

Avatar CalAIM Youth Screening Tool

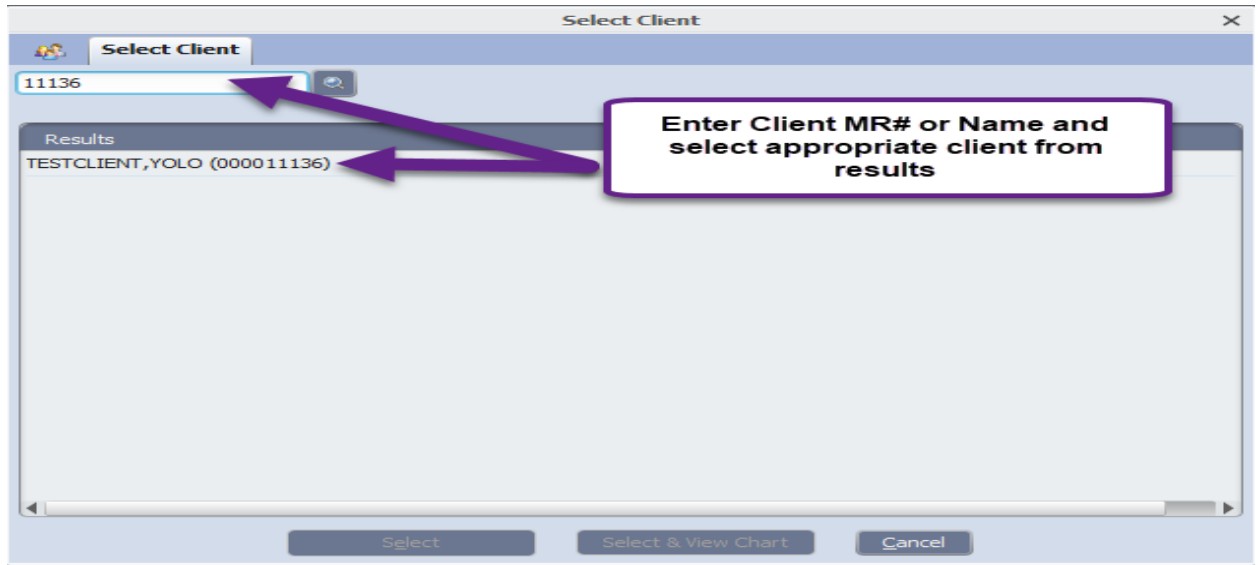
Desk Reference

The purpose of this desk reference is to provide users information on accessing and entering information into the Youth Screening Tool in alignment with CalAIM. Providers shall use the Youth Screening tool when an individual, or a person on behalf of an individual under age twenty-one (21), who is not currently receiving mental health services, contacts Yolo County HHSa BH seeking mental health services as indicated in the Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) 22-065.

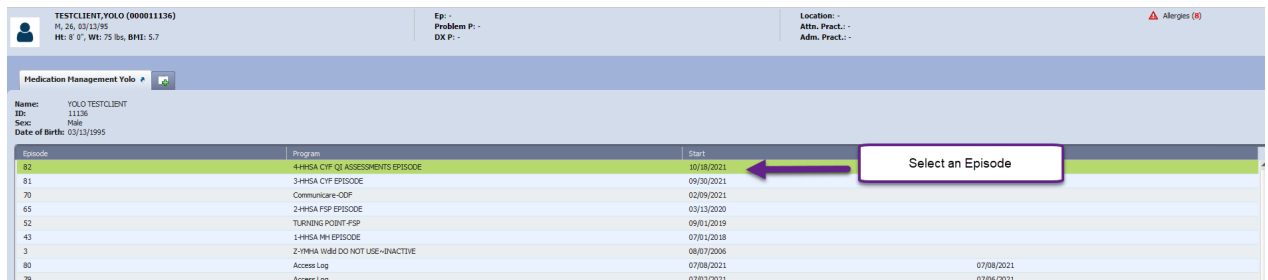
- **Menu path:**
 - Avatar PM > Assessments **or** you can enter “Youth Screening Tool” under Search Forms

- **Uses:** Providers shall use the Youth Screening tool when an individual, or an adult on behalf of an individual under age 21, who is not currently receiving mental health services, contacts Yolo County HHSa BH seeking mental health services as indicated in the DHCS BHIN 22-065.
- **Details:** The Youth Screening Tool is a NetSmart and Yolo version of the DHCS form created as part of CalAIM that tracks screenings provided to youth upon requests for access. This form is driven by the “Date of Screening”. A new entry should be completed for each date of screening provided. The form will provide scoring which indicates where to refer the client. All fields highlighted in “Red” are **required**; the form cannot be submitted until completed. If the youth, or a person on behalf of a youth, is unable or chooses not to answer a question, select “Refused/Unable to Answer” and it will be scored as “0”.

