



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services				POLICY #: 21.01-P	
DEPARTMENT: Behavioral Health					
Effective Date: 12/27/2022	Review/Revised Date: 9/29/2023	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
 Emily Duran
 Chief Executive Officer

_____ Date _____
 Chief Medical Officer

_____ Date _____
 Chief Compliance and Fraud Prevention Officer

_____ Date _____
 Director of Behavioral Health

_____ Date _____
 Senior Director of Provider Network

_____ Date _____
 Director of Claims

POLICY

Kern Health Systems (KHS) is committed to ensuring all KHS members receive coordinated care and timely care across all mental health delivery systems in order to improve their health outcomes. In order to help achieve the goal of providing members with the right care, in the right place, at the right time, KHS will use the DHCS approved Screening and Transition of Care

Tools for youth under age 21 and adults 21 and over^{i, ii, iii} and offer timely access to screening for all members.

The screening and care transition tools policy and procedures will conform to requirements outlined in the following statutory, regulatory, and contractual sources:

- 2024 DHCS Contract, Exhibit A, Attachment III, 22-20201, pages 235-236 of 611
- 2024 DHCS Contract, Exhibit A, Attachment III, 22-20201, page 395 of 611
- 2024 DHCS Contract, Exhibit A, Attachment III, 22-20201, page 397 of 611
- DHCS All Plan Letter, 22-005 (March 30, 2022): No Wrong Door for Mental Health Services
- DHCS All Plan Letter, 22-028 (December 27, 2022): Adult and Youth Screening and Transitions of Care Tools for Medi-Cal Mental Health Services
- DHCS Behavioral Health Information Notice, 22-011: Adult and Youth Screening and Transitions of Care Tools for Medi-Cal Mental Health Services
- DHCS Adult Screening Tool for Medi-Cal Mental Health Services
- DHCS Youth Screening Tool for Medi-Cal Mental Health Services
- DHCS Transition of Care Tool for Medi-Cal Mental Health Services
- California W&I Code section 14184.402(h)

For youth and adult members not currently receiving mental health services when they contact KHS, the Adult and Youth Screening Tools for Mental Health Services will be used to determine whether they should be served by the KHS, or the Kern County specialty mental health services system known as Kern Behavioral Health and Recovery Services Department (KernBHRS). KHS also will ensure BH staff speak the Threshold Languages and provide, at no cost to the Member, access to interpreter services. If, upon completing the brief screening, the member meets threshold criteria for Medi-Cal Specialty Mental Health Services from KernBHRS, KHS will make a referral. KHS Behavioral Health Care Management Team will coordinate with members who request services within the KHS network who also meet criteria for care within the KernBHRS network in order to ensure members receive appropriate services in either system consistent with the No Wrong Door APL.^{iv}

KHS will also use DHCS required Transition of Care Tool for all members when service needs change and they need to be transitioned to KernBHRS. KHS clinicians will engage Members in this process and gain appropriate consents for transition. Transition of Care Tool is used to facilitate transition of care to both adults 21 and older and youth under age 21, when their service needs change. Transition of Care Tool is intended to document the member's information and provide information from the entity making the referral to the receiving delivery system to begin the member's care transition.

DESCRIPTION:

1.0 Adult and Youth Screening Tools are:

- a. Not required or intended for use with members who are currently receiving mental health services.
- b. Not required for use with members who contact KHS BH Providers directly to seek mental health services.
- c. Must be used by KHS when a member, or a person on behalf of a member under age 21, who is not currently receiving mental health services, contacts KHS seeking mental health services.
- d. Can be administered by clinicians or non-clinicians in alignment with KHS protocols, and may be administered in a variety of ways, including in person, by telephone, or by video conference.
- e. Adult and Youth Screening Tool questions must be asked in full using the specific wording provided in the tool and in the specific order the questions appear in the tools, to the extent that the Member is able to respond. Scoring methodologies within the Adult and Youth Screening Tools must be used to determine an overall score for each screened Member.

1.1 Screening Tools will not replace:

- a. The P&Ps that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.
- b. The protocols that address clinically appropriate, timely, and equitable access to care.
- c. The clinical assessments, level of care determinations and service recommendations.
- d. KHS requirements to provide EPSDT services.

