

BEHAVIORAL HEALTH and DEVELOPMENTAL SCREENING FORM

CHILD'S NAME: _____		
(LAST)	(FIRST)	(MIDDLE)
MEDICAID ID #: _____	SEX: M: _____ F: _____	DATE OF BIRTH: ____/____/____

SECTION A: BEHAVIORAL HEALTH RISK FACTORS: (Please refer to the attached *SCREENING FORM GUIDELINES* for an expanded discussion of risk factors. Your own professional judgment will determine whether you should refer for a behavioral health assessment based on the presence of one or more indicators. In all instances, however, when you believe any of the following three factors is present, you should refer for an assessment.)

- Child's history includes incident(s) of severe neglect or physical, emotional, sexual abuse or family violence.
- Child's behavioral history includes incident(s) of self-destructive or aggressively violent behavior.
- Family history includes severe emotional, behavioral, or neurological disorder or severe mental illness.

SECTION B: BEHAVIORAL HEALTH SCREENING:

Behavioral Indicators	Yes	No	Behavioral Indicators	Yes	No
1. Excessively fearful, anxious, sad, withdrawn			11. Aggression or threats to people or animals		
2. Difficulties in sleeping or feeding/eating routines			12. Talks about hurting self or hurts self		
3. Shows little range of age-appropriate emotions			13. Drop in grades, school performance, or attendance		
4. Easily distressed/distracted by environment			14. Use of alcohol or other drugs		
5. Defiant, often active refusal to comply			15. Hallucinations, delusions or other unusual behaviors or problems		
6. Decreases in play or regression in development			16. Emotional or behavioral problems in school or with peers		
7. Age-inappropriate sexual activity			17. Parents/household members abuse alcohol and/or prescription drugs, or use illegal drugs		
8. Impulsive, distractible, forgetful			18. Parent shows little attention, interest or engagement with the child		
9. Destruction of property			19. Parent shows signs of emotional/mental health difficulties		
10. Serious rule breaking			20. Parent-child relationship or communication appears troubled		

SECTION C: DEVELOPMENTAL SERVICES SCREENING:

To be answered by medical professional administering screening:	Yes	No	To be asked of the parent/guardian:	Yes	No
1. Does the screening reveal the existence of delayed development, mental retardation, cerebral palsy, spina bifida, autism or Prader Willi Syndrome?			5. Does your infant/child seem socially withdrawn or have difficulty communicating?		
2. Does the screening reveal the child is at risk of a later diagnosis of cerebral palsy, mental retardation, autism or Prader Willi Syndrome?			6. Is your infant/child extremely resistant to change in daily routine or sleeps less than 5 hours/ night?		
3. Is there evidence that the primary caregiver has a developmental disability?			7. Is your child in special education classes in school?		
4. Are you or your child's physician concerned about your child's development?			8. Does your child receive SSI because of a developmental disability?		

NOTE: If "yes" to questions 1-8 above, refer the child to Children's Medical Services ages birth to 3, to Developmental Services if greater than 3 years old.

<p style="text-align: center;">OUTCOME OF SCREENING:</p> <p><input type="checkbox"/> No referral is needed</p> <p><input type="checkbox"/> Referral is needed, and parent/guardian consents</p> <p><input type="checkbox"/> Referral is needed, but parent/guardian declines</p> <p>Referral made for:</p> <p><input type="checkbox"/> Mental Health Assessment</p> <p><input type="checkbox"/> Substance Abuse Assessment</p> <p><input type="checkbox"/> Children's Medical Services Assessment (0-3)</p> <p><input type="checkbox"/> Developmental Services Assessment (3-21)</p> <p><input type="checkbox"/> Functional Behavioral Assessment</p> <p>(Signature/title of screener) _____ (Date of screening) _____</p>	<p style="text-align: center;">REFERRAL FOR ASSESSMENT:</p> <p><input type="checkbox"/> Referral made on: ____/____/____</p> <p><input type="checkbox"/> Referral made to: _____</p> <p style="text-align: center;">(Agency name)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Agency address)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Agency phone number)</p> <p>(Signature/title of person referring) _____ (Date) _____</p>
---	---

SCREENING FORM GUIDELINES

PURPOSE: To identify children needing referral for a behavioral health or developmental assessment.