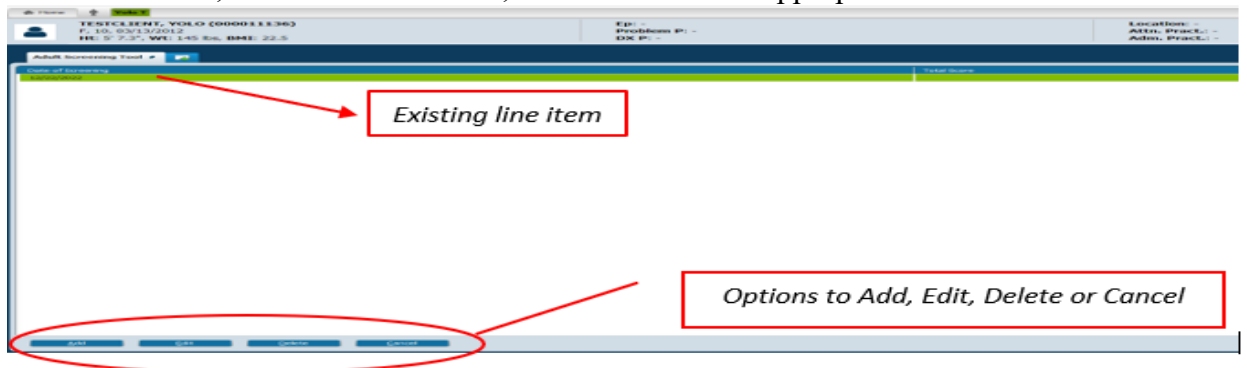
- **Steps:**
 - Open the Youth Screening form
 - Select the client



- Select the episode



- If the client has never had a screening recorded, the Youth Screening Tool will open automatically. If the client has had previous screenings, select the appropriate action needed from the options: Add, Edit, Delete or Cancel. To Edit or Delete a line item, click on the line item, and then select the appropriate selection.



- The initial screen lists the instructions for the tool (see example screenshot, below). Each user is required to **read the full instructions carefully** prior to using the tool, to assure fidelity of usage.

Youth Screening Tool for Medi-Cal Mental Health Services

The Youth Screening Tool for Medi-Cal Mental Health Services is required for use when an individual under age 21, or a person on behalf of an individual under age 21, who is not currently receiving mental health services, contacts their Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) to seek mental health services. This tool determines whether an individual should be referred to the MCP delivery system or to the MHP delivery system for a clinical assessment and ensures that individuals have timely access to the appropriate mental health delivery system. The Youth Screening Tool for Medi-Cal Mental Health Services is not required to be used when individuals contact mental health providers directly to seek mental health services.1

Instructions:

- There are three Tabs in the Navigation Menu. Two of the three will be completed, depending on the caller:
 - General Information (completed for all clients)
 - Youth Respondent (completed when a youth is responding on their own behalf)
 - Respondent on behalf of Youth (completed when a person is responding on behalf of the youth)

GENERAL INFORMATION

1. In the “**Date of Screening**” field, enter the Date of Screening. Once this date is entered and the form submitted, this date cannot be changed, and the screening will need to be deleted and reentered under a new line item.
2. In the “**Staff Completing Screening**” field, enter the name of the staff completing the screening. Please note: This field will not show on the printed report as it is for internal tracking purposes only
3. In the “**Name**” field, enter the name of the person calling.
4. In the “**Date of Birth**” field, enter the youth’s date of birth.

5. In the “Age” field, enter the youth’s age. If the age is 21 or older, switch to the Adult Screening Tool for Medi-Cal Mental Health Services.”
6. In the “Medi-Cal Number (CIN)” field, enter the youth’s Medi-Cal Number.
7. In the “1. Is this an emergency or crisis situation” field, select from options Yes or No.



If this is marked as a yes, indicating an emergency, do not finish the screening and handle the call according to existing emergency or crisis protocols.

