



Office of Temporary and Disability Assistance

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Administrative Directive

Section 1

Transmittal:	15-ADM-04
To:	Local District Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	June 25, 2015
Subject:	The Modified Mini Screen (MMS) Mental Health Screening Tool
Suggested Distribution:	Employment Coordinators Temporary Assistance Directors SNAP Directors Staff Development Coordinators
Contact Person(s):	Employment and Advancement Services Bureau, Deborah McMahon at (518) 486-6106, or Employment Services Advisor
Attachments:	Attachment A: LDSS-5009, Mental Health Screening Questionnaire Attachment B: LDSS-5063, Mental Health Screening Informed Consent Attachment C: LDSS-5064, MMS Scoring and Instruction Form
Attachment Available Online:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
13-LCM-12	none	18 NYCRR 385.2	SSL §332-b	TA and SNAP Employment Policy Manual	11-ADM-06 06-ADM-05

Section 2

I. Summary

The Office of Temporary and Disability Assistance (OTDA) is making available to social services districts (districts) the Modified Mini Screen (MMS). The MMS is a 22-item validated mental health screening tool that will help districts determine when it is appropriate to make a mental health evaluation referral. If the mental health evaluation results in a diagnosis, the district should assess whether the individual would benefit from treatment, and provide any necessary and reasonable accommodations to ensure the eligible individual has access to benefits, services and programs.

OTDA supported a validation study that concluded the MMS accurately and reliably screens public assistance recipients for possible mental health conditions.¹

II. Purpose

The purpose of this administrative directive is to provide districts with the MMS and related policy guidance for its use, at district option.

III. Background

The MMS is a tool that may enhance districts' existing efforts to assess whether an individual would be appropriate for a referral to a mental health professional for evaluation of a possible mental health condition and in identifying any necessary treatment or reasonable program accommodations. Currently, districts must screen each public assistance applicant/recipient and inquire at application and recertification if there is any physical or mental health impairment that may prevent the individual from working. Additionally, districts must review employability whenever there is reason to believe an individual might have a physical or mental health impairment that may prevent or limit participation in work activities, including employment (see SSL §332-b (1) and 18 NYCRR §385.2(d)). The evaluation and treatment of a mental health impairment may improve an individual's ability to work, maintain stable housing, obtain and sustain employment, and other factors which may ultimately reduce the need for public assistance and improve household outcomes.

National data show that mental health conditions impact employment rates, duration, and reasons for job loss. Therefore, it is important for districts to identify whether an individual has a mental health condition so that he/she may receive treatment and/or accommodations necessary to participate successfully in programs. The validation study concluded that the MMS is a reliable tool for determining the possible presence of a mental health condition in the domains of Mood Disorders, Anxiety Disorders and Psychotic Disorders that may interfere with an individual's ability to fully participate and successfully engage in work activities and ultimately obtain and retain employment. The full report describing the MMS validation study "*Validating the Modified Mini Screen*

¹ OTDA contracted with the Nathan Kline Institute (NKI) for Psychiatric Research through the Research Foundation for Mental Hygiene to conduct the validation study

(MMS) as a Mental Health Referral Screen for Public Assistance Recipients in New York State: Final Report” is available here: <http://otda.ny.gov/resources/>.²

The 22-item questionnaire may be administered through a computer assisted interview or through a paper tool that an individual can complete on his/her own or with assistance from a district worker. The paper version of the MMS in English is included in Attachment A of this directive. The MMS form is also available in Spanish, Arabic, Chinese, Haitian Creole, Russian, Italian and Korean (please see Section VII of this ADM for additional information).

The computer assisted interview is the recommended method of administration because each pre-recorded question is read to the individual through headphones while highlighted on the screen, accommodating varying literacy levels. Additionally, individuals may be more likely to answer screening questions honestly because computer assisted responses to individual questions are not available to the worker. OTDA will provide districts with the appropriate software for implementation of the MMS using the computer assisted interview.

IV. Program Implications

Use of the MMS is optional for districts. If not screening individuals with the MMS, districts remain obligated to refer individuals for a mental health evaluation when an applicant for or recipient of public assistance claims an inability to work or limitation in his/ her ability to work due to a mental health condition. Additionally, when a district has reason to believe an individual may have a mental health condition that interferes with his/her ability to work and/or comply with program requirements, a referral for a medical evaluation must be made to determine the individual’s employability status. For example, a district may find that an individual has consistently been unable to maintain a job, or continues to rely on emergency shelter services due to multiple evictions unrelated to financial reasons. In such cases, it may be appropriate for the district to offer the MMS to the individual to determine if he/she should be referred for an evaluation.

