Pennsylvania
Department of Human Services

ISSUING AUTHORITY
Office of Children Youth and Families (OCYF)
Office of Mental Health and Substance Abuse Services (OMHSAS)

SUBJECT
Guidance regarding **mental health screenings**, for children involved in County Children and Youth Agencies.

AUDIENCE
- County Children and Youth Agency Administrators
- Behavioral Health HealthChoices Primary Contractors
- Behavioral Health Managed Care Organizations
- County Mental Health /Intellectual Disability Offices

PURPOSE
This "Special Transmittal" is part of a series of targeted guidance documents related to service enhancements for children and youth who are members of the *S.R. v. Pennsylvania Department of Human Services* settlement class. "Class members" are defined as all Pennsylvania children and youth under age 21 who are, or in the future may be, adjudicated dependent and have diagnosed mental health disabilities.

This transmittal provides operational guidance regarding mental health screenings for children. A mental health screening is a standardized set of questions, including the brief standardized tools or processes used to identify children who may have mental health needs requiring further assessment and/or intervention by a qualified health professional.

Other guidance in this series includes:
- Teaming and Cross-System Collaboration Models for Class Members
- Therapeutic Foster Care
- Complex Needs Planning Process

This guidance, and all documents in this series, should be reviewed by stakeholders involved in serving class members, including, but not limited to:
- County Children and Youth Agencies (CCYAs)

- Behavioral Health- Managed Care Organizations (BH-MCOs)
- County Mental Health /Intellectual Disability Offices, and
- Behavioral Health HealthChoices Primary Contractors (Primary Contractors)

BACKGROUND

The Office of Children, Youth and Families (OCYF) and the Office of Mental Health and Substance Abuse Services (OMHSAS) are working collaboratively to strengthen coordination between the child welfare and behavioral health systems. The goal of this work is to ensure that children and youth receive timely access to appropriate services and supports that promote healthy growth, development, stability, and well-being in the least restrictive and most family-like setting possible.

The settlement agreement in *S.R. v. Pennsylvania Department of Human Services*, approved in October 2025, requires the Pennsylvania Department of Human Services (the Department) to issue guidance to CCYAs, Primary Contractors, and BH-MCOs regarding mental health screenings for settlement class members.

As part of settlement implementation, the Department, with the assistance of a consultant, is conducting a comprehensive review of the Commonwealth's child welfare and mental health systems. This work will inform recommendations and implementation strategies designed to help the Department and its partners achieve and maintain substantial compliance with the settlement agreement and better support children and families across the Commonwealth.

While this broader systems work is underway, the Department is issuing guidance that reviews current policy and practice expectations and highlights promising approaches.

This document specifically addresses mental health screenings and outlines key considerations, collaboration expectations, responsibilities, and timeframes intended to promote timely access to mental health services for children involved with the child welfare system.

Because both OCYF and OMHSAS share responsibility for supporting the well-being of children and youth, both offices are committed to ongoing communication and technical assistance to strengthen county-level collaboration across systems in support of children and families.

DISCUSSION

Importance of Early Identification and Access to Services

Children benefit from regular developmental and mental health screenings conducted in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) periodicity schedule. EPSDT provides comprehensive and preventive health care services for Medicaid-enrolled children under age 21 and is intended to ensure timely access to preventive, dental, mental health, and specialty services. In Pennsylvania, EPSDT services are delivered through both the physical and mental health systems.

Early identification and intervention can significantly improve outcomes for children and youth. Timely and effective mental health and behavioral services support children in reaching developmental and emotional milestones and help build coping, emotional regulation, and social skills that can prevent out-of-home placements, juvenile justice involvement, psychiatric hospitalizations, and other adverse outcomes.

Children exposed to adversity, including poverty, racism and discrimination, environmental toxins such as lead exposure, abuse, neglect, parental mental illness, violence, and other sources of toxic stress, are at increased risk for mental, emotional, and behavioral health concerns. Research suggests there is often a two- to four-year period between the onset of symptoms and the point at which a child meets diagnostic criteria for a mental, emotional, or behavioral disorder, creating important opportunities for early intervention and prevention. (See Attachment 1, *American Academy of Pediatrics Clinical Report: Promoting Optimal Development: Screening for Mental Health, Emotional, and Behavioral Problems*.)

Child Welfare Responsibilities and the Need for Collaboration

The Children in Foster Care Act (Act 119 of 2010) established requirements related to children's access to medical, mental health, and behavioral health services while in foster care.

Placement instability is often attributed solely to the behavior of the child or limitations of caregivers when broader factors, including unmet mental health needs and social determinants of health, may also contribute to placement challenges. Early identification and intervention, combined with strong collaboration between the child welfare and health systems, can help prevent placement disruption by reducing administrative barriers and improving communication, service access, and caregiver support.

CCYAs maintain policies and procedures to guide the provision of child welfare services in accordance with state and federal requirements and best practice standards. Decisions related to service and safety planning can have significant long-term effects on the well-being of children and families.

