

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.

Adult Screening Tool for Medi-Cal Mental Health Services

Name:	Date of Birth:
Age:	NOTE: <i>If age 20 or younger, switch to the “Youth Screening Tool for Medi-Cal Mental Health Services.”</i>
Medi-Cal Number (CIN):	
1. Is this an emergency or crisis situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: <i>If yes, do not finish the screening and handle according to existing emergency or crisis protocols.</i>	
2. Can you tell me the reason you are seeking mental health services today?	
3. Are you currently receiving mental health treatment? • If yes, where are you receiving those services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: <i>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.</i>	

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>		