1.2 The Adult Screening Tool will include:

- a. Safety: information about whether the member needs immediate attention and the reason(s) a member is seeking services.
- b. Clinical Experiences: information about whether the member is currently receiving treatment, if they have sought treatment in the past, and their current or past use of prescription mental health medications.
- c. Life Circumstances: information about challenges the member may be experiencing issues related to school, work, relationships, housing, or other circumstances.
- d. Risk: information about suicidality, self-harm, emergency treatment, and hospitalizations.
- e. Questions related to substance use disorders (SUD). If a member responds affirmatively to these SUD questions, they must be offered a referral to the county behavioral health plan for SUD assessment. The member may decline this referral without impacting their mental health delivery system referral.

1.3 The Youth Screening Tool will include:

- a. Safety: information about whether the Member needs immediate attention and the reason(s) a Member is seeking services.
- b. System Involvement: information about whether the Member is currently receiving treatment, and if they have been involved in foster care, child welfare services, or the juvenile justice system.
- c. Life Circumstances: information about challenges the Member may be experiencing related to family support, school, work, relationships, housing, or other life circumstances.
- d. Risk: information about suicidality, self-harm, harm to others, and hospitalizations.
- e. SMHS access and referral of other services

PROCEDURES:

2.0 Determining System of Care

As a result of the brief telephone clinical screening using the DHCS approved Screening Tool:

- a. KHS shall ensure the following steps are completed during the Member call:
 - 1) Member's eligibility status and Health Network assignment shall be verified each time the Member contacts the KHS Member Services Phone Line;
 - 2) Warm transfer to KHS BH team to complete safety screening and an age-appropriate Screening Tool approved by DHCS.
- b. If it is determined the Member meets Mild to Moderate need for Behavioral Health Services, (scoring 5 or below on the DHCS approved Screening Tool) the staff will provide the Member schedule appointment to appropriate Behavioral Health Services. The staff will ensure the Member is directed to Providers that are within the KHS Behavioral Health Network, are currently accepting KHS Medi-Cal Members, can provide appropriate cultural and linguistic services, and can offer a first appointment within the standards pursuant to KHS Policy: 4.30-P, Accessibility Standards.
- c. If determined the Member does not meet Mild to Moderate need for Behavioral Health Services and rather does meet for services provided through KernBHRS based on the threshold score of 6 or higher on the DHCS approved Screening tool, the staff will transfer/refer the member to the KernBHRS Care Coordination Unit where the Member will initiate appropriate services consistent with APL 22-005 No Wrong Door for MHS.
 - 1) BH staff will coordinate member referrals with Kern BHRS CCU for SMHS and they will ensure a timely clinical assessment with an appropriate in-network provider is made available to the Member.
 - 2) Referral coordination must include sharing the completed Adult or Youth Screening Tool and following up to ensure a timely clinical assessment has been made available to the member. Members must be engaged in the process and

appropriate consents obtained in accordance with accepted standards of clinical practice.

2.1 Transition of Care Tool

The Transition of Care Tool may be completed in a variety of ways, including in person, by telephone, or by video conference, and is utilized to ensure members that are receiving mental health services from one delivery system receive timely and coordinated care when their existing services are transitioned to another delivery system or when services need to be added to their existing mental health treatment from another delivery system.

- a. When the KHS behavioral health provider determines that the member needs services provided within the KernBHRS network (Specialty Mental Health Services), the provider is to complete the Care Transition Tool approved by DHCS and submit it to KHS and the KernBHRS Care Coordination Unit. The KernBHRS Care Coordination Unit will initiate the appropriate behavioral health services and the KHS Behavioral Health Department will facilitate any additional services indicated.
- b. Coordinate Member care services with MHPs to facilitate care transitions or additions of services, including ensuring that the referral process has been completed, the Member has been connected with a Provider in the new system, the new Provider accepts the care of the Member, and medically necessary services have been made available to the Member. All appropriate consents must be obtained in accordance with accepted standards of clinical practice.
- c. Members who are in a course of behavioral health treatment within the KHS network will be referred to the KernBHRS Care Coordination Unit when the behavioral health provider and/or KHS Behavioral Health Care Manager (licensed clinician) determines that Specialty Mental Health Services are needed.
- d. If during treatment provided by a KHS behavioral health provider or during clinical review with an KHS Behavioral Health Care Manager, it is determined that member meets criteria for Specialty Mental Health Services through the Mental Health Plan (KernBHRS), the BH Provider and/or KHS BH Case Manager will coordinate with member and current provider to complete the DHCS approved Care Transition Tool, provide it to the KHS Care Coordination Unit to initiate appropriate services within the KernBHRS network. The KHS BH Case Manager will ensure successful linkage to KernBHRS for services consistent with the closed loop referral requirements specified in the applicable DHCS No Wrong Door APL. If clinically appropriate, the member may also continue to receive behavioral health services within the KHS network simultaneously with the services provided within the KernBHRS network as long as such services are not duplicative pursuant to the No Wrong Door policy.

