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## Summary of RAND Analysis for Youth Mental Health Screening Tool Development

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### **Background**

The California Department of Health Care Services (DHCS) is currently developing statewide screening and transition of care tools for both adults and individuals under 21 years old (youth) for use by county mental health plans (MHPs) and Medi-Cal Managed Care Plans (MCPs). As part of DHCS's development process for the Youth Mental Health Screening Tool (youth screening tool), the RAND Corporation (RAND) provided an analysis and recommendations to inform screening tool domains. This document summarizes RAND's analysis and recommendations. RAND's recommendations were among several factors considered in the development of the draft youth screening tool, including robust stakeholder input and collaboration with the California Mental Health Services Authority (CalMHSA).

### **Guiding Principles**

RAND's analysis focused on identifying potential domains for youth screening tool questions and was guided by several principles, including:

- ✓ **Coverage:** Assess characteristics needed to implement definition of need for specialty mental health services (SMHS).
- ✓ **Brevity:** To reduce the burden on staff and patients, the screening tool should assess the minimum domains required to make the right decision. The assessment for each domain should be as short as possible.
- ✓ **Validity:** Assessment of each domain should be strongly related to clinical need.
- ✓ **Simplicity:** Assessment can be administered by a non-clinician, with clear flags for transfer to clinical backup.

## Methods

RAND's process for identifying potential youth screening tool domains and making recommendations included:

1. Identifying domains used in state regulations that define the roles of MHPs and MCPs (e.g., criteria for specialty mental health services [SMHS] eligibility). Domains referenced in state regulations are outlined in the following section.
2. Reviewing instruments used to assess the identified domains, including those used in other states (with emphasis on those that carve out behavioral health [BH]) and clinical instruments that assess need for care.
  - RAND identified 15 states with a BH carve out, nine of which referenced BH instruments on the state website.
  - Identified state and clinical instruments included: CANS, ASRT, ARIA, Change Healthcare's InterQual BH Criteria, CMH Screener, PECFAS, Scale for Children/Adolescents with SED, ASQ, Brigance Screen, Brief Toddler and Social Emotional Assessment, Pediatric Symptom Checklist, Pediatric Behavioral Health Screen.
3. Making preliminary recommendations for youth screening tool design and content based on analyses.

## Findings

RAND's analysis identified a number of potential assessment domains in criteria for SMHS eligibility, assessments in other states, and clinical screening measures. However, none of the tools or assessments identified in RAND's analysis were designed to be used in the manner intended for the youth screening tool, either because they were more comprehensive assessments of needs or did not focus on level of need for specialty care. Identified domains in RAND's analysis are outlined in the table below.

Domain	CA Criteria	State Measures	Clinical Measures		
			Transdiagnositc	Impairment	Triage
Safety	X	X			X
Traumatic Experiences	X	X	X		
System Involvement	X				
Funtional Impairment	X	X		X	X
Psychopathology	X	X	X		X
Medical Conditions		X			
Developmental Disability	X	X			X
Substance Use		X			X
Social Environment		X			X
Resiliency		X			
Treatment Engagement		X			X
Treatment History	X	X			X

## ***Recommendations***

Based on its analysis, RAND recommended that DHCS address the following six key domains in the youth screening tool:

1. **Safety:** Does the patient need immediate attention?
2. **System Involvement:** Is the patient qualified for SMHS by virtue of system involvement or homelessness?
3. **Treatment History:** What is the patient's history of psychiatric assessment or treatment?
4. **Functional Impairment:** Is the patient impaired?
5. **Traumatic Experiences:** Has the patient experienced trauma?
6. **Psychopathology:** Is the patient likely to have a mental illness?

RAND provided a conceptual framework for selecting specific questions in each domain. In addition, for each domain, RAND identified existing and validated instruments that could be incorporated into a screening tool, suggested question wording where development of new questions is needed, and provided examples of text from existing assessment questions. RAND's recommendations were considered among several other factors in the initial stages of DHCS's development of the draft youth screening tool.