

Department of Health Care Services (DHCS) Standardized Screeners



Los Angeles County Department of Mental Health (LACDMH)

Quality Assurance Unit

Policy & Technical Development Team

Overall Goals - Standardized Screening Tools

- As of **January 1, 2023**, all Mental Health Plans (MHP) and Medi-Cal Managed Care Plans (MCP) across California will use the State-issued Screening Tools for determining:
 - Which system to start services at the point of request (**Screening Tool**)
- Overall goals with these tools are to:
 - Streamline processes
 - Improve client care by getting the individual to the right place at the outset
 - Ensure systems are on the same page

Introduction - MHP & MCP

- **Mental Health Plans (MHP) provide Specialty Mental Health Services (SMHS)**
 - MHP for LA County = DMH
 - ✓ Directly Operated (DO) & Legal Entities (LE)
 - SMHS are more intensive mental health services provided to individuals who require a higher level of mental health care and/or have more severe mental health symptoms
- **Managed Care Plans (MCP) provide Non-Specialty Mental Health Services (Non-SMHS)**
 - Examples of Medi-Cal MCPs = Kaiser (Medi-Cal), Anthem (Medi-Cal), Caredon (Beacon), HealthNet
 - Non-SMHS are less intensive mental health services provided to individuals with mild to moderate mental health symptoms

Outpatient Services – MHP & MCP

Mental Health Plan

Specialty Mental Health Services

- Mental Health Services (assessment, plan development, therapy, **REHAB**, collateral)
- **TARGETED CASE MANAGEMENT**
- Medication Support Services
- **INTENSIVE CARE COORDINATION**
- **INTENSIVE HOME BASED SERVICES**
- **CRISIS INTERVENTION**
- **THERAPEUTIC BEHAVIORAL SERVICES**
- **DAY REHABILITATION & DAY TREATMENT INTENSIVE**
- **CRISIS STABILIZATION**

Managed Care Plan

Non-Specialty Mental Health Services

- Mental Health Services (assessment, individual, group and family psychotherapy)
- Psychological & neuropsychological testing
- Medication Support Services

When to Administer the Screener

A beneficiary or caregiver on behalf of a youth initially requests outpatient mental health services; and

Is not currently receiving mental health services anywhere within LACDMH or their MCP; and

Has an identified Medi-Cal MCP (e.g., Medi-Cal Anthem, Medi-Cal Kaiser, Molina, Carelon, HealthNet)

Overall Screener Instructions

- The Screeners:
 - Can be administered by any staff including clinicians and non-clinicians
 - May be administered in a variety of ways, including in person, by telephone, or by video conference
 - Include screening questions and an associated methodology
- The screening questions must be read verbatim to the beneficiary/caregiver and the order of the questions shall not be altered in any way
- Until translated versions of the tool are made available, bi-lingual staff may translate the screening questions themselves which may require deviation from the specific wording of the tool

Overall Screener Instructions (continued)

- Enter responses on the Screener, which automatically calculates the score (DHCS PDF versions). The total score determines where the individual will go for a clinical assessment (MCP or DMH)
 - Total Score = 0 – 5 (Non-SMHS through their MCP)
 - Total Score = 6 or above (SMHS through DMH)
- Each scored question is a “Yes” or “No” question with a defined number of points
- If the individual is unable or chooses not to answer a question, skip the question and score it as “0”

Screeners

Adult Screener (age 21+)

used when the adult is requesting services on their own behalf

Youth Screener (age under 21)

Youth Respondent Version – used when the youth is requesting services on their own behalf

Respondent on Behalf of Youth Version – used when the caregiver is requesting services on behalf of the youth

Adult Screening Tool for Medi-Cal Mental Health Services

Name:		Date of Birth:	
Age:	NOTE: If age 20 or younger, switch to the "Youth Screening Tool for Medi-Cal Mental Health Services."		
Medi-Cal Number (CIN):			
1. Is this an emergency or crisis situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
NOTE: If yes, do not finish the screening and handle according to existing emergency or crisis protocols.			
2. Can you tell me the reason you are seeking mental health services today?			
3. Are you currently receiving mental health treatment? • If yes, where are you receiving those services?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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.			