- 2.2** Transition of Care Tool will not replace:
- a. The P&Ps that address urgent or emergency care needs, including protocols for emergencies or urgent and emergent crisis referrals.
 - b. The protocols that address clinically appropriate, timely, and equitable access to care.
 - c. The clinical assessments, level of care determinations and service recommendations.
 - d. KHS requirements to provide EPSDT services.
- 2.3** Transition of Care Tool will include:
- a. Referring plan contact information and care team.
 - b. Member demographics and contact information.
 - c. Member behavioral health diagnosis, cultural and linguistic requests, presenting behaviors/symptoms, environmental factors, behavioral health history, medical history, and medications.
 - d. Requested services and plan contact information.
- 2.4** Determination when using Transition of Care Tool:
The determination to transition services to and/or add services from the MHP delivery system must be made by a clinician via a patient-centered, shared decision-making process in alignment with the plan’s protocols
- a. Once a clinician has made the determination to transition care or refer for additional services, the Transition of Care Tool may be filled out by a clinician or a non-clinician.
 - b. Members must be engaged in the process and appropriate consents must be obtained in accordance with accepted standards of clinical practice.

ATTACHMENTS

- Attachment A DHCS Adult Screening Tool 8765-A
- Attachment B DHCS Youth Screening Tool 8765-B
- Attachment C DHCS Youth Screening Tool 8765-C

REFERENCE

Revision 2023-03: Policy developed to comply with DHCS APL 22-028, Approved by DHCS on 4/11/2023.
KHS P&P 4.01-P, Credentialing
KHS P&P 4.30-P, Accessibility Standards

ⁱ <https://www.dhcs.ca.gov/Documents/DHCS-8765-A.pdf>

ⁱⁱ <https://www.dhcs.ca.gov/Documents/DHCS-8765-C.pdf>

ⁱⁱⁱ <https://www.dhcs.ca.gov/Documents/DHCS-8765-B.pdf>

^{iv} <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-005.pdf>

Adult Screening Tool for Medi-Cal Mental Health Services

The Adult Screening Tool for Medi-Cal Mental Health Services is required for use when an individual age 21 or older, who is not currently receiving mental health services, contacts the Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) to seek mental health services. This tool determines whether an individual should be referred to the MCP delivery system or to the MHP delivery system for a clinical assessment and ensures that individuals have timely access to the appropriate mental health delivery system. The Adult Screening Tool for Medi-Cal Mental Health Services is not required to be used when individuals contact mental health providers directly to seek mental health services.¹

Instructions:

1. Each scored question is a “Yes” or “No” question. Not every question is scored.
2. Each scored question has a defined number of points for the selected answer. The number of points for each question cannot be more or less than what is on the scoresheet.
3. Select/mark the number in the “Yes” or “No” column based on the response provided.
4. If the individual is unable or chooses not to answer a question, skip the question and score it as “0.”
5. If the individual responds “Yes” to question 11, the screener must immediately offer and coordinate a referral to a clinician for further evaluation of suicidality after the screening is completed. Referral coordination should include sharing the completed Adult Screening Tool for Medi-Cal Mental Health Services. The referral and subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.
6. A response of “Yes” to question 13 or 14 does not impact the screening score. If the individual responds “Yes” to question 13 or question 14, the screener must offer and coordinate a referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score. The individual may decline this referral without impact to the mental health delivery system referral.
7. Once responses to questions have been documented, the selected/marked numbers in the “Yes” column should be added together and that total number should be entered in the “Total Score” box.
 - a. Individuals with a total score of 0 – 5 must be referred to the MCP for a clinical assessment.
 - b. Individuals with a total score of 6 and above must be referred to the MHP for a clinical assessment.