DISCUSSION OF RISK FACTORS AND SCREENING QUESTIONS: The risk factors and screening questions are not all-inclusive and are intended only as indicators of a possible problem that may need further assessment. The screening tool is intended to augment your own professional judgment.

SECTION A: Behavioral Health Risk Factors

The risk factors discussed here are to assist in determining whether you should refer the child you are screening for an assessment by a behavioral health professional. Any combination of factors or one factor alone, such as an incident of sexual abuse, may be sufficient to prompt a referral. Your own professional judgment and knowledge of normal child development, the cultural context of the family, and the individual child being screened should determine whether you refer for an assessment.

The literature points to a number of factors in a child's life that could place him or her at high risk of serious emotional disturbance or substance abuse. A child having any one of the following three major risk factors would be appropriate for referral for an assessment:¹

1. The child's history includes incident(s) of being neglected or of being physically, sexually, or emotionally abused.
2. The child's behavioral history includes incident(s) of any one of the following: a) suicidal ideation or attempt, or any other self-destructive or intentionally self-harmful behavior; b) violent aggression or hostility; c) delusions or hallucinations; d) substance abuse; or e) intentionally delinquent activity.
3. The custodial or biological parent's behavioral history includes incidents of any one of the following: a) suicidal ideation or attempt or any other self-destructive behavior; b) violent aggression or hostility; c) serious psychiatric illness; d) substance abuse/dependence; or e) intentional criminal activity.

Other factors² that can place children at risk for mental and behavioral disorders include:

- Genetic factors that increase a child's vulnerability to autism, affective and anxiety disorders, Tourette's disorder, and attentional and learning disorders.
- Biological "insults," such as physical trauma or exposure to toxic chemicals or drugs.
- Poor prenatal care, which leads to increased risk of premature birth and a host of related problems.
- Chronic physical illness, such as leukemia, diabetes mellitus, asthma, cystic fibrosis, epilepsy, and AIDS.
- Cognitive impairments, such as those resulting from mental retardation, as well as deficits in sensory perception, including deafness and blindness.
- Persistent psychological adversity, such as poverty, disorganized and inadequate schooling, and homelessness.
- Domestic violence.
- Parental mental illness, with the potentially dangerous combination of psychologically traumatic disruptions of family life and inconsistent parenting.
- A history of significant loss(es).

The following section provides a context for asking the child and the parent or guardian questions about indicators of serious emotional disturbance or substance abuse.

¹ M. Oldknow and E. Dickinson, *New Mexico Department of Children, Youth and Families*

² "National Plan for Research on Child and Adolescent Mental Disorders," U.S. Department of Health and Human Services, Alcohol, Drug Abuse and Mental Health Administration

