

# Youth Screening Tool for Medi-Cal Mental Health Services

## Youth Respondent

Name:	Date of Birth:
Age: <b>NOTE: If age 21 or older, switch to the “Adult Screening Tool for Medi-Cal Mental Health Services.”</b>	
Medi-Cal Number (CIN):	
1. Is this an emergency or crisis situation?  <b>NOTE: If yes, do not finish the screening and handle according to existing emergency or crisis protocols.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you calling about yourself or about someone else? <input type="checkbox"/> Self <input type="checkbox"/> Someone else • If calling about someone else, who are you calling about and what is your relationship to them?  <b>NOTE: If someone else, please switch to the “Respondent on Behalf of Youth” version of the tool.</b>	
3. Can you tell me the reason you are seeking mental health services today?	
4. Are you currently receiving mental health treatment? • If yes, where are you receiving those services?  <b>NOTE: 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.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. When was the last time you saw your pediatrician or primary care doctor?  <b>NOTE: If the child/youth is age 3 or younger and has not seen a pediatrician in over 6 months or age 4 and older and has not seen a pediatrician or primary care physician (PCP) in over a year, continue the screening and connect them to their MCP for a pediatrician/PCP visit.</b>	

Question	Yes	No
6. Are you currently or have you ever been in juvenile hall, on probation, or under court supervision? <sup>1</sup>  <b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.	<input type="checkbox"/> —	<input type="checkbox"/> —
7. Are you currently in foster care or involved in the child welfare system? <sup>1</sup>  <b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.	<input type="checkbox"/> —	<input type="checkbox"/> —
8. Have you ever been in foster care or involved in the child welfare system?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9. Are you currently without housing or a safe place to sleep? <sup>1</sup>  <b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.	<input type="checkbox"/> —	<input type="checkbox"/> —
10. Have you ever been without housing or a safe place to sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11. Are you having thoughts, feelings or behaviors that make it hard for you at home, school, or work?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
12. Are you having thoughts, feelings, or behaviors that make it hard to be with your friends or have fun?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
13. Are you often absent from school, work, or activities due to not feeling well?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
14. Is the person who takes care of you often not around or unable to take care of you?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
15. Do you feel unsupported or unsafe?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
16. Is anyone hurting you?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
17. Are you having trouble with drugs or alcohol? <sup>2</sup>  <b>NOTE:</b> If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.	<input type="checkbox"/> —	<input type="checkbox"/> —

Question	Yes	No
18. Is anyone in your family or who lives with you having trouble with drugs or alcohol?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
19. Do you hurt yourself on purpose? <sup>3</sup>  <i><b>NOTE:</b> 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
20. In the past month, have you had thoughts about ending your life, wished you were dead, or wished you could go to sleep and never wake up? <sup>3</sup>  <i><b>NOTE:</b> 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
21. Do you have plans to hurt others? <sup>3</sup>  <i><b>NOTE:</b> If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of homicidality after the screening is completed.</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 0
22. Has someone outside of your family told you that you need help with anxiety, depression, or your behaviors?	<input type="checkbox"/> 2	<input type="checkbox"/> 0
23. Have you been seen in the hospital to get help for a mental health condition within the last six months?	<input type="checkbox"/> 2	<input type="checkbox"/> 0
<p align="center"><b>Total Score: 0</b></p> <p align="center"><b>If score is 0 – 5, refer to the MCP per instruction #11</b></p> <p align="center"><b>If score is 6 or above, refer to the MHP per instruction #11</b></p>		
<p>1 Questions 6, 7, and 9 are not scored. A response of “Yes” results in a referral to the MHP for clinical assessment. Please reference <a href="#">BHIN 21-073</a> for additional detail on specialty mental health services criteria and definitions of key terminology.</p> <p>2 Question 17 is not scored. A response of “Yes” results in a referral to the county plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.</p> <p>3 A response of “Yes” to questions 19, 20, and 21 results in immediate coordination of referral to a clinician for further evaluation of suicidality and/or homicidality 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>		

