**JFK-HCP Webinar: Social Emotional and Mental Health Screening,**  
**Referral and Resources for Children**  
**February 26, 2015**  
**Questions and Answers**

**Question:** Are there good Social Emotional and Mental Health Screening tools that doctors will want to use? Our providers do not seem to like the ASQ-SE.

**Answer:** There are several social-emotional screening tools that might be used as alternatives, though the ASQ:SE is the standard. The PEDS is one alternative. There are two documents that might help with decisionmaking in screening tools: [http://challengingbehavior.fmhi.usf.edu/do/resources/documents/roadmap_1.pdf](http://challengingbehavior.fmhi.usf.edu/do/resources/documents/roadmap_1.pdf) and also the attached document on social-emotional screening.

**Question:** How do these councils interface with the Early Childhood Councils?

**Answer:** The Project LAUNCH Young Child Wellness Councils (state and local to Adams County) are integrally connected to the ECCs. Adams County’s Young Child Wellness Council is a partnership of the Early Childhood Partnership of Adams County. At the state level, the YCWC is a committee of the Early Childhood Leadership Commission.

**Question:** What mental health resources are available for children who do not have Medicaid?

**Answer:** The Child Mental Health Treatment Act on which Andrew Gabor presented is primarily for non-Medicaid eligible children. Also private insurers have resources for mental and behavioral health treatment. The Early Childhood Mental Health Specialists at each of the Community Mental Health Centers serve non-Medicaid children through community-based consultation.

**Question:** Has there been any analysis of the resources for early childhood mental health within the behavioral health organizations funded by Medicaid?

**Answer:** I’m not quite sure I understand the question, but if the question is what the resources are for early childhood mental health within the BHO system, and is it sufficient, I’d answer in this way: Each community mental health center has an Early Childhood Mental Health Specialist position specifically to address the needs of young children and their families. Is this Specialist position adequate to meet the needs? I’d say no, there needs to be more capacity. Some mental health centers have developed expanded early childhood mental health resources, but it isn’t happening across the system.

**Question:** How will Project Launch support professional development around the needs of children with dual diagnosis...children who have a developmental delay/disability and also have a mental/behavioral health need?

**Answer:** Colorado Project LAUNCH is prioritizing both screening and integrated primary and behavioral health care. Through strategies to support these priority areas, the needs of children with I/DD and MH needs can be better identified and integrated.
**Question:** My difficulty has been finding social emotional services that can be provided in the home. Often these services are not covered by Medicaid and families are required to complete the CES waiver before seeking further services. Again, I have difficulty finding local services that are even available for families in Northern Colorado.

**Answer:** Have you explored this with the Early Childhood Mental Health Specialist out of the mental health center covering this geographical area? My understanding is that they have in their scope of work the ability to do home-based support. I’d also suggest connecting with your Early Childhood Council about early childhood home visitation initiatives that are supported in your area.

**Question:** It seems that most school districts in Colorado do not qualify children in Part B for serious emotional disability. The understanding is that the child must qualify either for speech/language or educational services and that mental health is not the responsibility of special education. Is this correct?

**Answer:** Serious emotional difficulties can and should be considered in Part B. The regulations state “Child with a disability means a child evaluated in accordance with Sec. Sec. 300.304 through 300.311 as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a **serious emotional disturbance** (referred to in this part as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.”

**Question:** Can you please repeat the way to find the Colorado website for the Child Mental Health Treatment Act

**Answer:** Here is the website [http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251581518087](http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251581518087)

**Question:** If the bill is reduced, does that mean you pay $50/month for a longer period (until initial amount is paid), or does it reduce the total due?

**Answer:** In CMHTA, if the bill is reduced, that isn’t an extended payment period, it is an actual reduction in fees.

Any further questions can be directed to Sarah Davidon at Sarah.DavidonHoover@ucdenver.edu.