DHS Provides Updates on Child Welfare and Juvenile Justice Mental Health Screenings

TOPIC
Children’s Mental Health (CMH) Screening grant service description, service provision standards, screening eligibility, screening exemptions, for child welfare and juvenile justice targeted populations.

PURPOSE
To update county and tribal social services, juvenile probation, court services and juvenile detention centers on mandated child welfare and juvenile justice children’s mental health screening policies, procedures, training and grant reporting requirements.

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TERMINOLOGY NOTICE
The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.
I. Purpose

This bulletin serves to update county and tribal social services, juvenile probation, court services and juvenile detention centers on child welfare and juvenile justice mental health screening policies, procedures, training and grant reporting requirements. This bulletin contains information on targeted populations, the screening process and screening exemptions, mental health screening instruments, and who can administer the screenings.

Background

Since 2004, the Behavioral Health Division of the Department of Human Services (DHS), in collaboration with the Child Safety and Permanency Division and the Department of Corrections, provides guidance, resources and training for county and tribal social services and juvenile justice staff to screen children and youth within their specific populations for mental health concerns.

In 2003, the Minnesota Legislature added mental health screening requirements to the following Minnesota Statutes sections to include children’s mental health screening for specific child welfare and juvenile justice populations:

- 245.4874 DUTIES OF COUNTY BOARD, subdivision 1, (12)
- 260B.157 INVESTIGATION; PHYSICAL AND MENTAL EXAMINATION, subdivisions 1 and 3
- 260C.157 INVESTIGATION; PHYSICAL AND MENTAL EXAMINATION, subdivision 3
- 260B.176 RELEASE OR DETENTION, subdivision 2(e)
- 260B.178 DETENTION HEARING, subdivision 1(b)
- 260B.193 DISPOSITIONS; GENERAL PROVISIONS, subdivision 2
- 260B.235 PETTY OFFENDERS; PROCEDURES; DISPOSITIONS, subdivision 6

In 2009, Minnesota Statutes, section 256.01 COMMISSIONER OF HUMAN SERVICES; POWERS, DUTIES, subdivision 14(b) was amended to include screening in the American Indian Child Welfare Initiative.

In 2012, the United States Department of Health and Human Services, Administration on Children, Youth and Families published an informational memorandum, ACYF-CB-IM-12-04. The informational memorandum places a priority on trauma and mental health screening of child welfare involved youth. DHS is in the process of adapting activities and guidance to meet this requirement and will provide more information as it becomes available.

Program Overview

The purpose of the children’s mental health screening within the child welfare and juvenile justice populations is to integrate mental health into current practices and to promote earlier mental health identification and intervention. Early identification of mental illness followed by the appropriate intervention and treatment may prevent years of disability and provide improved outcomes for children and their families. Focusing on these at-risk populations and particularly the uninsured and underinsured, grant funding can provide mental health treatment for children who wouldn’t otherwise receive these services. Children’s mental health screenings facilitate referral of children for further testing and treatment using standardized effective mental health screening instruments. DHS provides funding to counties and tribes to conduct these screenings.
A. Target Populations

The target populations include children in the child welfare and juvenile justice systems not currently receiving mental health services who have not been previously screened within the past 180 days.

The child welfare target population is defined as children from 3 months through 17 years of age:

- are receiving child protection case management services; or
- are receiving guardianship or adoption case management through child protective services due to parental rights being terminated; or
- are in out-of-home placement for thirty days or more and not in a Social Service Information System (SSIS) children’s mental health workgroup.

The juvenile justice target population is defined as children from 10 through 17 years of age who:

- are with a judicial finding of delinquency, according to Minnesota Statutes, section 260B.007, subdivision 6. Probationary youth age 18 to 21 on extended juvenile jurisdiction are excluded; or
- have allegedly committed a delinquent act and who have had an initial detention hearing, with the court ordering the child continued stay in detention; or
- are found to have committed a juvenile petty offense for the third or subsequent time.

The Department of Human Services recommends that any youth under a continuance for dismissal or stay of adjudication, but before a finding of delinquency has been made should also be screened.