A public assistance applicant or recipient may not be required to complete the MMS. However, a public assistance applicant/recipient should be required to comply with a request for documentation and/or a referral for a mental health evaluation to determine if he/she has medical conditions that interfere with the ability to work in the following circumstances:

- If the individual voluntarily completes the MMS and the results indicate the likelihood of a mental health condition;
- If an individual claims/discloses that he/she has a mental health condition; or,
- The district has reason to believe the individual has a mental health condition that interferes with the ability to successfully comply with program requirements or participate in work activities, as required by the district, or to obtain or sustain employment.

² Alexander, Mary Jane., Layman, Deborah., Haugland, Gary., Tang, Dei-In. (2012). Validating the Modified Mini Screen (MMS) as a Mental Health Referral Screen for Public Assistance Recipients in New York State: Final Report
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In these instances, the district should obtain relevant medical documentation consistent with the disability review procedures described in 18 NYCRR 385.2(d). Individuals required to submit medical documentation or comply with a referral for a mental health evaluation to substantiate a claimed or suspected medical condition to support an exemption from the requirement to participate in public assistance work requirements are subject to case closure for failure to comply with this program requirement (see 18 NYCRR 351).

As noted in 06-ADM-05, districts must provide qualified persons with disabilities an equally effective opportunity for access to, and participation in, programs, services and benefits when the person has a disability as defined under the Americans with Disabilities Act (ADA). The nature of any accommodation needed will vary by individual and diagnosis.

MMS Administration

As noted above, individuals cannot be required to complete the MMS. Districts administering the MMS must inform individuals prior to screening in writing that participation in the MMS is voluntary and the individual may discontinue participation at any point prior to completing the MMS. Districts may use the Mental Health Screening Tool Informed Consent document (Attachment B) or a local equivalent to satisfy this requirement. The Informed consent will also be made available in Spanish, Arabic, Chinese, Haitian Creole, Russian, Italian and Korean (please see Section VII of this ADM for additional information). Once an individual agrees to and begins screening, he/she may opt out at any time prior to completing the screen without penalty or any corresponding requirements. No negative action may be taken if an individual declines screening or consents to screening, but does not complete the MMS.

The optimal screening method is the computer assisted interview during which the individual listens through headphones or speakers, is read each question and the available responses, and chooses a response by pointing and clicking. The computer assisted interview is the recommended method of administration because it accommodates varying literacy levels. Additionally, individuals may be more likely to answer honestly because computer assisted responses to individual questions are not available to the worker. The computer assisted interview begins with a short tutorial providing instructions on how to select either English or Spanish language, how to answer or skip a question, how to opt out without completing, and how to go back and change an answer. When the individual completes the screen, the program provides the district worker with a final screening score based on the total number of “yes” responses and identifies whether the individual has endorsed the question indicating he/she is possibly in crisis (question number 4). If the individual opts out before completion, the program will inform the worker that the individual did not complete the screening and also indicate whether the individual answered “yes” to question number 4. The worker administering the screen should confirm with the client that he/she intended to end the screen prior to completion. Partial completions should not be scored and should be considered as if the client did not participate in the screening.

Workers must debrief individuals who endorse the trigger question (question 4), even if he/she does not complete the MMS. Additionally, all individuals who complete the MMS must be debriefed following the screening, consistent with the procedures established by the district. (See Debriefing section below for additional information.)

To maintain client confidentiality, the MMS should be administered in an area and in a way that permits responses to be submitted with privacy. The MMS is available as a paper form in English and Spanish, the LDSS-5009 (Attachment A) and the LDSS-5009 SP. The paper version is also available in Arabic, Chinese, Haitian Creole, Russian, Italian and Korean via the OTDA website (see Section VII for additional information). Additionally, OTDA has made available the LDSS-5064, MMS Scoring and Instruction Form (Attachment C) for district staff to record clients' screening results from the electronic or paper formats. Responses to individual questions should not be recorded on scoring form, except for the response to question number 4. OTDA recommends that the paper version of the MMS containing the client responses be destroyed following completion of the scoring form. The MMS Scoring and Instruction Form should be maintained as part of the case file.

MMS Screening Procedures

While OTDA is not requiring that the MMS be offered to any particular population, there are certain requirements with which district screening policies and procedures must comply. Districts must determine who will be screened with the MMS and screen individuals consistently based on the defined criteria. Additionally, the district must select a cutoff score to indicate when an individual would be referred for evaluation (see Scoring and Follow up section below) and then apply the chosen score to all individuals completing the screen.

