

## Screening and Referral Tracking Form

This form should be completed for all Prevention and Early Intervention (PEI) and Innovation (INN) program participants who get referred to mental/behavioral health or substance use services.

1.) Did the individual report having any mental/behavioral health symptoms prior to referral/contact with the PEI or INN Program?

- Yes  No  
 Unable to determine

a.) If yes, has the individual received previous treatment for the treatment for the mental/behavioral health symptoms?

- Yes  No  
 Unable to determine

ii.) If the individual has not received previous treatment, what is the duration of any current untreated mental/behavioral health symptoms prior to the referral/contact with the PEI or INN Program?

\_\_\_\_\_ Months

- Unable to determine

2.) Are you concerned the mental/behavioral health symptoms reported indicate a possible severe mental illness (SMI)<sup>1</sup>?

- Yes\*  No  
 Unable to determine

*\* If yes, a referral to a mental/behavioral health program should be considered.*

3.) Date of mental/behavioral health/ substance use referral:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MM DD YYYY

- Not Applicable

Kind of treatment to which the individual was referred?

- Mental/Behavioral Health Treatment  
 Substance Use Treatment  
 All of the above.

Name of program/agency referred to:

4.) Date of first mental/behavioral health service/treatment received:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MM DD YYYY

- Unable to determine  
 Not Applicable

5.) Date of first substance use service received:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MM DD YYYY

- Unable to determine  
 Not Applicable

### For Administrative Use Only:

Participant ID: \_\_\_\_\_

Staff ID: \_\_\_\_\_

Program Name: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> SMI is a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.

Yolo County Mental Health Services Act (MHSA)  
Screening and Referral Form

**PURPOSE:**

To track participant referrals for the purpose of capturing required reporting data for MHSA.

**GENERAL INFORMATION**

MHSA data requirement revisions were adopted for Prevention and Early Intervention (PEI) and Innovation (INN) Programs in July 2018. Click the linked text to view each regulations document: [Prevention Early Intervention \(PEI\)](#) | [Innovation \(INN\)](#)

These measures are being systemized into Yolo County Data collection via a phased roll out.

**COMPLETING THIS FORM**

This document should be completed by the program representative who is responsible for screening of program participants.

**Information to inform collecting data on this form**

**Definition of "Referral":** For the purpose of this form, "Referral" means the process by which a member of an underserved population is given a recommendation in writing to one of more specific service providers for a Prevention Program, Early Intervention program, and/or a program providing treatment beyond early onset.

Distributing lists of community resources to an individual does not constitute a referral for the purpose of this form.

**Determining Programs that Require Tracking:** For a list of providers where the referral to treatment is provided, funded, administered or overseen by the county mental health please visit, the Yolo County Health and Human Services Provider Directories.

*All treatment referrals to programs by these providers must be reported for all referral fields unless otherwise specified in instructions below.*

The provider directories can be found at: [Mental Health Provider Directory](#) | [SUD Provider Directory](#)

**INSTRUCTIONS**

**Questions 1 and 1a:**

Question 1 and 1a is a self reported field the client should be asked this questions directly or can be informed by the clients health record when applicable.

**Question 1a(ii):**

**Average duration of untreated mental illness**, defined as the time between self-reported and/or parent-family reported onset of symptoms of mental illness and entry into treatment, defined as participating in at least one treatment to which the person was referred. Must be tracked **only** for referrals to programs that are provided, funded, administered, or overseen by the County.

**Question 2:**

This questions allows a program screener to denote any concerns that the self-reported mental health/behavioral health symptoms reported indicate a possible severe mental illness.

**Severe Mental Illness (SMI)** for this screening tool is defined as a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or infinite period of time.

**Question 3:**

Include details for referrals offered based on the information contained in Questions 1 and 2 on this form.

This section should include date referral was issued, kind of treatment to which the individual was referred, and name of the program and agency to which the client was referred for **both** provided, funded, administered, or overseen by county mental health programs **AND** programs not funded, administered or overseen by county mental health programs.

**Question 4 & 5**

Record the date for which treatment was received applicable only to referrals to programs or services provided, funded, administered, or overseen by the county mental health system.

*Applicable only to instances where the referral to treatment is provided, funded, administered or overseen by the county mental health system. (See HHS Provider Directories for list of programs /providers for which referrals require this data be captured.)*

*Programs administered by providers/programs listed in the Yolo County Health and Human Services Provider Directories must be reported*

Programs are required to systematize or show due diligence in recording and tracking referral information to satisfy regulatory requirements for funding.