

CLINICAL PATHWAYS: Age 0-5

Child's Name: _____ Child's Medicaid ID: _____

Child's Birthdate: _____ County the child is residing: _____ Child's Sex: M or F Child's Race: _____

Parent/Caregiver Name: _____ Parent/Caregiver Phone Number: _____

Worker Name: _____ Worker E-mail: _____

Worker Phone #: _____ Organization: _____ Date: _____

Supervisor Name: _____ Supervisor E-mail: _____

Initial Screen Screen being administered at 180 days from case opening Screen administered at case discharge

This checklist completed based on an interview with Child Parent/caregiver

SECTION I: CTAC TRAUMA SCREENING CHECKLIST: Identifying Children at Risk (Henry, Black-Pond, & Richardson (2010), rev: 3/16, WMU, Southwest Michigan, Children's Trauma Assessment Center)

Please check each area where the item/trauma is known or *suspected*. The screen can help determine the child's mental health needs and whether a comprehensive assessment may clarify the child's functioning and needs. *Note: Endorsing exposure items does not necessarily mean substantiation of the child's experience; it is for screening purposes only.*

1. Are you aware of or do you suspect the child has experienced any of the following (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Exposure to drug activity <i>aside from parental use</i> . |
| <input type="checkbox"/> Neglectful home environment | <input type="checkbox"/> Pre-natal exposure to alcohol/drugs or maternal stress during pregnancy |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Lengthy or multiple separations from parent |
| <input type="checkbox"/> Exposure to domestic violence | <input type="checkbox"/> Placement outside of the home (foster care, kinship care, residential) |
| <input type="checkbox"/> Exposure to other chronic violence | <input type="checkbox"/> Loss of significant people, places, etc. |
| <input type="checkbox"/> Sexual abuse or exposure | <input type="checkbox"/> Frequent/multiple moves; homelessness |
| <input type="checkbox"/> Parental substance abuse | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Impaired parenting (mental illness) | |

2. Does the child show any of these behaviors?

- | | |
|--|---|
| <input type="checkbox"/> Aggression towards self; self-harm | <input type="checkbox"/> Sexual behaviors not typical for age |
| <input type="checkbox"/> Excessive aggression or violence toward others | <input type="checkbox"/> Difficulty sleeping, eating, or toileting |
| <input type="checkbox"/> Explosive behavior (going from 1-100 instantly) | <input type="checkbox"/> Social/development delays in comparison to peers |
| <input type="checkbox"/> Hyperactivity, distractibility, inattention | <input type="checkbox"/> Repetitive violent and or sexual play (or maltreatment themes) |
| <input type="checkbox"/> Excessively shy | <input type="checkbox"/> Unpredictable/sudden changes in behavior (i.e., attention, play) |
| <input type="checkbox"/> Oppositional and/or defiant behavior | <input type="checkbox"/> Other _____ |

3. Does the child exhibit any of the following emotions or moods?

- | | |
|--|---|
| <input type="checkbox"/> Excessive Mood Swings | <input type="checkbox"/> Flat affect, very withdrawn, seems emotionally numb or "zoned out" |
| <input type="checkbox"/> Frequent Intense Anger | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chronic Sadness, doesn't seem to enjoy any activities, depressed mood | |

4. Does the child have any relational/attachment difficulties?

- | | |
|---|--|
| <input type="checkbox"/> Lack of eye contact or avoids eye contact | <input type="checkbox"/> Doesn't reciprocate when hugged, smiled at, spoken to |
| <input type="checkbox"/> Sad or empty eyed appearance | <input type="checkbox"/> Doesn't seek comfort when hurt or frightened; shakes it off, or doesn't seem to feel it |
| <input type="checkbox"/> Overly friendly with stranger (lack of appropriate stranger anxiety) | <input type="checkbox"/> Has difficulty in preschool or daycare |
| <input type="checkbox"/> Vacillation between clinginess and disengagement and/or aggression | <input type="checkbox"/> Other _____ |

5. Total number of boxes checked in questions 1-4: _____ (This single number is the child's ACE Score)

SECTION II: PATHWAY TO CARE

High Need: If any 1 item in the high need area is checked, the youth presents a high need.

