Department of Children & Family Services Building a Stronger Louisiana	Division/Section	Child Welfare
	Chapter No./Name	3 – Screening, Assessment and Service Resources
	Part No./Name	2 – Behavioral Health Screening and Assessment
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JI. STATEMENT OF POLICY

It is the policy of the Department of Children and Family Services (DCFS) for children and adolescents receiving Family Services (FS) and Foster Care (FC) from birth to age eighteen (18) years receive trauma and behavioral health screening and when indicated, referral for treatment.

II. PROCEDURES

A. * TRAUMA AND BEHAVIORAL HEALTH SCREENING INSTRUMENT

The Trauma and Behavioral Health Screen (TBH) is used for the required behavior health screening. The instrument includes information about traumatic events that may have been experienced by a child and symptoms exhibited by the child that are indications of:

- Post-traumatic stress disorder
- Attention deficit hyperactivity disorder
- Depression and/or anxiety
- Disruptive behavior
- Suicide
- Psychosis
- Autism
- Preschool concerns

The screening will provide results indicating the child has an elevated score in any of four areas: PTSD, ADHD, internalizing symptoms and externalizing symptoms. The indicators

- Help workers to better understand a child's behavior
- Help workers to decide what kind of treatment a child needs
- Help workers to specifically advocate for appropriate services for a child
- Help the Department promote and develop needed resources for clients with data from the screens

B. TRAUMA AND BEHAVIORAL HEALTH SCREENING

The screening includes the administration of two paper instruments. One is completed by the caregiver. The second is completed by children and adolescents who are ages seven (7) to seventeen (17) ** years.



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The instruments are given to clients for completion. When they are completed the worker enters the responses into the online database at:* https://online2.snapsurveys.com/v2rq0w.



Both instrument responses are entered into the system for each child or adolescent using the child's TIPS Number for identification. ** Once the responses have been entered, the worker must print the results page. This must occur at the time of initial entry as the information cannot be accessed later. The results page and the original instruments are *** filed in the family paper case record for FS clients and in the child's record for a child in Foster Care.

C. TBH CAREGIVER VERSION

1. Paper Instrument and Time Frame

Within the first thirty (30) days of the FS or FC open date the worker shall:

- Provide the TBH Caregiver Version to the caregiver to complete
- Submit screening information into the online database
- The TBH results are used to inform the case planning process

The following items should be considered:

- Caregiver should be given some time to get to know the child before completing the screen
- Separate screen should be completed on each child
- Worker should provide caregiver with any information needed in order to complete the screen as accurately as possible
- Initial screenings can be completed by the biological parent if they are able to provide the best information about the child
- Worker should assist the caregiver in reading and understanding the screen if necessary

The only circumstance in which a worker may complete the caregiver instrument without any input from a caregiver is when a child is on runaway or is placed in a facility and there is no caregiver with information about the child. The worker completes the instrument with whatever information they know about the child. If the worker does not know the child well enough to complete the instrument, the option "No caregiver is available for this child" is selected in the online database.

If the only caregiver in an FS family with information about the child refuses to complete the instrument, the worker selects their refusal on the drop down menu for the response to the question, "Did you complete an assessment?" If the FS client gives permission,



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the child's instrument may be completed even if no caregiver instrument is completed by the parent.

2. Multiple Caregivers

The purpose of the caregiver version is to collect the best and most accurate information about the child. Only one caregiver version is needed. However, in some families or case circumstances, there may be more than one person with information that will assist with identifying trauma and child behaviors indicative of a child's need for treatment.

a. FS Families

When there are two caregivers in a FS family * the caregiver with the best information about the child completes the screen or each caregiver is requested to complete the instrument.

b. Foster Care

- When a FC worker can obtain the cooperation of the parent or relative they are requested to complete the instrument.
- If the foster caregiver is assessed to be a better resource for information about the child's symptoms, the foster caregiver is requested to complete the instrument.

If there are two caregiver instruments on a child, both caregiver instruments are entered separately in the online system. The child's instrument is entered along with each caregiver instrument. Both score results are used to inform the decisions about a referral, further assessment, and treatment.

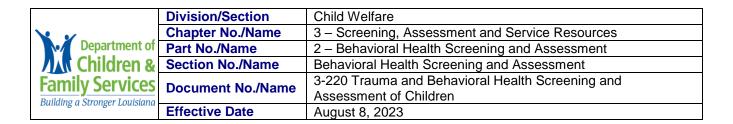
D. TBH CHILD VERSION

1. Children from Birth through Six (6) Years

Only the caregiver version is completed for children ages birth through six (6) years. Their information determines the TBH score.

2. Children and Adolescents Ages seven (7) to seventeen (17) years

Children and adolescents ages seven (7) to seventeen (17) years are requested to complete a Child and Adolescent version of the TBH. Children who have difficultly reading and/or understanding the questions should be assisted by the case ** worker.



If a child becomes resistant, the *case worker should urge them to complete the instrument. If the resistance continues, the worker should retrieve the instrument and try to gain the child's cooperation during another visit.

If a child becomes upset, the case worker should assure and comfort the child and if needed, retrieve the instrument until another visit when the child may be able to complete it. If necessary, the caregiver version only will be used for the TBH score.

When the child refuses to complete the instrument or a parent will not consent for a child to complete the instrument, the worker selects "No" for the question, "Do you have a Child/Adolescent Version of the TBH to enter for this child?" The child's refusal or "parent did not consent for child to participate" is then selected on the drop down menu after the "No" response.

E. SERVICE AND TREATMENT REFERRAL

1. Service Referral and Provision

The worker may share the results page with service providers, including the child's teacher and other school personnel, as appropriate.

2. Treatment Referral

The TBH score should inform the decision for mental and behavioral health treatment. When the score indicates a need for referral, the worker includes an appropriate treatment referral in the service plan. The TBH score is not the only factor used in making a decision for treatment referral. Other circumstances may also indicate a need for further assessment and treatment referral. The case worker and supervisor are expected to discuss the treatment needs in the case planning process.

When the child is referred for treatment, the provider should be given both a copy of the full screening and the results information.

F. TBH REASSESSMENT

The TBH is completed by the caregiver for each child and also by the child age seven and older every six (6) months while the family continues to receive Family Services or the child is in Foster Care **. The reassessment provides a tool for informing the decision making for treatment. When it determines the need for a referral, the following are considered:

- Referral for treatment if not already receiving treatment ***
- Whether to continue in current treatment if symptoms may have improved ***

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 Assessment of the need for a different treatment that may be more effective in reducing symptoms.

A review of the current assessment, along with any previous assessments, is important when considering the options. They can be used to assess the child's progress over time; and, used in making decisions for the most appropriate treatment.

When the TBH reassessment indicates there is no need for a referral, an assessment needs to be made as to whether treatment being provided could be reduced or discontinued since symptoms have been reduced.

The rescreening is expected to occur by the time of the FTM. The results should be included in the ongoing service planning.



III. FORMS AND INSTRUCTIONS

<u>Trauma and Behavioral Health Assessment (TBH) – Caregiver Version</u>
Trauma and Behavioral Health Assessment (TBH) – Child and Adolescent Version

IV. REFERENCES

There are no references associated with this policy.