CCYAs are responsible for:

- Preventing Child Abuse and Neglect
- Preserving And Maintaining Families Whenever Possible
- Ensuring Children Are Placed in The Least Restrictive and Most Family-Like Settings When Placement Is Necessary, and
- Providing Concurrent Planning and Services to Support Reunification or Another Permanent Living Arrangement

In carrying out these responsibilities, CCYAs routinely collaborate with mental health providers, BH-MCOs, County MH/ID Offices, Primary Contractors, schools, health care providers, and other community-based organizations to identify children's needs and coordinate services and supports. Effective collaboration across systems is essential to

ensuring that children and families receive timely, appropriate, and coordinated mental health assessment, treatment, and support services.

Cross-system collaboration may include:

- Sharing Relevant Information Consistent with Applicable Confidentiality Laws and Regulations
- Coordinating Referrals and Follow-Up Activities
- Participating In Multidisciplinary Planning and Teaming Processes
- Supporting Caregivers in Accessing Services and Implementing Treatment Recommendations, and
- Jointly Addressing Barriers to Service Access, Placement Stability, and Permanency

Strong partnerships between CCYAs and behavioral health organizations can improve continuity of care, reduce duplication of effort, support placement stability, and promote better long-term outcomes for children, youth, and families.

Mental Health Screening Expectations and Referral Processes

To promote child well-being, CCYAs are encouraged to refer for a mental health screening any child with an open CCYA case who, based on CCYA observations or information provided by the child, family, foster family, or other sources, appears to be exhibiting potential mental or behavioral health symptoms and who has not already been referred for or is not currently receiving mental health services.

Mental health screenings may be conducted by a variety of individuals if appropriately trained, including, but not limited to:

- Staff In Pediatric or Primary Care Settings
- Educational Staff
- Staff Employed By or Contracted With CCYA
- Behavioral Health Staff, and
- Staff In Emergency or Urgent Health Care Settings

If a CCYA determines that a child requires a mental health screening and the agency is not aware that another trained professional will conduct the screening, the CCYA should:

- Make a referral to the child's BH-MCO if the child is Medicaid-eligible. The BH-MCO must complete the screening within 7 days of referral from the CCYA.
- Make a referral to the child's County MH/ID Office, if the child is not Medicaid-eligible. The County MH/ID Office should complete the screening within 7 days of referral from the CCYA.
- If it has an established screening process, complete the screening itself within seven days of determining that a screening is needed.

CCYAs that conduct their own mental health screenings should develop written policies and procedures describing:

- The Screening Process

- Standards For Interpreting Screening Results
- Referral Procedures
- How Services and Recommendations Will Be Incorporated Into The Family Service Plan
- How Service Provision and Follow-Through Will Be Monitored
- How CCYA Staff Are Trained to Conduct Screenings

These policies and procedures should comply with Title 55, Chapter 3130, § 3130.43 relating to family case records.

Post-Screening Evaluations
For children whose mental health screening indicates a need for a more comprehensive mental health evaluation:

- If they are Medicaid eligible, BH-MCOs' provider networks must provide face-to-face treatment intervention within seven (7) days for routine appointments and specialty referrals, including mental health screenings and evaluation.
- If they are not Medicaid eligible, the County MH/ID Offices are encouraged to cover mental health evaluations.

Consistent with guidance from the American Academy of Child and Adolescent Psychiatry (AACAP) and the EPSDT federal statute at 42 C.F.R. Part 441, Subpart B, mental health evaluations should include clinically appropriate recommendations for services and interventions regardless of funding source or current service availability, including recommendations for evidence-based therapies when appropriate. Parents, caregivers, and other appropriate supportive individuals should receive timely and understandable information regarding the results of screenings, evaluations, and related recommendations to support informed decision-making and continuity of care. Agencies, providers, and care coordinators should also work collaboratively to ensure timely follow-through on recommendations, including coordination of referrals, linkage to services, and efforts to address barriers to access and engagement.

Post-Evaluation Treatment
Following the initial face-to-face intervention, treatment services should be implemented consistently with the prescribed treatment plan, including identified service start dates and service frequency.

CONCLUSION
This guidance is intended to support implementation of the *S.R. v. Pennsylvania Department of Human Services* settlement agreement and to promote strengthened coordination between the child welfare and behavioral health systems. This document does not establish new regulatory requirements or create new rights or obligations beyond existing federal or state law, regulation, or contract requirements. Rather, it is intended to provide guidance, clarify current expectations, and encourage collaborative practices that support timely access to appropriate mental health services for children and youth involved with the child welfare system.

Attachment:

- Weitzman, C., Guevara, J., Curtin, M., et al. (2025). *Promoting optimal development: Screening for mental health, emotional, and behavioral problems: Clinical report*. *Pediatrics, 156*(3), e2025073172.

Revision History

Date	Description of Changes
July, 2026	Initial Version