

## Adult Medi-Cal Mental Health Screening Tool

*DRAFT – July 2022*

**Instructions:** The Adult Medi-Cal Mental Health Screening Tool is intended for use when a beneficiary age 21 or older initially reaches out for mental health care. This tool aims to determine whether a beneficiary should be referred to their MHP or their MCP for assessment and ensure that beneficiaries have timely access to the appropriate mental health services. The Adult Screening Tool can be administered by clinicians or non-clinicians and may be administered in a variety of ways, including in person, by telephone, by video conference, or through other virtual means. However, individuals administering the Adult Screening Tool must not deviate from the specific wording provided in the tool when posing the questions.

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. Circle the number in the “Yes” or “No” column based on the response provided.
4. If the beneficiary is unable or chooses not to answer a question, skip the question and score it as “0.”
5. If the beneficiary responds “yes” to question 13, 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 15 and 16 do not impact the overall score for mental health needs. If the beneficiary responds “yes” to question 15 or question 16, the screener should coordinate referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health referral generated by the score. Referral coordination should include follow up to ensure an assessment was rendered.
7. Once responses to all questions have been documented, add up the circled 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 mental health provider for a clinical assessment.
  - b. Individuals with a total score of 6 and above will be referred to the MHP mental health provider for a clinical assessment.

## Screening Tool

*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
  - a. If yes, do not finish the screening and handle the call according to existing emergency or crisis protocols.
2. Can you tell me about why you are seeking mental health services today? \_\_\_\_\_
3. Are you currently receiving mental health treatment? \_\_\_\_\_
  - a. If yes, where are you receiving those services? \_\_\_\_\_
  - b. If the individual is currently receiving mental health services from their MHP or MCP, do not finish the screening and 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 taking any prescription mental health medication?	1	0
6. Have you tried prescription mental health medication in the past?	1	0
7. Are you without housing or a safe place to sleep?	1	0
8. 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
9. Have you had any changes or challenges with areas of your life, such as: <ol style="list-style-type: none"><li>a. Personal hygiene?</li><li>b. Sleep, energy level, appetite, or weight?</li><li>c. Sexual activity?</li><li>d. Concentration or motivation?</li></ol>	1	0

Question	Yes	No
10. Have you completely withdrawn from all or almost all of your relationships, such as family, friends, or other important people?	2	0
11. Have you sought emergency treatment for emotional distress in the past year?	1	0
12. Have you ever been admitted to a psychiatric hospital?	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
13. 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
14. Have you recently engaged in any self-harming behavior like cutting or hurting yourself?	2	0
15. Are you concerned about your current level of alcohol or drug use?	0	0
16. 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><b>Total Score:</b> _____</p> <p><b>If score is 0 – 5, refer to MCP</b></p> <p><b>If score is 6 or above, refer to MHP</b></p>		