OTDA does not recommend screening individuals with a current, documented mental health diagnosis or those clients who are claiming a mental health condition. In these instances, the district should review available documentation and/or refer the individual for a mental health evaluation, consistent with the district's disability review procedures. Additionally, individuals screened within the last six months should not be re-screened since the results of the MMS are not likely to change within that timeframe. Districts may consider offering screening to adults sanctioned for failure to comply with employment requirements beyond the minimum sanction duration who continue to refuse to comply; adults during conciliation for failure to comply with employment requirements; adults in households with dependent children who have received assistance for at least 36 months who are not steadily employed or fully engaged in work activities; adults who continue to rely on temporary housing assistance due to multiple evictions unrelated to financial reasons; or adults applying for or receiving temporary housing assistance, as part of the district's assessment of the individual's housing-related needs.

Districts administering the MMS will need to modify their Local Employment Plan to include a description of the district's screening policy and procedures (Section 3.3 of the 2014-15 plan). Districts may elect to implement the use of the MMS and submit a plan amendment at any time. The plan amendment should include the district's primary method for administering the screen (computer assisted interview or paper) a description of who will be screened, and the district's chosen cutoff score.

Scoring and Follow Up

When developing procedures for administering the MMS, districts must determine the score they will use as a cutoff score for referrals for evaluation. The district must then apply the score consistently to all individuals completing the screen. For example, if a district chooses a cutoff score of 7, all individuals who score a 7 or higher on the MMS must be referred for a mental health evaluation.

The MMS validation study concluded that the optimal statistical balance between specificity and sensitivity (true and false positives) occurs between cutoff scores 7 through 9. Consistent with these findings, districts choosing to administer the MMS must select a cutoff score of 7, 8, or 9.

Specificity and sensitivity vary with each MMS cutoff value and are negatively correlated. As a test is more sensitive and accurately identifies people with a condition, it becomes less specific and the likelihood of false positives increases. Sensitivity calculates the percent of true positive mental health conditions the MMS identifies (true positives). Specificity is the percent of true non-mental health conditions the MMS identifies (false positives).

A lower cutoff score results in a lower likelihood of missing individuals who in fact have a current mental health condition, but also results in more individuals being sent for an evaluation and an increased percentage of those sent who do not have a mental health condition (false positives).

The following information from the MMS validation study on cutoff scores is provided to help districts determine which score to choose.

- Cutoff score 7:
 - the MMS will accurately refer individuals with a current mental health condition 92% of the time;
 - those without a current mental health condition will be correctly screened out (score below 7 and not referred) 69% of the time;
 - 3% of individuals with a current mental health condition will score below 7 and not be referred;
 - 20% of individuals without a current mental health condition will score 7 or above and be referred for an evaluation unnecessarily; and,
 - 38% of all individuals screened will be referred for an evaluation.

- Cutoff score 8:
 - the MMS will accurately refer individuals with a current mental health condition 86% of the time;
 - those without a current mental health condition will be correctly screened out 74% of the time;
 - 5% of individuals with a current mental health condition will score below 8 and not be referred;
 - 17% of individuals without a current mental health condition will score 8 or above and be referred for an evaluation unnecessarily; and,
 - 32% of all individuals screened will be referred for an evaluation.

- Cutoff score 9:

- the MMS will accurately refer individuals with a current mental health condition 81% of the time;
- those without a current mental health condition will be correctly screened out 77% of the time;
- 7% of individuals with a current mental health condition will score below 9 and not be referred;
- 14% of individuals without a current mental health condition will score 9 or above and be referred for an evaluation unnecessarily; and,
- 29% of all individuals screened will be referred for an evaluation.

When determining which cutoff score to apply, districts should consider the population they intend to screen, and develop processes to accommodate the anticipated volume of referrals. Individuals who screen at or above the district's chosen cutoff score must be referred for a mental health evaluation. Districts are reminded that individuals should be assigned employability code 70 when referred for an evaluation, consistent with the disability review process. Failure of an individual to comply with the evaluation which is needed to determine whether or not the individual should be determined exempt from public assistance work requirements without good cause results in case closure until compliance consistent with OTDA regulations 18 NYCRR 385.2 (W11-Failure to Keep Appointment for DSS Medical Assessment). Cutoff scores must be applied consistently for each chosen population consistent with the requirements described above.

Districts are not required to provide written notification of the results of the screening since the MMS does not provide a diagnosis or confirm whether or not an individual has a mental health issue. Positive screens require a follow up referral for a mental health evaluation. Districts must provide individuals notification of the results of the evaluation and employability determination (the LDSS-4005 or LDSS-4005(a) or an approved local equivalent) consistent with disability review procedures described in 18 NYCRR 385.2(d).