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

Question	Yes	No
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
13. Are you concerned about your current level of alcohol or drug use? ² <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>	<input type="checkbox"/> —	<input type="checkbox"/> —
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 <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>	<input type="checkbox"/> —	<input type="checkbox"/> —

Total Score: 0

If score is **0 – 5**, refer to their identified **MCP**

If score is **6 or above**, refer to **LACDMH**

Youth Screening Tool for Medi-Cal Mental Health Services

Youth Respondent

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Age:	<i>NOTE: If age 21 or older, switch to the "Adult Screening Tool for Medi-Cal Mental Health Services."</i>		
Medi-Cal Number (CIN):	<input type="text"/>		
1. Is this an emergency or crisis situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>NOTE: If yes, do not finish the screening and handle according to existing emergency or crisis protocols.</i>			
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?			
<input type="text"/>			
<i>NOTE: If someone else, please switch to the "Respondent on Behalf of Youth" version of the tool.</i>			
3. Can you tell me the reason you are seeking mental health services today?	<input type="text"/>		
4. Are you currently receiving mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• If yes, where are you receiving those services?			
<input type="text"/>			
<i>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.</i>			
5. When was the last time you saw your pediatrician or primary care doctor?	<input type="text"/>		
<i>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.</i>			

Youth Screening Tool for Medi-Cal Mental Health Services

Respondent on Behalf of Youth

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Age:	<i>NOTE: If age 21 or older, switch to the "Adult Screening Tool for Medi-Cal Mental Health Services."</i>		
Medi-Cal Number (CIN):	<input type="text"/>		
1. Is this an emergency or crisis situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>NOTE: If yes, do not finish the screening and handle according to existing emergency or crisis protocols.</i>			
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?			
<input type="text"/>			
<i>NOTE: If calling about themselves, switch to the "Youth Respondent" version of the tool.</i>			
3. Can you tell me the reason you are seeking mental health services for the child/youth today?	<input type="text"/>		
4. Is the child/youth currently receiving mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• If yes, where are they receiving those services?			
<input type="text"/>			
<i>NOTE: 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.</i>			
5. When was the last time the child/youth saw their pediatrician or primary care provider?	<input type="text"/>		
<i>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.</i>			

Question	Yes	No
6. Is the child/youth currently or have they ever been in juvenile hall, on probation, or under court supervision? ¹	<input type="checkbox"/> —	<input type="checkbox"/> —
NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.		
7. Is the child/youth currently in foster care or involved in the child welfare system? ¹	<input type="checkbox"/> —	<input type="checkbox"/> —
NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.		
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? ¹	<input type="checkbox"/> —	<input type="checkbox"/> —
NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.		
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? ²	<input type="checkbox"/> —	<input type="checkbox"/> —
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.		
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? ³	<input type="checkbox"/> 2	<input type="checkbox"/> 0
NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.		
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? ³	<input type="checkbox"/> 2	<input type="checkbox"/> 0
NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.		
21. Does the child/youth have plans to hurt others? ³	<input type="checkbox"/> 2	<input type="checkbox"/> 0
NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of homicidality after the screening is completed.		
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

Total Score: 0

If score is 0 – 5, refer to their identified MCP

If score is 6 or above, refer to LACDMH

When Client Screens for DMH Level of Care (Total Score = 6 or above)

1. Do a warm transfer to DMH ACCESS while you're with the client **OR** Call DMH ACCESS on the client's behalf
 - DMH 24/7 Help Line/ACCESS: 1-800-854-7771

AND

2. Email the completed screener to AccessToCare@dmh.lacounty.gov

When Client Screens for a Lower Level of Care (MCP) (Total Score = 0 – 5)

1. Do a warm transfer to the MCP while you're with the client (OPTIONAL)
- AND**
2. Email/eFax the completed screener to the MCP