

## Adult Screening Tool for Medi-Cal Mental Health Services

*DRAFT – This document is a draft and is not intended to be filled out.*

**Instructions:** The Adult Screening Tool for Medi-Cal Mental Health Services is required and intended for use when an individual age 21 or older, who is not currently receiving mental health services, contacts the Medi-Cal Managed Care Health Plan (MCP) or county Mental Health Plan (MHP) to seek mental health services.<sup>1</sup> This tool aims to determine whether an individual should be referred to the MHP delivery system or the MCP delivery system for a clinical assessment and ensure that beneficiaries have timely access to the appropriate mental health delivery system.

1. Each scored question is a “Yes” or “No” question.
2. Each 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 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 should immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed. Referral coordination should include follow up to ensure an evaluation was rendered.
6. A response of “yes” to questions 13 and 14 do not impact the overall score for mental health needs. If the individual responds “yes” to question 13 or question 14, the screener should offer and coordinate referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health referral generated by the score. The individual may decline this referral without impact to their access to mental health services.
7. Once responses to questions have been documented, add up the selected numbers in the “Yes” column and enter that number in the “Total Score” box.
  - a. Individuals with a total score of 0 – 5 will be referred to the MCP or directly to an MCP provider for a clinical assessment.<sup>2</sup>
  - b. Individuals with a total score of 6 and above will be referred to the MHP or directly to an MHP provider for a clinical assessment.<sup>2</sup>

---

<sup>1</sup> The Adult Screening Tool is not required to be used when beneficiaries contact mental health providers directly to seek mental health services. As described in APL XXX and BHIN XXX, MCPs and MHPs must allow contracted mental health providers who are contacted directly by beneficiaries 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](#).

<sup>2</sup> If an individual is referred directly to a provider in the other delivery system, the MCP or MHP must still coordinate with the other delivery system to ensure a timely clinical assessment has been offered and rendered. For additional information, please reference APL XXX and BHIN XXX.

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 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 and following up to ensure the individual has been connected with a provider and a timely clinical assessment has been offered and provided.

DRAFT

## Adult Screening Tool for Medi-Cal Mental Health Services

*DRAFT – This document is a draft and is not intended to be filled out.*

Beneficiary Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medi-Cal # (CIN)/SSN: \_\_\_\_\_

1. Is this an emergency or crisis situation?  Yes  No
  - *If yes, do not finish the screening and handle the call according to existing emergency or crisis protocols.*
2. Can you tell me about the reason you are seeking mental health services today?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Are you currently receiving mental health treatment?  
\_\_\_\_\_
  - a. If yes, where are you receiving those services?  
\_\_\_\_\_
    - *If the individual is currently receiving mental health services from their MHP or MCP, do not finish the screening. Instead, connect them with their current provider for further assessment.*

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?	2	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?	2	0
12. Have you recently engaged in any self-harming behavior like cutting or hurting yourself?	2	0
13. Are you concerned about your current level of alcohol or drug use?	0	0
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.)?	0	0
<p style="text-align: center;"><b>Total Score: _____</b></p> <p><b>If score is 0 – 5, refer to the MCP or directly to an MCP provider per instruction #8 above</b></p> <p><b>If score is 6 or above, refer to the MHP or directly to an MHP provider per instruction #8 above</b></p>		