- | | |
|---|--|
| <input type="checkbox"/> ACE Score of 10 or more (#5 from page 1) | <input type="checkbox"/> Severe preoccupation with sex |
| <input type="checkbox"/> Currently in residential, psychiatric hospital, detention, EFC or Supported Independent Living (SIL) | <input type="checkbox"/> Compulsive Masturbation |
| <input type="checkbox"/> Prior residential or hospitalization and is at risk of change in placement due to behavior | <input type="checkbox"/> Frequent drug use that results in severe behavior disturbances in the home, community and/or school |
| <input type="checkbox"/> No prior residential or hospitalization but at risk of change in placement due to behavior | <input type="checkbox"/> Any reported use of un-prescribed drugs |
| <input type="checkbox"/> Serious current or pending legal difficulties that place them at risk of court ordered placement | <input type="checkbox"/> Displays constant difficulty dealing with daily stresses, crises, or problems which <i>severely impair</i> family, school, and/or community functioning |
| <input type="checkbox"/> Youth reports being sexually abused | <input type="checkbox"/> Has a Mental Health Diagnosis |
| <input type="checkbox"/> Display of sexual perpetrating behaviors | <input type="checkbox"/> Fire setting, suicidal behavior, violence toward people and/or animals, self-harm |

Moderate Need: If any 1 item in the moderate need area is checked and none in high, the youth presents a moderate need.

- | | |
|--|---|
| <input type="checkbox"/> ACE Score between 5-9 (#5 from page 1) | <input type="checkbox"/> Inappropriate sexualized behavior due to known or suspected trauma |
| <input type="checkbox"/> Moderate problems functioning in current placement <i>causing problems</i> for others | <input type="checkbox"/> Display of irresponsible sexual behavior |
| <input type="checkbox"/> More than one placement change in the past 6 months | <input type="checkbox"/> Exposed to highly sexualized environment |
| <input type="checkbox"/> Prior residential placement | <input type="checkbox"/> Periodic substance use resulting in problems in the home, school, and/or community |
| <input type="checkbox"/> Currently engaging in unsafe/threatening behavior that places them at risk of court involvement | <input type="checkbox"/> Displays difficulty dealing with daily stresses, crises, or problems which interfere with family, school, or community functioning |
| <input type="checkbox"/> Currently involved in JJ legal system | |
| <input type="checkbox"/> Heightened sexual interest as a result of traumatic event | |

Low Need: If any 1 item in the low need area is checked and none above, the youth presents a low need.

- | | |
|---|---|
| <input type="checkbox"/> ACE Score between 1-4 (#5 from page 1) | <input type="checkbox"/> No signs or history of sexual abuse or exploitation |
| <input type="checkbox"/> Child remains in family home | <input type="checkbox"/> No known substance use |
| <input type="checkbox"/> Child remains in initial foster home placement | <input type="checkbox"/> Isolated incidence of substance use |
| <input type="checkbox"/> No threat of change to current placement present | <input type="checkbox"/> Demonstrates appropriate emotional control |
| <input type="checkbox"/> No known legal difficulties | <input type="checkbox"/> Indicates/demonstrates situational sadness, anxiety, aggression, or withdrawal |
| <input type="checkbox"/> History but no current involvement in legal system | |
| <input type="checkbox"/> Healthy & appropriate sexual adjustment/responsible behavior | |

Child presents with which level of need:

- High** (at least 1 box checked under high need area). **Next steps:** E-mail a copy of this document to the Clinical (previously DHHS) Liaison via clinicalpathways@network180.org to schedule a mental health assessment and authorization for network180 services- Upload document into MiSACWIS under Person Profile. You will receive a copy of section III: Clinical Disposition from Clinical Liaison. Store in Person Profile
- Moderate** (at least 1 box checked under moderate need area). **Next steps:** Connect youth to a support or service from the Moderate Intensity Menu (See Clinical Pathways Service and Support Menus). E-mail a copy of this document to the Clinical (previously DHHS) Liaison via clinicalpathways@network180.org for review and MH assessment (as needed). Upload document into MiSACWIS under Person Profile. You will receive a copy of section III: Clinical Disposition from Clinical Liaison. Store in Person Profile.
- Low** (at least 1 box checked under low need area). **Next steps:** Connect youth to a support or service from the Low Intensity Menu (See Clinical Pathways Service and Support Menus) or other community supports. Upload document into MiSACWIS under Person Profile and e-mail a copy to clinicalpathways@network180.org.

Child with low or moderate need referred to a new Children's MH service by caseworker?

No, reason _____ Yes, which one: _____

Child is currently receiving Mental Health Services? If yes, list services _____

How long has the child been a recipient of the service? _____

Supervisor review prior to sending to network180

Supervisor Signature: _____

Date: _____