# Youth Screening Tool for Medi-Cal Mental Health Services

## *Respondent on Behalf of Youth*

Name:	Date of Birth:
Age: <b>NOTE:</b> If age 21 or older, switch to the “Adult Screening Tool for Medi-Cal Mental Health Services.”	
Medi-Cal Number (CIN):	
1. Is this an emergency or crisis situation?  <b>NOTE:</b> If yes, do not finish the screening and handle according to existing emergency or crisis protocols.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you calling about yourself or about someone else? <input type="checkbox"/> Self <input type="checkbox"/> Someone else • If calling about someone else, who are you calling about and what is your relationship to them?  <b>NOTE:</b> If calling about themselves, switch to the “Youth Respondent” version of the tool.	
3. Can you tell me the reason you are seeking mental health services for the child/youth today?	
4. Is the child/youth currently receiving mental health treatment? • If yes, where are they receiving those services?  <b>NOTE:</b> If the individual is currently receiving mental health services from their MCP or MHP or MCP do not finish the screening. Instead, connect them with their current provider for further assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. When was the last time the child/youth saw their pediatrician or primary care provider?  <b>NOTE:</b> If the child/youth is age 3 or younger and has not seen a pediatrician in over 6 months or age 4 and older and has not seen a pediatrician or primary care physician (PCP) in over a year, continue the screening and connect them to their MCP for a pediatrician/PCP visit.	

Question	Yes	No
6. Is the child/youth currently or have they ever been in juvenile hall, on probation, or under court supervision? <sup>1</sup>  <b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.	<input type="checkbox"/> —	<input type="checkbox"/> —
7. Is the child/youth currently in foster care or involved in the child welfare system? <sup>1</sup>  <b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.	<input type="checkbox"/> —	<input type="checkbox"/> —
8. Has the child/youth ever been in foster care or involved in the child welfare system?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9. Is the child/youth currently without housing or a safe place to sleep? <sup>1</sup>  <b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.	<input type="checkbox"/> —	<input type="checkbox"/> —
10. Has the child/youth ever been without housing or a safe place to sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11. Is the child/youth having thoughts, feelings or behaviors that make it hard for them at home, school, or work?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
12. Is the child/youth having thoughts, feelings, or behaviors that make it hard to be with their friends or have fun?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
13. Is the child/youth often absent from school, work, or activities due to not feeling well?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
14. Is the primary caretaker for the child/youth often not around or unable to take care of the child/youth?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
15. Does the child/youth feel unsupported or unsafe?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
16. Is anyone hurting the child/youth?	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Question	Yes	No
17. Is the child/youth having trouble with drugs or alcohol? <sup>2</sup> <b>NOTE:</b> If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.	<input type="checkbox"/> —	<input type="checkbox"/> —
18. Is anyone in the child/youth's family or who lives with them having trouble with drugs or alcohol?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
19. Does the child/youth self-harm or behave in a manner that may cause harm to themselves? <sup>3</sup> <b>NOTE:</b> If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.	<input type="checkbox"/> 2	<input type="checkbox"/> 0
20. In the past month, has the child/youth had thoughts about ending their life, wished they were dead, or wished they could go to sleep and never wake up? <sup>3</sup> <b>NOTE:</b> If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.	<input type="checkbox"/> 2	<input type="checkbox"/> 0
21. Does the child/youth have plans to hurt others? <sup>3</sup> <b>NOTE:</b> If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of homicidality after the screening is completed.	<input type="checkbox"/> 2	<input type="checkbox"/> 0
22. Has someone outside of the child/youth's family said that the child/youth needs help with anxiety, depression, or their behaviors?	<input type="checkbox"/> 2	<input type="checkbox"/> 0
23. Has the child/youth been seen in a hospital for a mental health condition within the last six months?	<input type="checkbox"/> 2	<input type="checkbox"/> 0
<p align="center"><b>Total Score: 0</b></p> <p align="center"><b>If score is 0 – 5, refer to the MCP per instruction #11</b></p> <p align="center"><b>If score is 6 or above, refer to the MHP per instruction #11</b></p>		

- 1 Questions 6, 7, and 9 are not scored. A response of “Yes” results in a referral to the MHP for clinical assessment. Please reference BHIN 21-073 for additional detail on specialty mental health services criteria and definitions of key terminology.
- 2 Question 17 is not scored. A response of “Yes” results in a referral to the county plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.
- 3 A response of “Yes” to questions 19, 20, and 21 results in immediate coordination of referral to a clinician for further evaluation of suicidality and/or homicidality 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.