For tribes participating in the American Indian Child Welfare Initiative, an “American Indian child” is considered a child under 21 years of age.

B. Mental Health Screening Process

Children’s mental health screening is an important tool for identifying mental health issues and determining the need for referring a child for further assessment. The Department of Human Services encourages child protection social workers to engage families in a discussion of the importance of children’s mental health screening within the first thirty days of the case management process. When a child is in out-of-home placement, it is advised to provide the youth with a screening after the first thirty days of placement. For youth in the juvenile justice system, generally the screening is conducted right after the child has been found delinquent, has been returned to detention after the first hearing, or has been referred to court for the third or subsequent petty offense or during the first probation meeting.

1. Eligible Screeners:

- County and tribal social services professionals;
- Juvenile justice corrections professionals; or
- Mental health practitioners* (as defined in Minnesota Statutes, section 245.4871, subdivision 26).
*The legislature expanded the definition of “mental health practitioner” to include a student who is completing a practicum or internship as part of a formal undergraduate or graduate social work, psychology, or counseling program. This change was included in the Omnibus Health and Human Services Budget bill that passed during the first special session and is effective July 1, 2021. (Laws of Minnesota 2021, 1st Spec. Sess. chapter 7, article 11, section 1)*

All screeners must be trained on the use of the DHS approved screening instrument tools utilized as well as demonstrate competency on conducting the screening and interpreting the results for purposes of educating families and providing appropriate referrals for further assessment and/or treatment.

**2. Approved Screening Tools:**

Screening instruments used must be one of the tools approved by the Commissioner of Human Services for the child welfare and juvenile justice children’s mental health screenings. An updated list of approved screening tools for use with children and youth can be found here: [Screening tools](Screening tools).

For target child welfare population aligning to age ranges listed above under “A. Target Populations”:

- **Ages and Stages Questionnaire: Social Emotional, Second Version** (ASQ:SE-2)
  For infants and children 6 months to 5 years of age
- **Pediatric Symptom Checklist** (PSC)
  For children/youth 6 years of age and older
- **Global Appraisal of Individual Needs-SS (GAIN-SS)**
  For children/youth 12 years of age and older

  Contact [GAINinfo@chestnut.org](mailto:GAINinfo@chestnut.org) for access to unlimited use of pen/paper copies of the GAIN-SS, administration manual, scoring sheet, fillable pdf GAIN-SS form, etc. under the DHS license.

For target juvenile justice population aligning age to ranges listed above under “Target Populations”:

- **Massachusetts Youth Screening Instrument, Second Version** (MAYSI-2)
  For children/youth 12 through 17 years of age
- **Problem Oriented Screening Instrument for Teenagers** (POSIT) (search for eDoc: DHS-4141A-ENG)
  For children/youth 12 through 17 years of age
- **Global Appraisal of Individual Needs-SS (GAIN-SS)**
  For children/youth 12 years of age and older

  Contact [GAINinfo@chestnut.org](mailto:GAINinfo@chestnut.org) for access to unlimited use of pen/paper copies of the GAIN-SS, administration manual, scoring sheet, fillable pdf GAIN-SS form, etc. under the DHS license.

For more information about the instruments, including how to obtain these instruments, their validity and reliability, as well as any costs associated, clink on the links above.

**C. Mental Health Screening Exemptions:**

Mental health screening exemptions for children/youth within the identified target populations include one or more of the following conditions:

- A mental health screening or diagnostic assessment has been performed within the previous 180 days;
• The child or youth is under the care of a mental health professional (mental health professional as defined in Minnesota Statutes, section 245.4871, subdivision 27);
• The parent or legal guardian refuses the screening, in writing to the court, county or tribal agency;
• The agency is unable to locate the child;
• Child protection case management is closed within thirty days of opening; or
• The child is receiving children’s mental health targeted case management (CMH-TCM) services

Populations that do not meet criteria:

Only the targeted populations above meet the criteria for screening. Other voluntary or involuntary case management programs that do not meet the above criteria are exempt from screening (including: children in intake/investigation, Parental Support Outreach Project, Minor Parents, or Mother’s First.)