¹ As described in APL 22-028 and BHIN 22-065, MCPs and MHPs must allow contracted mental health providers who are contacted directly by individuals seeking mental health services to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in BHIN 22-011.

8. Once a score has been generated, a referral must be coordinated.
 - a. If the individual's score requires referral within the same delivery system, a timely clinical assessment must be offered and provided.
 - b. If the individual's score requires referral to the other mental health delivery system (i.e., MCP to MHP or MHP to MCP), the referral must be coordinated with the other delivery system, including sharing the completed Adult Screening Tool for Medi-Cal Mental Health Services and following up to ensure a timely clinical assessment has been made available to the individual.

Question	Yes	No
4. Have you ever sought help before today for your mental health needs?	1	0
5. Are you currently taking, or have you ever taken, any prescription mental health medication?	1	0
6. Are you without housing or a safe place to sleep?	1	0
7. Are you having difficulties in important areas of your life like school, work, relationships, or housing, because of how you are feeling or due to your mental health?	1	0
8. Have you recently had any changes or challenges with areas of your life, such as personal hygiene, sleep, energy level, appetite, weight, sexual activity, concentration, or motivation?	1	0
9. Have you completely withdrawn from all or almost all of your relationships, such as family, friends, or other important people?	1	0
10. Have you sought emergency treatment for emotional distress or been admitted to a psychiatric hospital in the past year?	1	0
a. If yes, have you had more than one hospitalization?	1	0
b. If yes, was your last hospitalization within the last six months?	1	0
11. In the past month, have you had thoughts about ending your life, wished you were dead, or wished you could go to sleep and not wake up? ¹ <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	2	0
12. Have you recently engaged in any self-harming behavior like cutting or hurting yourself?	2	0

Question	Yes	No
<p>13. Are you concerned about your current level of alcohol or drug use?²</p> <p><i>NOTE: If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</i></p>	—	—
<p>14. Has alcohol or any other drug or medication caused you to behave in a way that was dangerous to yourself or others (e.g., impaired driving, overdose, aggression, loss of memory, being arrested, etc.)?²</p> <p><i>NOTE: If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</i></p>	—	—
<p>Total Score:</p> <p>If score is 0 – 5, refer to the MCP per instruction #8</p> <p>If score is 6 or above, refer to the MHP per instruction #8</p>		
<p>¹ A response of “yes” to question 11 results in immediate coordination of a referral to a clinician for further evaluation of suicidality after the screening is completed. The referral and subsequent evaluation may or may not impact the mental health delivery system referral generated by the screening score.</p> <p>² Questions 13 and 14 are not scored. A response of “yes” results in a referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.</p>		

Transition of Care Tool for Medi-Cal Mental Health Services

The Transition of Care Tool for Medi-Cal Mental Health Services (hereafter referred to as the Transition of Care Tool) leverages existing clinical information to document an individual's mental health needs and facilitate a referral to the individual's Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) as needed. The Transition of Care Tool is to be used when an individual who is receiving mental health services from one delivery system experiences a change in their service needs and 1) their existing services need to be transitioned to the other delivery system or 2) services need to be added to their existing mental health treatment from the other delivery system.

Instructions: The determination to transition services to and/or add services from the other mental health delivery system must be made by a clinician in alignment with protocols. Once a clinician has made the determination to transition care or refer for services, all of the following actions must be taken:

1. Complete the Transition of Care Tool.
2. Send the Transition of Care Tool and any relevant supporting documentation to the plan the beneficiary is being referred to.
3. Continue to provide necessary mental health services and coordinate the transition of care or service referral with the receiving plan, including follow up to ensure services have been made available to the individual.

