



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)

On-Going Mental Health (OMH) Screening Report

OMH Screening is requested by Assigned Case Worker.

Date of Request: _____

Reason for request: _____

Child's Identifying Information

CHILD'S NAME		DATE OF BIRTH	CHILD'S PERSON ID
DATE OF REPORT	INTERVAL OF RE-SCREENING <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> Other: _____		
SCREENING SPECIALIST'S NAME		TELEPHONE NUMBER	EMAIL ADDRESS
ASSIGNED CASE WORKER		TELEPHONE NUMBER	EMAIL ADDRESS

Brief Screening Summary

SCREENING RESULTS INDICATE MENTAL HEALTH REFERRAL RECOMMENDED	TYPES OF SCREEN(S) USED (IF SCREENING TOOL WAS USED, SEE SUMMARY PAGE)	CLINICAL SCORE	
		AT OR ABOVE	BELOW
<input type="checkbox"/>	ASQ-SE Administered: <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable (Age Range for Tool: 3 years – 65 months)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PSC-17 Administered: <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable (Age Range for Tool: 66 months – 17 years)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Trauma Tool Administered: <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable (Age Range for Tool: 7 years – 17 years)	<input type="checkbox"/>	<input type="checkbox"/>

Additional Mental Health Questions (Asked of Caregiver)

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 need a mental health evaluation and/or referral to EBP Services to determine appropriateness of medications. (Children taking medications for ADD / ADHD that have improved behavior / functioning as a result of taking the medications may not need EBP Services.)

	YES	NO	N/A
1. Is the child currently receiving mental health services? If yes , do these services seem to be helping the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the child currently taking any psychotropic medication(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the child currently taking any psychotropic medication(s)? If yes , taking medications, do they seem to be helping the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the child under six years of age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a box below is checked, Mental Health referral is recommended.

- Based on the answers to these questions this child needs further mental health evaluation to determine appropriateness of therapies in conjunction with medications, if applicable.
- Apple Health Core Connections (AHCC) behavioral health consult recommended. Please call your AHCC Care Coordinator at **1-844-354-9876**