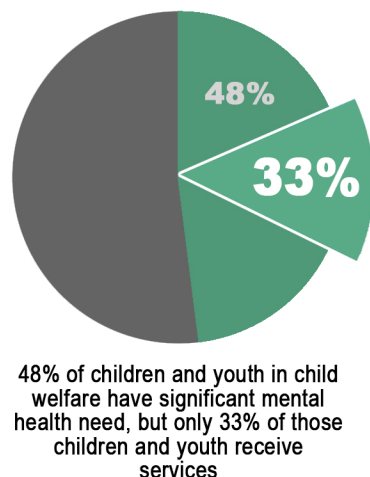


Implementation of Trauma-Informed Mental Health Screening in County Child Welfare Systems

What's the Need? With a high prevalence of unmet mental health (MH) need for Child Welfare (CW) involved children, especially children and youth of color, screening can be a crucial step as systems strive to identify young people impacted by trauma and provide access to effective intervention services.

What's the Solution? Routine screening for trauma and mental health is needed to better connect children and youth to services that meet their specific needs. However, CW administrators implementing trauma-informed mental health screening sometimes face rapid timelines, limited resources, and ambiguous guidance. Implemented screening programs between county systems may have a high level of variation. This study looked at screening implementation efforts in California's CW systems with a web-based survey that was administered to leadership from each of the 58 county systems. Spring 2016, individuals from 46 systems responded.



Findings and Discussion:

1 Most respondents felt that they have fully implemented screening in their counties (84.4%) and were satisfied with the current screening (77.8%)

85% **78%**

2 Most commonly used tools for screening:

- a. MHST (58.7%)
- b. ASQ: SE (39.1%)
- c. SDM (30.4%)
- d. CANS (30.4%)

Three of the four most common tools used to screen are **provider completed**. Approximately half of the respondents (52.3%) report use of provider-completed tools only. Provider-completed tools lack direct youth and family voices, can produce systematic measurement error, or can be influenced by implicit biases that lead to continuing problems with identifying child and youth mental health needs/referrals to mental health services.

3 Leadership report that their highest priorities in choosing screeners are that they are:

1. EVIDENCE-BASED
and **2. COMPLETED BY STAFF**

but these two priorities are usually incompatible

There are child-, adolescent-, and family-completed tools that have evidence for effectively and efficiently identifying mental health and trauma-related need.

4 **78%**
of counties are using screening tools without any trauma-related content or results

Trauma is getting lost in the shuffle. An open-ended focus on broad mental health screening may have led to reduced focus on identifying trauma-related needs among the child welfare-involved population.

Implications:

- MH and trauma screening in CW still has a long way to go. While many leaders are satisfied with their current screening approach, there are important limitations that need to be addressed.
- If counties want evidence-based screening practices, true collaboration among leaders with diverse expertise in science and practice is necessary.
- CW agencies need to ensure the mission and meaning of trauma-informed care is translated into specific policies and screening practices.