Transition of Care Tool for Medi-Cal Mental Health Services

REFERRING PLAN INFORMATION	
<input type="checkbox"/> County Mental Health Plan	<input type="checkbox"/> Managed Care Plan
Submitting Plan:	
Plan Contact Name:	Title:
Phone:	Email:
Address:	
City:	State: Zip:
BENEFICIARY INFORMATION	
Beneficiary's Name:	Date of Birth:
Beneficiary's Preferred Name:	
<input type="checkbox"/> Beneficiary or Legal Representative is in Agreement with Referral or Transition of Care	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-Binary <input type="checkbox"/>
	Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/>
Address:	
City:	State: Zip:
Phone:	Email:
Caregiver/Guardian:	Phone:
Medi-Cal Number (CIN)/SSN:	

BENEFICIARY INFORMATION

Behavioral Health Diagnosis or Diagnoses, if known:

Supporting Clinical Documents Included:

Cultural and Linguistic Requests:

Current Presenting Symptoms/Behaviors (including substance use if appropriate):

Additional Pages Attached

BENEFICIARY INFORMATION

Current Environmental Factors (including changes in caregiver relationships, living environment, and/or educational considerations):

Additional Pages Attached

Brief Behavioral Health History (including psychosocial stressors and/or traumatic experiences):

Additional Pages Attached

Brief Medical History:

Additional Pages Attached

Current Medications/Dosage:

Additional Pages Attached

BENEFICIARY INFORMATION

Referring Provider/Current Care Team:

Phone:

SERVICES REQUESTED: Transition of Care
 Addition of Service(s)

What service(s) is the beneficiary being referred for?

TRANSITION OF CARE OR SERVICE REFERRAL DESTINATION

Managed Care Plan:

Managed Care Plan Contact Information

Fax: Phone: Toll Free: TTY:

County Mental Health Plan:

County Mental Health Plan Contact Information

Fax: Phone: Toll Free: TTY:

Clear Form

Youth Screening Tool for Medi-Cal Mental Health Services

The Youth Screening Tool for Medi-Cal Mental Health Services is required for use when an individual under age 21, or a person on behalf of an individual under age 21, who is not currently receiving mental health services, contacts their Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) to seek mental health services. This tool determines whether an individual should be referred to the MCP delivery system or to the MHP delivery system for a clinical assessment and ensures that individuals have timely access to the appropriate mental health delivery system. The Youth Screening Tool for Medi-Cal Mental Health Services is not required to be used when individuals contact mental health providers directly to seek mental health services.¹

Instructions:

1. There are two versions of the Youth Screening Tool for Medi-Cal Mental Health Services:
 - One version of the tool is used when a youth is responding on their own behalf: **Youth Screening Tool for Medi-Cal Mental Health Services: Youth Respondent.**
 - One version of the tool is used when a person is responding on behalf of the youth: **Youth Screening Tool for Medi-Cal Mental Health Services: Respondent on Behalf of Youth.**
2. The answer to screening question 2 determines which version of the tool is used.
3. Each scored question is a “Yes” or “No” question. Not every question is scored.
4. Each scored question has a defined number of points for the selected answer. The number of points for each question cannot be more or less than what is on the scoresheet.
5. Select/mark the number in the “Yes” or “No” column based on the response provided.
6. If the youth, or the person responding on their behalf, is unable or chooses not to answer a question, skip the question and score it as “0.”

¹ As described in APL 22-028 and BHIN 22-065, MCPs and MHPs must allow contracted mental health providers who are contacted directly by individuals seeking mental health services to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in [BHIN 22-011](#).

7. If a response to question 5 indicates that a child who is age 3 or younger has not seen a pediatrician in the last 6 months, or that a child/youth age 4 or older has not seen a pediatrician or primary care physician (PCP) in the last year, the screener must offer to connect them to their MCP for a pediatrician/PCP visit in addition to the mental health delivery system referral generated by the screening score.²
8. If the youth, or the person responding on their behalf, responds “Yes” to question 6, 7, or 9, they meet criteria for specialty mental health services per [BHIN 21-073](#). In these cases, the screening is not required, and the screener must offer and coordinate a referral for clinical assessment by the MHP. Referral coordination must include follow up to ensure an assessment has been made available to the individual. Please reference [BHIN 21-073](#) for additional detail on specialty mental health services criteria and definitions of key terminology.
9. If the youth, or the person responding on their behalf, responds “Yes” to question 19, 20, or 21, the screener must immediately offer and coordinate a referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. Referral coordination should include sharing the completed Youth Screening Tool for Medi-Cal Mental Health Services. The referral and subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.
10. A response of “Yes” to question 17 does not impact the screening score. If the youth, or the person responding on their behalf, responds “Yes” to question 17, the screener must offer and coordinate a referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score. The individual may decline this referral without impact to the mental health delivery system referral.
11. Once responses to all questions have been documented, the selected/marked numbers in the “Yes” column should be added together and that total number should be entered in the “Total Score” box.
 - a. Individuals with a total score of 0 – 5 must be referred to the MCP for a clinical assessment.
 - b. Individuals with a total score of 6 and above must be referred to the MHP for a clinical assessment.
12. Once a score has been generated, a referral must be coordinated.
 - a. If the individual’s score requires referral within the same delivery system, a timely clinical assessment must be offered and provided.
 - b. If the individual’s score requires referral to the other mental health delivery system (i.e., MCP to MHP or MHP to MCP), the referral must be coordinated with the other delivery system, including sharing the completed Youth Screening Tool for Medi-Cal Mental Health Services and following up to ensure a timely clinical assessment has been made available to the individual.