SECTION B: Behavioral Health Screening Indicators

Section B: Behavioral Health Screening Indicators

- 1. Excessively fearful, anxious, sad, withdrawn.** *Discussion:* Infants and young children may appear sad, lethargic, show a lack of interest in or failure to explore the environment, appear unusually wary and fearful or show panic. Older children may demonstrate the above plus show specific fears, talk about feeling unloved or hopeless and lack self confidence. These behaviors indicate the need for further assessment.
- 2. Difficulties in sleeping or feeding/eating routines.** *Discussion:* Infants and young children may have persistent difficulties in falling or staying asleep, refuse to eat, eat too much or too little. In addition to the above difficulties, older children may also hoard or steal food, engage in bingeing or purging or sleep excessively. Abrupt changes in sleeping or eating patterns or persistently abnormal patterns of sleeping or eating can be signs of serious emotional disturbance.
- 3. Shows little range of age-appropriate emotions.** *Discussion:* Infants and young children may not demonstrate typical facial or vocal expressions of pleasure, contentment, anger or pain or show persistent negative mood without signs of positive mood; gaze avert or resist positive social stimulation. Older children may also appear unusually guarded in social interaction. When age appropriate affect is absent, further evaluation is indicated.
- 4. Easily distressed/disrupted by environment.** *Discussion:* Infants and young children may show unusual distress and strong negative responses to typical environmental stimuli such as sound, touch and sights; resist holding or arch when held and be difficult to console. They may also be easily over-stimulated; find novelty or change distressful; be unable to calm or comfort themselves or be "too clingy." Older children may have difficulty with transitions or change and be especially slow to recover after distress. These behaviors are indicative of regulatory problems which should be assessed.
- 5. Defiant, often active refusal to comply.** *Discussion:* Children who are excessively demanding and irritable, routinely do not comply or cooperate with requests that are clearly understood (often with negative emotion), persistently resist limits, purposely annoy, argue and blame others are in need of further evaluation for underlying mental health problems.
- 6. Decrease in play or regression in development.** *Discussion:* Declines in play may be evidenced by a reduction in the amount of play, play that is repetitive or play that is less emotionally positive. A child may also demonstrate a loss of previously mastered skills. Regression in play or developmental skills warrants further assessment.
- 7. Age-inappropriate sexual activity.** *Discussion:* Younger children may display indiscriminant affection toward unfamiliar adults, engage in precocious sexual play, appear preoccupied with sexual activities and themes and demonstrate age-inappropriate knowledge of sexual activity. Older children may dress or behave in sexually provocative ways and engage in sexual activity beyond what is expected for their age. These behaviors could indicate child sexual abuse and should receive further evaluation.
- 8. Impulsive, distractible, forgetful.** *Discussion:* A young child who has an activity level that is very high and disorganized, doesn't seem to listen, talks excessively, interrupts others and has difficulty keeping his hands to himself should be referred for assessment and possible intervention in preparation for entry into school. In addition to these behaviors, older children may also be very unorganized, fail to follow through on tasks such as chores or homework and have difficulty concentrating in school.
- 9. Destruction of property.** *Discussion:* Children who deliberately destroy their own or others toys, clothing, or property; set fires to cause damage should be evaluated for underlying mental health problems.
- 10. Serious rule-breaking.** *Discussion:* Children who demonstrate a persistent pattern of violating age-appropriate norms and rules, e.g., truancy, running away, shoplifting and theft should be referred for a mental health assessment.
- 11. Aggression or threats to people or animals.** *Discussion:* A young child may be involved in chronic fighting, persistent physical aggression, display intentional cruelty to animals, bully or verbally threaten others, seem preoccupied with violence, cruelty or fire or seriously injure someone. In addition to the above behaviors, an older child may force sexual activity on others or use weapons to hurt or threaten. "Normal" youngsters may tease, threaten or shove other children, but deliberate cruelty or physically hurting others or animals usually is indicative of a serious problem.

12. **Talks about hurting self or hurts self.** *Discussion:* Young children are not immune to suicidal behavior and teenagers sometimes react to seemingly minor situations or trivial incidents with suicidal behavior. Be very concerned about children who report engaging in unsafe or dangerous actions/activities, express feelings of worthlessness, make statements such as "I might as well be dead" or show indications of previous self-inflicted injury or mutilation. Children who know about the suicide of a parent, sibling, friend or other close person, including celebrities, are at particular risk. **Listen carefully for any warning signals of possible suicidal intent, and refer for immediate evaluation.**
13. **Drop in grades, school performance or attendance.** *Discussion:* A pattern of change in school performance or attendance may signify other problems such as depression or substance abuse and should be evaluated further.
14. **Use of alcohol or drugs.** *Discussion:* It is important to ask specific questions that address use of alcohol, tobacco, drugs (illegal or prescription) and related risk taking activities. A child who is drinking alcohol or taking non-prescribed drugs should be referred for a substance abuse assessment, especially if the child's use is causing problems in a major area of his life such as health, family, legal, school or employment. **If the child is younger than 11, any substance use should trigger a referral.**
15. **Hallucinations, delusions, or other unusual behaviors or problems.** *Discussion:* A child who demonstrates a marked impairment in social interaction (little eye contact or social responsivity); persistent and repetitive body movements such as hand-waving or head banging; no change in tone of voice; persistent preoccupation with an object; set routine or interest; involuntarily makes noises; or reports hearing voices or seeing things that are not there is in need of a mental health assessment.
16. **Emotional or behavioral problems in school or with peers.** *Discussion:* Any of the problems described above cause problems which would interfere with progress in school and/or relationships with teachers or peers (e.g., difficulties in child care settings, poor achievement, rejection by peers, social isolation). The child's problems may not clearly match any of those described in the questions above, and yet the parent or guardian feels that there is something wrong, something that needs attention. In this situation, a referral for further assessment should be considered.
17. **Parents/household members abuse alcohol and/or prescription drugs, or use illegal drugs.** *Discussion:* If family members are abusing alcohol and/or drugs or using illegal drugs, the child may already have or be at risk for developing a substance abuse problem.
18. **Parent shows little attention, interest, or engagement with the child.** *Discussion:* This pattern may reflect parental problems with depression or substance abuse.
19. **Parent shows signs of emotional/mental health difficulties.** *Discussion:* Mental health problems in parents are a risk factor for mental health problems in their children due to the increased genetic risk or due to impaired parenting resulting from the parental disorder.
20. **Parent-child relationship or communication appears troubled.** *Discussion:* Interactions between the parent and child may demonstrate a poor fit, where the parent is not reading the child's cues appropriately, which may lead to anger and harsh or inappropriate discipline.

