

SCREENS AND ASSESSMENTS

Why are They Important?

"When we think about a healthy start, we often limit our focus to physical health. But...mental health is fundamental to overall health and well-being. And that is why we must ensure that our health system responds as readily to the needs of children's mental health as it does to their physical well-being."

David Satcher, M.D., Ph.D, Surgeon General, U.S. Surgeon General's Conference on Children's Mental Health: A National Action Agenda, 2000.

Professional Organizations Recognize Developmental Benefits

The benefits of developmental screens are well accepted by child development experts and the children's medical community. For example, the American Academy of Pediatrics (AAP) believes that access to comprehensive health care benefits is critical for children to achieve their optimal health. AAP recommends regular screenings and developmental and behavioral assessments from infancy through adolescence in its "Recommendations for Preventative Pediatric Health Care." Many state Medicaid agencies consult these recommendations when deciding appropriate intervals for EPSDT screens. AAP also recommends mental health and substance abuse services for other psychosocial problems.

The American Academy of Child and Adolescent Psychiatry (AACAP) also recommends appropriate developmental and behavioral assessments for children. AACAP provides practice guidelines for children of all ages, beginning with infants and toddlers, ages 0-36 months. The infant and toddler guidelines acknowledge the "urgent need and incomparable opportunity to understand and to intervene early and preventively with young children and their families."

AACAP recently began a joint initiative with the Child Welfare League of America (CWLA) to improve the design, delivery, and outcomes of the mental health and substance use services provided to children in foster care and their families. This effort was prompted by concern about mental health care for this group of children. More than 90 percent of them qualify for Medicaid. More than 30 consumer and professional organizations participate in this initiative. The organizations recognize the need to develop innovative and evidence-based assessment tools to identify children's emotional and/or behavioral problems as early as possible and to ensure that these needs are treated in a timely manner by professionals who are trained in the most effective prevention and treatment approaches. One goal of the initiative is to develop age-appropriate components for mental health screens and assessments. For more information, go to www.aacap.org and click on "Policy Statements."

Screening and Assessment Promote Early Intervention and Help to Limit Long-Term Costs

There are strong public policy reasons why states should ensure that all Medicaid- and CHIP-eligible children get mental health screens. Early investments are cost-effective. State Medicaid agencies are well aware that mental disorders represent a sizeable portion of annual expenditures. These agencies have learned from experience that early intervention costs less. Delayed treatment is usually more expensive.

Screening is the first step in the on-going process to determine a child's need for services. A screen identifies children who have, or are at risk of developing, mental, emotional or behavioral problems. The next step is an "assessment," which is a more comprehensive analysis done to identify specific services and supports that can address identified or developing physical or mental health problems.

There is currently no agreement about a single most effective instrument to use for children's mental health screenings or assessments. As a result, state Medicaid agencies may use a variety of instruments or may recommend specific ones. This presents an important opportunity for a collaborative effort among representatives from the Medicaid agency, appropriate state professional organizations (e.g. pediatricians, child psychiatrists, clinical psychologists, clinical social workers, etc.), and family organizations to recommend one or more screening instruments for different ages of children. These same groups could use their existing relationships to maximize outreach about, and access to, mental health screens and assessments for the greatest number of eligible children.

Majority of States Don't Yet Offer Specialized Mental Health Screens

The Bazelon Center for Mental Health Law in 2000-2001 contacted states to learn how they screen for mental health and substance abuse issues through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit under Medicaid. The survey examined different options states might consider for mental health screenings, such as:

- Including specialized mental health questions that are distinct from the comprehensive EPSDT screens used to identify physical health problems; or
- Incorporating mental health questions or prompts as part of a comprehensive EPSDT screening tool.

The Bazelon Center survey findings indicate considerable variance in how states screen for children's emotional, behavioral, and mental health problems. The Bazelon Center concluded that "very few [states] have policies in place that are likely to result in accurate identification of children with behavioral health disorders." It found that:

- 28 states recommend screening tools that reference mental health in some way through either a specialized screen or something in their comprehensive EPSDT screen.
- The remaining 23 states—nearly half—have not addressed behavioral health concerns at all in their comprehensive EPSDT screens. They use no specialized screens or any mental health questions or prompts in their EPSDT screens, even though such tools have been found to help increase the identification of mental health and substance abuse problems.

Furthermore, when there is attention to mental health, most states only recommend—rather than require—that primary care providers use specific tools. States have largely created their own mental health screening tools, perhaps suggesting the need for professional associations with appropriate expertise to help develop one or more models to use across the country. The Bazelon Center recommends that federal agencies help states design one or more model screening instruments. For the full results of the Center's survey, see the article from *Psychiatric Services* included in the Bazelon Center entry in the Action Strategies and Resources Guide.

Initial Screens and Comprehensive Health Assessments are Critical for Children

The Georgetown University Center for Child and Human Development recently completed a three-year study to identify and describe promising approaches to meet the health care needs of children in the foster care system. The study addressed special concerns about the higher rate of physical and mental health problems among children in state protective custody and difficulties these children have receiving adequate care. The comprehensive study included telephone interviews with 73 sites and visits to nine sites.

Full citations are included in the Action Strategies and Resources Guide.



Based on their findings, the Center staff recommended a set of critical components to address children's health care needs, starting with an initial screening and comprehensive health assessment. The Center suggests important questions for states and communities to consider when planning or improving their approach to screening and assessments for children in the foster care system. These include questions regarding policy, services, financing, data systems, family participation, and cultural competence issues.

Although the report describes strategies to encourage and expand mental health screens and assessments for children in foster care, states and communities could build on them to serve a broader population of children who qualify for Medicaid or CHIP. For example:

- Establish one-stop clinics where children can get medical, dental, and psychosocial assessments and the necessary follow-up treatment that they need.
- Organize interdisciplinary teams that can travel around a state using existing health facilities to perform basic screens and appropriate follow-up assessments.
- Recruit public health nurses and/or clinical social workers to serve as case managers to help families get the necessary initial screens and assessments and then help families locate the appropriate treatment when there is a need to do so.
- Improve collaboration among large local and regional children's hospitals and designated Medicaid and early intervention providers to increase the percentage of young children receiving mental health and developmental assessments through EPSDT.
- Designate the county mental health department as an access point for community-based mental health services and recruit a sufficient number of clinicians to perform mental health screens and assessments for children of all ages who qualify for Medicaid and CHIP.

For more information about the study's findings and recommendations, see the Center's two publications on the health care needs of children in foster care: *Summary of State and Community Efforts* and *Strategies for Implementation.* See the Action Strategies and Resources Guide for the Georgetown University Center for Child and Human Development's contact information.

Full citations are included in the Action Strategies and Resources Guide.