² Bright Futures well-child visit guidelines indicate a child age 4 and older should be seen by a pediatrician annually, and a child age 3 and under should be seen by a pediatrician every 1, 3, or 6 months depending on their age.

Youth Screening Tool for Medi-Cal Mental Health Services

Youth Respondent

Name:	Date of Birth:
Age:	NOTE: If age 21 or older, switch to the “Adult Screening Tool for Medi-Cal Mental Health Services.”
Medi-Cal Number (CIN):	
1. Is this an emergency or crisis situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: If yes, do not finish the screening and handle according to existing emergency or crisis protocols.	
2. Are you calling about yourself or about someone else?	<input type="checkbox"/> Self <input type="checkbox"/> Someone else
<ul style="list-style-type: none"> If calling about someone else, who are you calling about and what is your relationship to them? 	
NOTE: If someone else, please switch to the “Respondent on Behalf of Youth” version of the tool.	
3. Can you tell me the reason you are seeking mental health services today?	
4. Are you currently receiving mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, where are you receiving those services? 	
NOTE: If the individual is currently receiving mental health services from their MCP or MHP, do not finish the screening. Instead, connect them with their current provider for further assessment.	
5. When was the last time you saw your pediatrician or primary care doctor?	
NOTE: If the child/youth is age 3 or younger and has not seen a pediatrician in over 6 months or age 4 and older and has not seen a pediatrician or primary care physician (PCP) in over a year, continue the screening and connect them to their MCP for a pediatrician/PCP visit.	

Question	Yes	No
6. Are you currently or have you ever been in juvenile hall, on probation, or under court supervision? ¹ <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
7. Are you currently in foster care or involved in the child welfare system? ¹ <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
8. Have you ever been in foster care or involved in the child welfare system?	1	0
9. Are you currently without housing or a safe place to sleep? ¹ <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
10. Have you ever been without housing or a safe place to sleep?	1	0
11. Are you having thoughts, feelings or behaviors that make it hard for you at home, school, or work?	1	0
12. Are you having thoughts, feelings, or behaviors that make it hard to be with your friends or have fun?	1	0
13. Are you often absent from school, work, or activities due to not feeling well?	1	0
14. Is the person who takes care of you often not around or unable to take care of you?	1	0
15. Do you feel unsupported or unsafe?	1	0
16. Is anyone hurting you?	1	0
17. Are you having trouble with drugs or alcohol? ² <i>NOTE: If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</i>	—	—

Question	Yes	No
18. Is anyone in your family or who lives with you having trouble with drugs or alcohol?	1	0
19. Do you hurt yourself on purpose? ³ <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	2	0
20. In the past month, have you had thoughts about ending your life, wished you were dead, or wished you could go to sleep and never wake up? ³ <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	2	0
21. Do you have plans to hurt others? ³ <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of homicidality after the screening is completed.</i>	2	0
22. Has someone outside of your family told you that you need help with anxiety, depression, or your behaviors?	2	0
23. Have you been seen in the hospital to get help for a mental health condition within the last six months?	2	0
<p>Total Score:</p> <p>If score is 0 – 5, refer to the MCP per instruction #11</p> <p>If score is 6 or above, refer to the MHP per instruction #11</p>		
<p>1 Questions 6, 7, and 9 are not scored. A response of “Yes” results in a referral to the MHP for clinical assessment. Please reference BHIN 21-073 for additional detail on specialty mental health services criteria and definitions of key terminology.</p> <p>2 Question 17 is not scored. A response of “Yes” results in a referral to the county plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.</p> <p>3 A response of “Yes” to questions 19, 20, and 21 results in immediate coordination of referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. The referral and subsequent evaluation may or may not impact the mental health delivery system referral generated by the screening score.</p>		