De-Briefing and Crisis Intervention

All individuals who consent to screening and begin the MMS must be de-briefed to some extent even if they do not complete the MMS. During de-briefing, workers should engage in a discussion with the client about how he/she feels following the screening to determine whether he/she is experiencing any distress and may be in need of any assistance before leaving. In addition, workers must follow up any time an individual answers "yes" to question number four, "*In the past month, did you think that you would be better off dead or wish you were dead?*" as this answer indicates that the individual may be in crisis. A positive response to question number four does not conclusively indicate that the individual has a mental health disorder or is in danger of hurting her/himself. However, the worker administering the MMS is responsible for initiating the district's procedures for crisis intervention for clients who indicate through the debriefing that they are in immediate danger to themselves or others. All workers administering the MMS must be informed of their local crisis intervention process. Districts electing to administer the MMS are encouraged to revisit their crisis intervention protocols and to revise or develop a list of local mental health providers as an available resource for all individuals. In addition to local crisis intervention protocols, workers administering the MMS should be aware of local procedures for referral of individuals for services

available through Adult Protective Services in accordance with section 473 of Social Services Law.

Once the crisis intervention is addressed (if required) the worker must then inform the individual whether the screening results warrant a referral for an evaluation. If the individual scores positive (a score equal to or greater than the cutoff score established by the district), he/she must be referred for an evaluation consistent with district policies. If the individual scores negative (a score below the cutoff score established by the district), the worker should explain that his/her score did not indicate a referral for a mental health evaluation. If the individual did not complete the MMS, the worker should instruct him/her that no record of any completed questions will be maintained, that no follow up is required, and that no negative consequences will result from his/her non-completion of the MMS.

Training

District staff must receive training before administering the MMS. *Administering the MMS Mental Health Screening Training* will be made available through OTDA and will cover topics including, but not limited to, mental health awareness, confidentiality requirements, obtaining informed consent, administering the computer assisted interview and paper MMS tools, de-briefing and addressing immediate crises, scoring and follow-up. Training will be provided through live iLinc sessions, approximately two hours in length, which trainees may log into through the internet once registered. OTDA's *Mental Health Awareness Training* is recommended as a prerequisite to the MMS iLinc training. Training announcements for both the iLinc and Mental Health Awareness training offerings will be forthcoming. Staff will need to register through their district's staff development coordinator to participate in the trainings.

Confidentiality

Districts are reminded of the requirement to adhere to confidentiality requirements as contained in section 136 of Social Services Law, and as set forth at 18 NYCRR section 357.2 of the regulations. Districts must also protect the confidentiality and privacy of health information, including information regarding the existence and nature of an individual's disability.

V. Required Action

Districts planning to use the MMS will need to submit an amendment to their Local Employment Plan to OTDA for review. Districts should work with their OTDA Employment Services Advisor to develop the plan amendment and submit for approval.

Questions regarding the MMS or district implementation may be directed to Deborah McMahon by email Deborah.McMahon@otda.ny.gov or phone (518) 408-4764.

VI. Systems Implications

Districts wishing to use the computer assisted version of the MMS should include a request for the MMS CD when submitting the amendment to their Local Employment

Plan. OTDA will provide the CD following approval of the plan amendment. The minimum requirements for computer assisted implementation are described below.

- Any computer running Windows 2000 or newer can be used for the Computer-Assisted MMS. When the CA-MMS is not running, the computer(s) may be used for any other purpose.
- PC speakers and headphones (which plug into the speaker unit) are required for the MMS audio feature. For PCs with headphone jacks, speakers are not needed.

VII. Additional Information

Forms Ordering Information

LDSS-5009: “Mental Health Screening Questionnaire”

LDSS-5009 SP: “Mental Health Screening Questionnaire – SP”

LDSS-5063: “Mental Health Screening Tool Informed Consent:

LDSS-5064: “MMS Scoring and Instruction Form”

The above mentioned forms are not State printed forms, but are posted on the OTDA Intranet website at: http://otda.state.ny.net/ldss_eforms/default.htm and are available for downloading by districts for reproduction locally. An electronic copy of the paper MMS is also available in Arabic, Chinese, Haitian Creole, Russian, Italian and Korean through the website provided above. An electronic copy of the Informed Consent will be made available in Spanish, Arabic, Chinese, Haitian Creole, Russian, Italian and Korean.

VIII. Effective Date

Immediately

Issued By:

Name: Phyllis Morris

Title: Deputy Commissioner

Division/Office: Center for Employment and Economic Supports