

CONNECTICUT CHILDREN'S BEHAVIORAL HEALTH PLAN



The CT Children's Behavioral Health Plan Implementation Advisory Board is comprised of representatives from 12 mandated state agencies and community stakeholders that include providers, advocates, and family members. The Board is charged with creating an accessible and affordable system of behavioral health care for CT's children. Early identification and screening, fiscal mapping, and health equity are three of the primary goals the Board focused on in 2018 and 2019. Below are recommendations for Early Identification and Screening.

Early Identification and Screening Recommendations

PURPOSE AND RATIONALE

- Given the prevalence of behavioral health conditions, screening for such conditions is a public health imperative.¹
- Behavioral health screening is intended to *identify potential behavioral health needs at the earliest point of contact*.²
- Screening measures are designed to identify children and youth who *may* meet criteria for a behavioral health diagnosis, and may need further assessment and possible treatment.³ Screening also increases opportunities for providing information and education, parental support, and non-clinical community-based programming.
- Effective screening can promote improved health and well-being for all children and reduce inappropriate tracking of children of color and children with disabilities into the juvenile justice system.

VISION

- Screening is part of a comprehensive, coordinated, and integrated behavioral health system. Trauma and other behavioral health screening for children will be universally administered and viewed as a public health imperative.
- Effective screening measures will be incorporated into health care (e.g., primary care, community behavioral health) and other settings (e.g., schools, juvenile justice, child welfare, youth development).
- Screening for behavioral health concerns is understood as one part of a holistic view of the child that includes child and family strengths and consideration of the social determinants of health.
- Individuals administering screening will be able to enter results, identify referral resources, and ensure linkage to services in the event of a positive screen.

CRITERIA FOR RECOMMENDED SCREENING

A workgroup of the Children's Behavioral Health Plan Implementation Advisory Board reviewed current screening measures and processes in Connecticut and identified over 60 screening measures currently in use. The group then developed criteria for establishing a list of recommended measures, including:

- Valid and reliable, including for youth and families from diverse racial, ethnic, cultural and linguistic backgrounds;
- Brief, and easy to administer and score;
- Available at low or no cost, and in multiple languages.
- Do not require a professional degree to administer or score;

¹ O'Connell ME, Boat T, Warner KE, editors. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Institute of Medicine; National Research Council; Washington, DC: 2009. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: Research Advances and Promising Interventions.

² American Academy of Pediatrics 2019 <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/The-Importance-of-Screening.aspx>

³ American Psychological Association Practice Organization "Distinguishing Between Screening and Assessment for Mental and Behavioral Health Problems": 2018

RECOMMENDED BEHAVIORAL HEALTH SCREENING MEASURES

The table below offers an inventory of currently* recommended screening measures across the system that meet the criteria set forth by the workgroup. These measures are already commonly used throughout Connecticut and meet the established criteria summarized above; however, additional measures exist and may become available that also meet these criteria and are equally or more effective than measures currently in use. Those administering screening measures should do so with an understanding of how to address positive screens and requirements for mandated reporting of suspected child abuse and neglect.

Screening Measure	Validated, including with youth of color	Available Languages**	Age Range	Issue(s) screened for	State Agencies that currently use or require providers to use this measure	Number of Questions
Ages and Stages Questionnaire (ASQ)	Yes	English; Spanish; French 20 other languages	0-5	Development	OEC; DSS; DCF	21
Ages and Stages Questionnaire, Social Emotional (ASQ-SE)	Yes	English; Spanish; French 20 other languages	0-5	Social-Emotional Development	OEC; DSS; DCF	21
Child Trauma Screen	Yes	English; Spanish	6-17	Trauma	JB-CSSD; DCF	10
Columbia Suicide Severity Rating Scale	Yes	English, Spanish, French, Chinese and many others	6-18	Suicidality risk	DPH; JB-CSSD	6
Car, Relax, Alone, Forget, Friends, Trouble (CRAFT)	Yes	English; Spanish	12-18	Substance Use	JB-CSSD; DCF	6
OHIO Scales	Yes	English; Spanish and 5 more	5-18	Mental Health, problem severity and functioning	DSS; JB-CSSD; DPH; SDE	40
Pediatric Symptom Checklist	Yes	English; Spanish; Chinese	4-18	Emotional and Behavioral concerns	DSS	17
Patient Health Questionnaire (PHQ-2)	Yes	English; Spanish; + 46 other languages	Parents; 13-17	Depression	DSS; DPH	2
Patient Health Questionnaire (PHQ-9)	Yes	Same as above	Parents; 13-17	Depression	DSS; DPH	9
Rapid Assessment for Adolescent Preventive Services (RAAPS)	Yes	English; Spanish	9-24	Social determinants of health; Drop-out risk	DPH	21

*Recommendations are current as of March 2019. ** Measures may or may not be validated in non-English versions.

For more details and to view the most updated list of recommended screening measures, please visit www.plan4children.org

To review the **Connecticut Children's Behavioral Health Plan**, members of the **Implementation Advisory Board** and **Annual Progress Reports** please visit:

plan4children.org

STATE AGENCY PARTNERS

Department of Children and Families (DCF)	Connecticut State Department of Education (CSDE)
Department of Developmental Services (DDS)	Office of Early Childhood (OEC)
Department of Social Services (DSS)	Office of the Child Advocate (OCA) Office of the Healthcare Advocate (OHA)
Department of Public Health (DPH)	Judicial Branch Court Support Services Division (JBCSSD)
Department of Mental Health and Addiction Services (DMHAS)	Commission on Women, Children and Seniors (CWCS)
Connecticut Insurance Department (CID)	

CONNECTing
Children and Families to Care