Interstate compact children in placement in Minnesota do not meet criteria as statute and grant funding are specific to Minnesota residents.

D. Eligibility for Re-screening:

In child welfare, a child not currently receiving mental health services may be re-screened under the following conditions:

• The child transitions from one program to another (child protection case management to adoption/guardianship) and does not meet an exemption; or
• A child in a child protection case management work group has entered into a placement within the calendar year and does not meet an exemption; or
• There are considerable changes in behavior/development and the family wishes to re-screen; or
• In compliance with Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) standards, a child who continues to receive child welfare services should be offered a screen (if not receiving appropriate mental health treatment) at the age of six months, one year, eighteen months, two years, four years, and every three years after the age of four.

In corrections, a child not currently receiving mental health services may be re-screened under the following conditions:

• Youth may be re-screened if they commit an additional offense (and are then court ordered); or
• A youth is held in detention and sent back to detention after the initial hearing more than one time that year; re-screen the youth if there is cause for concern due to the extenuating (i.e. intense emotional reactivity, fluctuation or outbursts) circumstances; or
• Youth receiving supervised probation may be re-screened if there are considerable changes in behavior/development (and the youth does not meet an exemption).

E. Screening Notice and Consent

Minnesota Statutes, section 245.4874, subdivision 1, (12)(b) states that “the court or county agency must notify a parent or guardian whose parental rights have not been terminated of the potential mental health screening
and the option to prevent the screening by notifying the court or county agency in writing.” The Department of Human Services actively endorses obtaining written permission for mental health screening. Mental health screening data is protected health information, and therefore counties and tribes should follow the Data Privacy and Health Insurance Portability and Accountability Act (HIPAA) guidelines in regard to releases of information, confidentiality and appropriate storage of sensitive material.

Only when a children’s mental health screen is conducted in the juvenile justice system as a result of a court order, is consent not required. However, parents retain the ability to contest the court order and prevent the screening. Written consent is required when the youth has been continued in detention or when the child is returned to the custody of a parent/guardian after the initial hearing.

Engaging families in conversations about the benefits of screening, while gaining permission for the screen, makes the subsequent use of voluntary mental health services more likely. In order for a youth and family to give proper permission for a mental health screening they should be informed about why they are being asked to complete the screen, the purpose of the questions, privacy and confidentiality information, how long the screening should take and what benefits are associated with screening and early identification of mental health issues.

**F. Data Reporting**

The following is a chart of the reporting requirements on each completed mental health screening. As per legislative mandates, DHS will only be collecting summarized data that does not contain any identifiable client information. Social Services data is reported through the Social Service Information System (SSIS). The data currently available or will be available in early 2022 to DHS through SSIS is identified below. Data from the juvenile justice system will need to be submitted using a DHS approved data collection tool.

<table>
<thead>
<tr>
<th>Required Data</th>
<th>Definition</th>
<th>SSIS Tracking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening tool/s</td>
<td>This includes documenting the specific screening tool used by providing a count of the number of each times each tool was used.</td>
<td>Yes-starting early 2022</td>
</tr>
<tr>
<td>Client demographics</td>
<td>This includes a summary total of screened children/youth’s race, age, and gender.</td>
<td>Yes</td>
</tr>
<tr>
<td>Screening scores</td>
<td>This includes a summarized list of scores by test used.</td>
<td>Yes-starting early 2022</td>
</tr>
<tr>
<td>Number of children screened</td>
<td>Number of children given a mental health screening.</td>
<td>Yes</td>
</tr>
<tr>
<td>Required Data</td>
<td>Definition</td>
<td>SSIS Tracking</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Number of children exempt from screening</td>
<td>Number of children who were exempt from a mental health screening.</td>
<td>Yes</td>
</tr>
<tr>
<td>Exemptions</td>
<td>For children exempted from screening, the reason for the exemption.</td>
<td>Yes</td>
</tr>
<tr>
<td>Number of children referred for assessment.</td>
<td>Number of children who had a positive screen and were referred for further assessment.</td>
<td>Yes- starting early 2022</td>
</tr>
<tr>
<td>Number of children who received an assessment</td>
<td>Number of children with a positive screen who were referred for, and received a mental health assessment/diagnostic assessment.</td>
<td>Yes- starting early 2022</td>
</tr>
</tbody>
</table>