Youth Screening Tool for Medi-Cal Mental Health Services

Respondent on Behalf of Youth

Name:	Date of Birth:
Age:	NOTE: If age 21 or older, switch to the “Adult Screening Tool for Medi-Cal Mental Health Services.”
Medi-Cal Number (CIN):	
1. Is this an emergency or crisis situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: If yes, do not finish the screening and handle according to existing emergency or crisis protocols.	
2. Are you calling about yourself or about someone else?	<input type="checkbox"/> Self <input type="checkbox"/> Someone else
<ul style="list-style-type: none"> If calling about someone else, who are you calling about and what is your relationship to them? 	
NOTE: If calling about themselves, switch to the “Youth Respondent” version of the tool.	
3. Can you tell me the reason you are seeking mental health services for the child/youth today?	
4. Is the child/youth currently receiving mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, where are they receiving those services? 	
NOTE: If the individual is currently receiving mental health services from their MCP or MHP or MCP do not finish the screening. Instead, connect them with their current provider for further assessment.	
5. When was the last time the child/youth saw their pediatrician or primary care provider?	
NOTE: If the child/youth is age 3 or younger and has not seen a pediatrician in over 6 months or age 4 and older and has not seen a pediatrician or primary care physician (PCP) in over a year, continue the screening and connect them to their MCP for a pediatrician/PCP visit.	

Question	Yes	No
6. Is the child/youth currently or have they ever been in juvenile hall, on probation, or under court supervision? ¹ <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
7. Is the child/youth currently in foster care or involved in the child welfare system? ¹ <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
8. Has the child/youth ever been in foster care or involved in the child welfare system?	1	0
9. Is the child/youth currently without housing or a safe place to sleep? ¹ <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
10. Has the child/youth ever been without housing or a safe place to sleep?	1	0
11. Is the child/youth having thoughts, feelings or behaviors that make it hard for them at home, school, or work?	1	0
12. Is the child/youth having thoughts, feelings, or behaviors that make it hard to be with their friends or have fun?	1	0
13. Is the child/youth often absent from school, work, or activities due to not feeling well?	1	0
14. Is the primary caretaker for the child/youth often not around or unable to take care of the child/youth?	1	0
15. Does the child/youth feel unsupported or unsafe?	1	0
16. Is anyone hurting the child/youth?	1	0

Question	Yes	No
17. Is the child/youth having trouble with drugs or alcohol? ² <i>NOTE: If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</i>	—	—
18. Is anyone in the child/youth's family or who lives with them having trouble with drugs or alcohol?	1	0
19. Does the child/youth self-harm or behave in a manner that may cause harm to themselves? ³ <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	2	0
20. In the past month, has the child/youth had thoughts about ending their life, wished they were dead, or wished they could go to sleep and never wake up? ³ <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	2	0
21. Does the child/youth have plans to hurt others? ³ <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of homicidality after the screening is completed.</i>	2	0
22. Has someone outside of the child/youth's family said that the child/youth needs help with anxiety, depression, or their behaviors?	2	0
23. Has the child/youth been seen in a hospital for a mental health condition within the last six months?	2	0
Total Score: If score is 0 – 5, refer to the MCP per instruction #11 If score is 6 or above, refer to the MHP per instruction #11		

- 1 Questions 6, 7, and 9 are not scored. A response of “Yes” results in a referral to the MHP for clinical assessment. Please reference [BHIN 21-073](#) for additional detail on specialty mental health services criteria and definitions of key terminology.
- 2 Question 17 is not scored. A response of “Yes” results in a referral to the county plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.
- 3 A response of “Yes” to questions 19, 20, and 21 results in immediate coordination of referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. The referral and subsequent evaluation may or may not impact the mental health delivery system referral generated by the screening score.