

## **Adult Transition of Care Rubric Instructions**

**(Rubric is used to assist in determining if an existing client is ready to transition to their MCP for Non-SMHS)**

1. Each evaluation element is defined along a scale of zero to three.
2. Each score in the scale is defined by one or more criteria.
3. Only one of these criteria need be met for a score to be assigned for that element.
4. The evaluator should start in the “Severe” column and select the highest score or rating in which at least one of the criteria is met. For example, if one or more criterion is met, place a score of “3” in the “Score” column. If no criterion is met under the “Severe” column, the evaluator should next review the “Moderate” column and so forth.
5. If no criterion is met under an element, a score of zero should be given for that element.
6. Scores are placed in the far-right column and summed under “Total Score.”
7. Under the OUTCOME, check the box in which the cumulative score falls.
8. If the OUTCOME is with the Managed Care Plan (MCP), then complete the Transition of Care (TOC) Tool and email both the completed TOC Rubric and Tool to the client’s MCP and coordinate the client’s transition to Non-Specialty Mental Health Services with their MCP.

## Adult Transition of Care **Rubric** (ages 21+)

Client Name:		Date of Birth:		
Medi-Cal Number (CIN):		Age:		
Element	Severe (3)	Moderate (2)	Mild (1)	Score
<b>Clinical Complexity</b>  (serious and persistent mental illness vs. situational or reactive, recovery status, functional impairment, treatment engagement, medication complexity, psychiatric hospitalizations)	<input type="checkbox"/> <u>Mental Health History:</u> Schizophrenia or other serious mental health diagnosis with recent instability or worsening function. History of severe impairment with poor response to treatment.  <input type="checkbox"/> <u>Psychiatric Hospitalizations:</u> 1+ within past 6 months.  <input type="checkbox"/> <u>Psychotropic Medication Stability:</u> Not yet stable, stable for less than 6 months.	<input type="checkbox"/> <u>Mental Health History:</u> Schizophrenia, major mood, or other diagnosis with uncomplicated management or sustained recovery. History of severe impairment with effective response to treatment.  <input type="checkbox"/> <u>Psychiatric Hospitalizations:</u> 1+ within past year.  <input type="checkbox"/> <u>Psychotropic Medication Stability:</u> Stable for 6 to 12 months.	<input type="checkbox"/> <u>Mental Health History:</u> Adjustment reaction, grief, job loss, marital distress, relationship difficulty. No history of severe impairment.  <input type="checkbox"/> <u>Psychiatric Hospitalizations:</u> None within past year.  <input type="checkbox"/> <u>Psychotropic Medication Stability:</u> Stable for over a year.	
<b>Life Circumstances</b>  (biopsychosocial assessment, availability of resources, environmental stressors, family/ social/faith-based support)	<input type="checkbox"/> <u>Emotional Distress:</u> Persistent as a manifestation of chronic symptoms related to mental health.  <input type="checkbox"/> <u>Relationships/Supports:</u> No resources & support or relies on behavioral health system for resources & support.	<input type="checkbox"/> <u>Emotional Distress:</u> Intermittent as a manifestation of symptoms of mental health, which are worsened by life stressors.  <input type="checkbox"/> <u>Relationships/Supports:</u> Limited resources & support.	<input type="checkbox"/> <u>Emotional Distress:</u> Arising in the course of normal life stresses.  <input type="checkbox"/> <u>Relationships/Supports:</u> Adequate resources & support.	
<b>Risk</b>  (suicidal/violent, high-risk behavior, impulsivity)	<input type="checkbox"/> <u>Suicidal Ideation:</u> Recent or current active ideation, intent, or plan within the past 1 month.  <input type="checkbox"/> <u>Danger to Self:</u> Recent or current attempts or threats within the past 1 month.	<input type="checkbox"/> <u>Suicidal Ideation:</u> Active without intent to follow through within the past 1 month.  <input type="checkbox"/> <u>Danger to Self:</u> No threats or attempts w/in past 1 month.	<input type="checkbox"/> <u>Suicidal Ideation:</u> Passive <u>within the past 1 month.</u>  <input type="checkbox"/> <u>Danger to Self:</u> None within the past 1 month.	
			<b>TOTAL SCORE</b>	

OUTCOME	
Total Score: 0 – 3 = Mild	Managed Care Plan
Total Score: 4 – 6 = Moderate	Managed Care Plan
Total Score: 7 – 9 = Severe	County Mental Health Plan (LACDMH)