SECTION C: Developmental Services Screening

To be answered by the Medical Professional administering the Screening Form:

1. **Does the screening reveal the existence of delayed development or mental retardation, cerebral palsy, spina bifida, autism, or Prader Willi Syndrome?** *Discussion:* Under Florida law (Chapter 393, Florida Statutes), a diagnosis of mental retardation, cerebral palsy, autism, spina bifida, or Prader Willi Syndrome is sufficient to indicate that a child has a developmental disability. Children ages birth to three years old should be referred to Children's Medical Services. Children greater than three years old and adults with developmental disabilities should be referred to Developmental Services.
2. **Does the screening reveal the child is at risk of a later diagnosis of cerebral palsy, mental retardation, autism, or Prader Willi Syndrome?** *Discussion:* A child under five years of age who is demonstrating delayed development, particularly in the areas of cognitive, language or physical development, may be at greater than normal risk of a later diagnosis of developmental disability, including cerebral palsy, mental retardation, autism, or Prader Willi Syndrome if s/he:
 - is demonstrating delayed development, particularly in the areas of cognitive, language or physical development; or

- has a congenital disorder, illness, or other medical or physical condition such as: Down Syndrome, microcephaly, hydrocephaly, cytomegalovirus infection, Fetal Alcohol Syndrome, a metabolic or endocrine disorder, or severe encephalopathy resulting from injury to the brain due to trauma, drowning, poisoning or infection. Such children should be referred to Children's Medical Services, if birth to three years old, or Developmental Services, if older than three.

3. **Is there evidence that the primary caregiver has a developmental disability?** *Discussion:* A child under five years old whose parent(s) or primary caregiver has a diagnosed developmental disability may be eligible for services from Developmental Services if the parent(s) or caregiver requires assistance in meeting the needs of the child. Under Florida law (Chapter 393, Florida Statutes), a diagnosis of mental retardation, cerebral palsy, autism, spina bifida, or Prader Willi Syndrome constitutes a developmental disability.
4. **Are you or your child's physician concerned about your child's development?** *Discussion:* A child who is not demonstrating appropriate developmental milestones for her/his age range should be referred to Children's Medical Services or Developmental Services, according to the child's age.

To be asked of the parent/guardian:

5. **Does your infant/child seem socially withdrawn or have difficulty communicating?** *Discussion:* If the child acts as if s/he is in her/his "own little world" for long periods of time, s/he should be referred to Children's Medical Services if ages birth to three years old and to Developmental Services if older than three.
6. **Is your infant/child extremely resistant to change in daily routine? Does s/he frequently sleep less than five hours per night?** *Discussion:* Extreme resistance to change in daily routine is one symptom of autism. Other symptoms include resistance to social interaction, delayed language development, and repetitive behaviors, such as hand-flapping, rocking, or head-banging, repeatedly "parroting" words or phrases s/he has just heard, and reacting strongly or violently to being touched, hugged, or cuddled.
7. **Is your child in special education classes in school?** *Discussion:* Some children receive services through the public school system and are in special education classes, such as educable mentally handicapped (EMH), trainable mentally handicapped (TMH), profoundly mentally handicapped (PMH), or physically impaired. If there is a need for services not being provided by the public school system that may be provided by Children's Medical Services or Developmental Services, the child should be referred. This should be discussed with the family to determine if additional services are needed. Services may include family support services, such as respite, parent training, equipment, and other non-educational services.
8. **Does your child receive SSI because of a developmental disability?** *Discussion:* A child who is a current recipient of SSI because of a developmental disability should be referred to Children's Medical Services or Developmental Services, according to the child's age.