Children’s Mental Health Screening Grants Modification Legislation passed allowing county boards or Tribal nations to provide the commissioner with access to screening results for purposes of program evaluation and improvement. This provision is effective July 1, 2021. **Note: this applies only to data entered into SSIS, not CSTS.** [Laws of Minnesota 2021, chapter 30, article 13 section 1](#)

All Social Services screening data is due to DHS by March 15 following the grant period. Juvenile Justice data is due to the Department of Corrections contact by mid-February so data may be correlated and submitted to DHS by March 15.

**G. Funding**

The Department of Human Services contracts with counties and tribes to provide children’s Mental Health Screenings to the child welfare and juvenile justice populations.

As in prior years, each county and tribe will be allocated a different amount based on:

- how many screens were completed and recorded by the county/tribe;
- how many screens were completed throughout the state, and;
- total grant funding available.

Screening data will be collected from each county/tribe in March, a letter of contract intent for the following year is sent during the summer, and funding begins in January (e.g., 2021 data is collected by March 15, 2022, intent to award a contract notice will be sent in the summer of 2022 with funds available to counties and tribes on January 1, 2023). Funding cannot be increased during the contract time period, nor will counties and tribal councils be reimbursed for amounts spent over the contract allotment.

The intent of the grant is to provide mental health screening for the targeted at-risk population, identify any mental health issues and provide services for those children and youth, particularly the uninsured and
underinsured, whose screening demonstrates a need for further evaluation and treatment. Grant funding may be used for different costs associated with screening and providing follow up mental health assessment and treatment for child welfare and juvenile justice children and youth. Grant dollars may only be used for services for children and youth who have been screened through the grant, have a positive screen, and meet eligibility criteria for the service being provided. In addition, counties and tribes must ensure that grant funding is used only for services not otherwise reimbursable through MHCP or other insurance providers.

**H. BRASS Codes**

The approved BRASS codes counties may use to report services provided through the grant (using DHS-2985 reports) and their definitions are given below. Tribes will report their grant activities through the Enterprise Grant Management System (EGMS); they will use the following service definitions when preparing their budgets to submit to DHS.

Starting in 2022, the budget will align with the 17 BRASS codes approved for CMH Screening. Counties and tribes have the option of submitting a combined budget (including juvenile justice and child welfare spending) or separate budgets. County and tribal councils must submit a budget by the due date indicated in the award letter. Counties and tribes must utilize the budget form sent each summer by the CMH Screening contract manager.

111 – Mental Health Screening
   Services designed to identify children who are at risk of needing mental health services. This includes the costs of screening instruments and supplies; staff time in administering screenings, entering screening data into SSIS/CSTS and reporting data to DHS; staff mental health trainings; and supervision for staff completing screenings. The grant allocation for the costs of screening instruments, copies, and translations; staff time in administering screenings, entering screening data into SSIS and reporting data to DHS.

197 – Local Collaborative Undifferentiated Services
   Services, supports and interventions provided to children with a positive mental health screening and their families as a collaborative activity. This includes revenues and attendant expenses that flow through county social service agencies to collaboratives to fund related children’s mental health services for pre-screened children/youth.

401 – Information and Referral
   Provision of information to individuals on social services, and assistance to individuals in making contact with a resource that can respond to their needs or problems. This includes providing information and referral for a child or parent regarding community support groups, parenting groups, diagnostic assessments, and individual and family therapy.

402 – Community Education and Prevention
   Activities designed to educate the targeted population about mental health and co-occurring issues. The goals are to increase the understanding of mental health, reduce stigma, promote recovery and increase awareness of the availability of resources and services and improve skills in dealing with mental health issues.
404 – Client Outreach
Services designed to locate children within the targeted populations who may have an emotional disturbance/severe emotional disturbance (ED/SED), inform them or their families of available community support services, and assure they have access to those services.

