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**Rosie D. Feature Article March 2015**

**Behavioral Health Screening: Promoting Early Identification  
and Making Connections to Care**

Since the Commonwealth established a statewide screening program for all MassHealth eligible youth, as mandated by the Rosie D. Judgment, there has been a dramatic increase in the number of youth being screened for behavioral health needs. According to a report by the Center for Health Policy and Research at the University of Massachusetts Medical School, there were 98,166 behavioral health screens for youth aged 6 months to 21 years during the second quarter pf 2014 – a far cry from the 16,415 screens done during the first quarter of 2008, when the screening requirement went into effect.

The U-Mass. researchers, using data from 2010 and 2012, reported that more than 70% of well-child visits (as compared to 4% in 2008) are accompanied by a behavioral health screen using one of the eight MassHealth approved tools. In the same period, about 20% of children and adolescents had a positive screen, indicating a potential behavioral health condition, which is consistent with national data that estimates between 13%-24% of youth have a behavioral health need. Moreover, the report, titled, ***[Clinical Topic Review 2013 - Behavioral Health Screening Among MassHealth Children and Adolescents](http://www.rosied.org/Resources/Documents/CBHI%20Screening%20Report.2014.pdf" \t "_blank)***, found provider compliance with reporting of positive screens is near 100%.

While these improvements are significant, the ultimate purpose of periodic screening is to offer youth and families services and supports at the earliest opportunity, and to prevent the worsening of a behavioral health condition. To achieve these goals requires more than just the identification of potential behavioral health needs. Youth and families also must have a prompt and effective way to connect to needed services. As the U-Mass. researchers discovered, linking youth to services remains a challenge. In both 2010 and 2012, approximately 12% of well child visits included documentation of a referral to a behavioral health service. This rate of referral was significantly lower than expected.

In addition, the report noted variations in screening results, depending on the screening tool. According to researchers, clinicians were more apt to use simple, one-page screening tools, such as the PEDS (Parents’ Evaluation of Developmental Status); the PSC/Y-PSC (the Pediatric Symptom Checklist); and the M-CHAT (Modified Checklist for Autism in Toddlers). The percentage of positive screens using the PEDS ranged from 12% in 2012 to 16% in 2010; using the M-CHAT, from 3% (2010) to 6% (2012); and using the PSC/Y-PSC, 24% in 2010 and 32% in 2012.

Understanding whether youth with positive behavioral screens are referred to and receive appropriate behavioral health service is key to measuring the success of the Commonwealth’s screening program. Equally important is the removal of barriers to accessing care in the community. Despite a correlation between increased rates of screenings and increased utilization of behavioral health services, a significant number of youth with positive behavior screens have no documented follow-up care or behavioral health claims in three months after their visit.

The review cites a number of challenges to connecting youth and families with services, including identifying sufficient and appropriate clinical resources and treatment options, and communicating effectively with families around behavioral health conditions. For example, the report noted that although the approved screening tools are available in multiple languages, a non-English version was used in only 8% of the well-child visits, even though the primary language for 20% of the children/adolescents was not English.

Comprehensive screening has the potential to change the way in which the health and behavioral health care systems respond to and treat youth with behavioral health conditions. To fully realize this potential, youth and families with positive screens must have accurate and timely information about their treatment options, as well as effective ways in which to identify and connect to the services and supports they need.