

Adult Screening Tool for Medi-Cal Mental Health Services

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| 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): | |
| <p>1. Is this an emergency or crisis situation?</p> <p>NOTE: <i>If yes, do not finish the screening and handle according to existing emergency or crisis protocols.</i></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>2. Can you tell me the reason you are seeking mental health services today?</p> | |
| <p>3. Are you currently receiving mental health treatment?</p> <ul style="list-style-type: none"> • If yes, where are you receiving those services? <p>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></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Question | Yes | No |
|---|----------------------------|----------------------------|
| 4. Have you ever sought help before today for your mental health needs? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 5. Are you currently taking, or have you ever taken, any prescription mental health medication? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 6. Are you without housing or a safe place to sleep? | <input type="checkbox"/> 1 | <input type="checkbox"/> 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? | <input type="checkbox"/> 1 | <input type="checkbox"/> 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? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 9. Have you completely withdrawn from all or almost all of your relationships, such as family, friends, or other important people? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 10. Have you sought emergency treatment for emotional distress or been admitted to a psychiatric hospital in the past year? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| a. If yes, have you had more than one hospitalization? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| b. If yes, was your last hospitalization within the last six months? | <input type="checkbox"/> 1 | <input type="checkbox"/> 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> | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 |
| 12. Have you recently engaged in any self-harming behavior like cutting or hurting yourself? | <input type="checkbox"/> 2 | <input type="checkbox"/> 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> | <input type="checkbox"/> — | <input type="checkbox"/> — |
| <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> | <input type="checkbox"/> — | <input type="checkbox"/> — |
| <p>Total Score: 0</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> | | |