405 – Child Outpatient Diagnostic Assessment/Psychological Testing
Diagnostic assessment and psychological testing of a pre-screened child by a licensed mental health professional. (Excludes diagnostic assessments provided as part of day treatment or family community support services, or provided by staff of a residential or inpatient program.)

407 – Early Identification and Intervention
Services designed to identify individuals within the target population who are at risk of needing or in need of mental health services and arrangements for intervention and, if necessary, treatment.

416 – Transportation
Client travel expenses to and from sites for medical and non-medical appointments to maintain or assist in mental health stability and recovery. This might include transit cards, mileage reimbursement and other means of transportation.

430 – Other Family Community Support Services
Community based services provided under the clinical supervision of a mental health professional to help children (screened and subsequently diagnosed) with ED/SED to function and remain in the community. This may include medication monitoring, independent living skills training, leisure and recreational activities, assistance in obtaining medical and financial benefits, crisis plan development, and therapeutic support for foster care.

451 – Emergency Response Services
Response services available on a 24-hour seven day a week basis for a child/youth (with a prior positive screen) having a mental health crisis or emergency. Emergency response services include telephone hot lines and similar services.

453 – Child Outpatient Psychotherapy
Psychotherapy provided to a child (with a positive screen and subsequently diagnosed with ED/SED) under the clinical supervision of a mental health professional. (Excludes inpatient or residential treatment settings and services provided as part of day treatment or family community support services.)

455 - Child Outpatient Medication Management
Prescription and medication education and review for a child (with a positive screen and subsequently diagnosed with ED/SED) as a means of controlling or eliminating severe behavior problems or the effects of the emotional disturbance. (Excludes services provided as part of day treatment, family community support services, or a residential or inpatient program.)

457 – Child/Family Psychoeducation
Individual, family or group therapeutic services, delivered by a mental health professional, designed to educate the individual or family in understanding the child’s symptoms of mental illness, their impact on the youth’s development and needed components of treatment and skill development to prevent relapse, prevent the acquisition of co-morbid disorders and to achieve optimal mental health and long-term resilience.
462 – Family Based Services

Professional home-based family treatment services are intensive mental health services provided to children at risk of, in, or returning from out-of-home placement due to ED/SED diagnosis. Services must be designed to meet the specific mental health needs of the child and family as written in the individual treatment plan, and must be provided by a team consisting of a mental health professional with other family/child mental health providers. Services must be flexible, be able to handle crises 24 hours per day and be coordinated with other services.

467 – Child Day Treatment

A structured program of group psychotherapy and other intensive therapeutic services that are provided at least one day a week for a minimum three-hour block by a multidisciplinary staff under the clinical supervision of a mental health professional. Child day treatment services must be coordinated and integrated with, or be part of an education program offered by the child’s school, but are not part of inpatient or residential treatment services.

489 – Child Respite Care

Short-term care provided to children (with a positive screen and subsequently diagnosed with ED/SED) due to the temporary absence or need for relief for those person normally providing care.

490 – Child Rule 79 Case Management

Activities that are coordinated with family community support services to help children (with a positive screen and subsequently diagnosed with ED/SED) and their families obtain needed mental health services, social services, educational, health, recreational and related services.

I. Social Service Information System (SSIS)

SSIS Child Protective Services workgroups do not permit you to enter 400 level BRASS codes that are covered under CMH Screening.
All CMH screening activities under 400 level BRASS codes need to be billed through the 420 program code. In order to do this, in the chronology or case note, workers need to choose the 420 program code in order to bill using CMH screening grant funds for that activity. Workers would then choose whichever BRASS code matches the service provided.

J. Training

The Department of Human Services’ Behavioral Health Division provides on-demand, online training on the approved screening tools. Training is available through DHS TrainLink at www.dhs.state.mn.us/TrainLink. Choose courses CMH 601, 602 and 603.

These courses cover:

- Administration of the screening tools
- Interpretation of the screening tool outcome
- Overview of state and federal data practices laws and confidentiality standards
- Parental consent requirements
- Ensuring respect for families and cultural values

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-2600 (voice) or toll free at (800) 627-3529, or by using your preferred relay service. For other information on disability rights and protections, contact the agency’s ADA coordinator.