Information** | | | | | |
| CHILD’S NAME | DATE OF BIRTH | CHILD’S PERSON ID | | PROVIDER ONE NUMBER | APPLE HEALTH NUMBER |
| SCREENING SPECIALIST | TELEPHONE NUMBER | | ASSIGNED CASE WORKER | | TELEPHONE NUMBER |

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| **Brief Screening Summary**  (Scores at or above the cutoff indicate possible concern) | | | | | | |
| ASQ:SE2 (36-71 months) |  | At or Above |  | Below |  | Not Applicable |
| PSC-17 (6-17 years) |  | At or Above |  | Below |  | Not Applicable |
| SCARED (7-17 years) |  | At or Above |  | Below |  | Not Applicable |
| PLUS 4 (3-17 years) |  | At or Above |  | Below |  | Not Applicable |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Additional Physical/Mental Health Questions | | | | | | | | |
| Has the child received their yearly EPSDT/Well child exam? |  | Yes |  | Scheduled | |  | | NEEDED |
| Has the child received a dental exam in the past 6 months? |  | Yes |  | Scheduled | |  | | NEEDED |
| Is the child receiving any additional health services? |  | Yes |  | No | | | | |
| If Yes, list additional health services the child receiving: | | | | | | | | |
| Evidence Based Practice (EBP) suggests there are concerns for children taking two or more psychotropic medications, children under the age of six taking any psychotropic medications, and children taking any number of psychotropic medications without the presence of EBP services. Children in these categories may need additional mental health assessment, even if not indicated by screening scores. | | | | | | | | |
|  | | Yes |  | No | NA | |  | |
| ● Is the child currently receiving mental health services? | |  |  |  |  | |  | |
| * Do these services seem to be helping the child? | |  |  |  |  | |  | |
| ● Is the child currently taking any psychotropic medications? | |  |  |  |  | |  | |
| * Is the child taking two or more? | |  |  |  |  | |  | |
| * Do the medications seem to be helping the child? | |  |  |  |  | |  | |
| ● Is the child under six years of age? | |  |  |  |  | |  | |
| Follow-up Recommendations  (*Indicated by screening scores and additional information provided by caregiver or youth)* | | | | | | | | |
| Referral for Mental Health Assessment  Continuation of Current Services  Apple Health Core Connections (AHCC) Care Coordination Referral  Please contact 1-844-354-9876 (option 1, extension 6102194) or AHCCTeam@coordinatedcarehealth.com  Screener has made referral for care coordination  Other  No follow-up needs indicated at this time  \*\*Please see Screening Summary page for more details | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **OMH Participants and Screening Tools** | | | |
| **Date**  **Administered** | **Relationship to Child** | **Name of Person**  **Providing Information** | **Method of Contact** |
|  | Out-of-home caregiver |  |  |
|  | Youth (11-17 years) |  |  |
|  |  |  |  |

**An OMH Screener administered the following screening tools to identify potential social-emotional concerns:**

# **Ages and Stages Questionnaire: Social / Emotional, Second Edition (ASQ:SE2)**

The Ages and Stages Questionnaire: Social Emotional, second edition (ASQ:SE2) screen is administered for children ages 36 through 71 months old. The screen is completed by out-of-home caregivers to gather information about a child in the areas of personal-social, self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interactions with people. ***Scores above the cutoff indicate a need for a mental health assessment to be completed by a qualified professional. Service needs are then determined by the assessment.***

ASQ:SE2 TOOL RESULTS:

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Group** | **Score** | **Cutoff Level** | **Result** |
| Month /       Year |  |  |  |

# **Pediatric Symptom Checklist (PSC-17)**

The Pediatric Symptom Checklist (PSC-17) screen is administered for children/youth ages 6 through 17 years old. The screen is completed by out-of-home caregivers and/or youth (11-17 years old) to assess for psychosocial concerns. The PSC-17 has scales to identify externalizing, internalizing, and attention problems. ***Scores equal to or above the cutoff score indicate a need for a mental health assessment to be completed by a qualified professional. Service needs are then determined by the assessment.***

PSC-17 SUBSCALE DEFINITIONS:

**Externalizing Subscale** – Children high on the externalizing subscale may be having conflict with others – caregivers, teachers, and/or peers. These children are having behavior problems such as not listening to commands or rules, being argumentative, getting into trouble, and being physically or verbally aggressive.

**Internalizing Subscale** – Mainly reflects problems the child experiences within, such as depression, anxiety, sadness and withdrawal from others and social activities.

**Attention Subscale** – This subscale reflects problems paying attention, staying focused or on track. Children high on this scale may also have hyperactivity, or trauma-related attentional behaviors.

PSC-17 TOOL RESULTS – Caregiver:

|  |  |  |  |
| --- | --- | --- | --- |
| **Domain** | **Score** | **Cutoff Level** | **Result** |
| Externalizing Subscale |  | 7 |  |
| Internalizing Subscale |  | 5 |  |
| Attention Subscale |  | 7 |  |
| *Total Overall Score* |  | 15 |  |

PSC-17 TOOL RESULTS – Youth:

|  |  |  |  |
| --- | --- | --- | --- |
| **Domain** | **Score** | **Cutoff Level** | **Result** |
| Externalizing Subscale |  | 7 |  |
| Internalizing Subscale |  | 5 |  |
| Attention Subscale |  | 7 |  |
| *Total Overall Score* |  | 15 |  |

# **Screen for Child Anxiety and Related Emotional Disorder (SCARED)**

The Screen for Child Anxiety and Related Emotional Disorder (SCARED) is a trauma tool administered for children/youth ages 7 through 17 years old. The OMH program administers this screen to youth, 11-17 years old, to assess for anxiety and post-traumatic stress symptoms. ***Scores equal to or above the cutoff score indicate a need for a mental health assessment to be completed by a qualified professional. Service needs are then determined by the assessment.***

SCARED SUBSCALE DEFINITIONS:

**Anxiety Subscale** -- This subscale reflects potential issues with general anxiety, separation anxiety, panic, and/or social or school phobia.

**Post-traumatic Stress (PTS) Subscale** – This subscale reflects potential issues with general anxiety and/or somatic/panic symptoms associated with past experiences.

SCARED TOOL RESULTS:

|  |  |  |  |
| --- | --- | --- | --- |
| **Domain** | **Score** | **Cutoff Level** | **Result** |
| Anxiety Subscale |  | 3 |  |
| Post-traumatic Stress Subscale |  | 6 |  |

# **Plus 4 Trauma Related Screening Questions**

The Trauma Related Screening Questions (Plus 4) are administered for children/youth ages 3 through 17 years old. The screen is completed by out-of-home caregivers to assess for potential social-emotional and somatic symptoms related to trauma. ***Scores equal to or above the cutoff score indicate a need for a mental health assessment to be completed by a qualified professional. Service needs are then determined by the assessment.***

PLUS 4 TOOL RESULTS:

|  |  |  |  |
| --- | --- | --- | --- |
| **Domain** | **Score** | **Cutoff Level** | **Result** |
| Trauma Symptoms |  | 2 |  |

# **Screening Summary**

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| **Screening Summary** |

**These records are confidential and are disclosed under the limitations of RCW 13.50.100.  This disclosure does not constitute a waiver of any confidentiality or privilege attached to the records by operation of any state or federal law or regulation.  The recipient of these records must comply with the laws governing confidentiality and must protect the records from unauthorized disclosure.  RCW 13.50.100(5).**