to

# CHILD WELFARE MENTAL HEALTH REFERRAL GUIDE

Name of Youth  Evaluator Signature						Agency		
						Date		
nee the	ed a app	refer ropri	ral fo ate a	or an SE Inswer	ED Determina for each state	elfare Case Management Providers in identifying which children ion, not to provide an assessment of SED. Providers should circle ment and then refer to the Guidelines for Interpretation on page 2 to Kansas Health Solutions.		
			Yes	s (Y)	No (N)	Suspected (S) Unknown (U)		
1.	Υ	N	S	U	Youth previously received Community Based Services through a CMHC. (see definition of Community Based Services on the back of this form.)			
2.	Υ	N	S	U	Youth previously determined to have met the criteria for Serious Emotional Disturbance(SED) by a CMHC.			
3.	Υ	N	S	U	Youth has history of any psychiatric hospitalization; public, private or PRTF.			
4.	Υ	N	S	U	Youth currently or previously received specialized educational services for emotional/behavior disorder.			
5.	Υ	N	S	U	Youth currently has a CAFAS score of 70 or above, or a 30 or above on any one subscale.			
6.	Y	N	S	U	Youth currently has a diagnosed mental illness, and symptoms of that illness that contribute to a lack of stability in foster home or other placement, permanent home, school, or community.			
7.	Υ	N	S	U		Youth currently or within the last 60 days received some type of mental health treatment.		
8.	Υ	Ν	S	U	Youth previously had a diagnosed mental illness/emotional disorder.			
9.	Υ	N	S	U		Youth has history of mental health treatment, less intensive than inpatient or specialized services.		
10.	Υ	Ν	S	U	Youth is currently on psychotropic medication.			
11.	Υ	N	S	U		Youth is currently experiencing functional impairment in current placement. (See back for examples under Family/Home)		
12.	Υ	Ν	S	U		Youth is currently experiencing functional impairment in School domain. (See back for examples)		
13.	Υ	Ν	S	U	Youth is currently experiencing functional impairment in Community domain. (See back for examples)			

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## **GUIDELINES FOR INTERPRETATION**

## **Definitions**

CBS (Community Based Services): Psychotherapy and medications are <u>not</u> considered CBS. Specialized mental health services provided through Community Mental Health Centers, including the following: Mental Health Case Management (Targeted Case Management and Community Psychiatric Supportive Treatment), Mental Health Attendant Care (including Individual Community Support), Psychosocial Groups, Partial Hospitalization, Home Based Family Therapy, Respite Care.

**Serious Emotional Disturbance (SED)**: Based on a federal definition, the term serious emotional disturbance refers to a diagnosed mental health problem that substantially disrupts a child's ability to function socially, academically, or emotionally.

**Community Mental Health Center (CMHC)**: Local mental health authority established in Kansas to provide public mental health services.

Child and Adolescent Functional Assessment Scale (CAFAS): An instrument used by all CMHCs and some Contractors to measure the level of functioning for some children with symptoms of mental illness.

**Diagnosed Mental Illness**: Disorders that qualify a youth for SED include those listed in the DSM-IV or the ICS-9 equivalent, with some exceptions such as developmental disorders or substance abuse or dependence (unless they co-occur with another diagnosable disorder.) Temporary reactions to stressful events do not qualify, neither do symptoms attributed solely to intellectual, physical or sensory deficits.

## **Examples of possible functional impairment at:**

**Family/Home** – frequent violations of household rules; dramatic changes in personality or behavior; isolative behaviors; aggressive behaviors; verbally assaultive; parents feel youth is "out of control"; parents threatening to place child out of home (or out of current placement); suicidal thoughts, plans or gestures; self-harmful behaviors

**School** – School performance clearly below youth's ability; difficulties making or maintaining peer relationships; youth's behavior interferes with ability to learn; frequent detentions; school avoidance; repeated in-school or out of school suspensions; failing classes not due solely to cognitive limitations; truancy; assaultive or aggressive behaviors; excessive number of sick days without medical basis.

**Community** – Lack of participation in community or peer related activities; contact with law enforcement due to youth's behavior; running away or threats to run away; legal action against youth; probation or history of probation.

## **Interpretations**

If you answered yes to either #1 or #2, it is very likely that the youth qualifies as having SED and would benefit from specialized services. Refer these children to Kansas Health Solutions for referral to a CMHC for assessment unless individual circumstances of the child and family would indicate otherwise (e.g., child will be placed out of state, etc.)

If you answered yes to either #3, #4, #5 or #6, it is also very likely that the youth qualifies as having SED and would benefit from specialized services. The contractor is encouraged to refer these youth for determination of SED and assessment for specialized services.

If you answered yes to either #7, #8, #9, #10, #11, #12 or #13, the youth may still qualify as having SED, depending on the level of functioning and how symptoms of mental illness are interfering at home, school, or in the community. Depending on the needs of the youth and family, the contractor may refer these youth for determination of SED and assessment for specialized services.



Strong Families Make a Strong Kansas