8. In the “2. Are you calling about yourself or about someone else” select from the options of themselves (response for yourself) or someone else.
9. If calling on behalf of someone else, complete the field “If calling about someone else, who are you calling about and what is your relationship to them?”. This is a limited text field and only allows 80 characters.



Depending on the response provided to Question 2. “Are you calling about yourself or about someone else” select the appropriate tab, located in the Navigation Menu.

- If the caller is a youth calling about themselves select the “Youth Respondent” tab.
- If the caller is calling about “someone else” select the “Respondent on behalf of youth” tab.

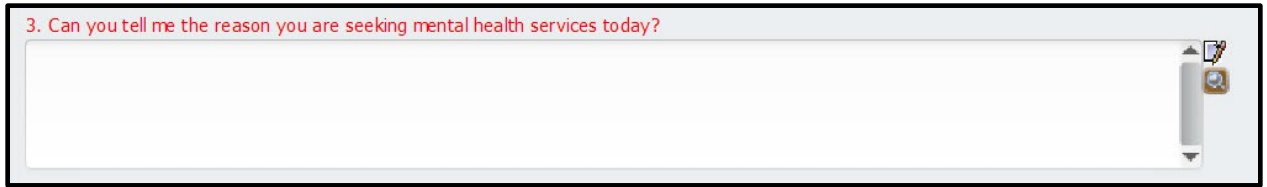
The screenshot shows the Youth Screening Tool interface. On the left is a navigation menu with sections: Instructions, General Information (selected), Youth Respondent, Respondent on behalf of..., Total Score, and Printing Information. Below the menu are icons for home, back, forward, and search, along with an autosave status: 'Autosaved at 1:08 PM'. The main form area contains the following fields and instructions:

- 1**: Date of Screening (12/29/2022)
- 2**: Staff Completing Screening (text field)
- 3**: Name (text field)
- 4**: Date of Birth (calendar icon)
- 5**: Age (text field) with a note: "NOTE: If age 21 or older, switch to the 'Adult Screening Tool for Medi-Cal Mental Health Services.'"
- 6**: Medi-Cal Number (CIN) (text field)
- 7**: 1. Is this an emergency or crisis situation? (dropdown menu, currently set to 'No') with a note: "NOTE: If yes, do not finish the screening and handle according to existing emergency or crisis protocols."
- 8**: 2. Are you calling about yourself or about someone else? (dropdown menu, currently set to 'Self')
- 9**: If calling about someone else, who are you calling about and what is your relationship to them? (text field)

At the bottom of the form, there is a note: "NOTE: If someone else, please switch to the 'Respondent on Behalf of Youth' version of the tool."

YOUTH RESPONDANT

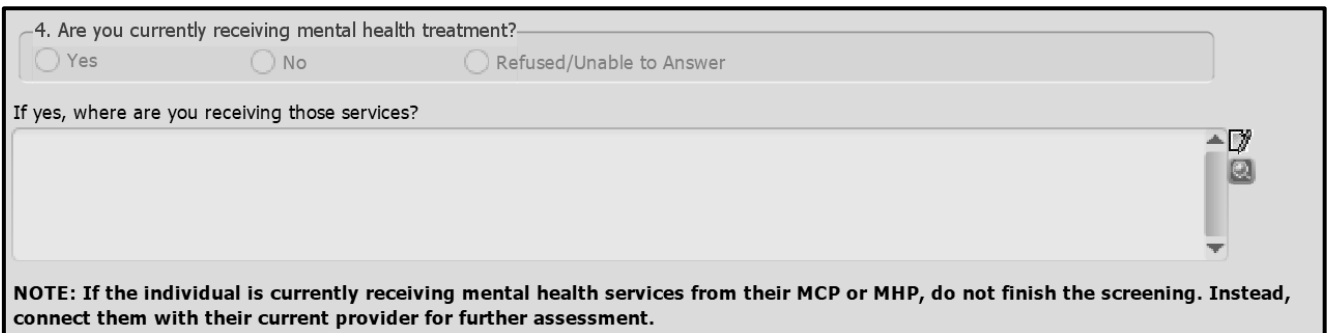
- In the “3. Can you tell me the reason you are seeking mental health services today?” field, enter any relevant details for the reason of the call. This is an unlimited text box.



3. Can you tell me the reason you are seeking mental health services today?

A screenshot of a text input field with a light blue background and a vertical scrollbar on the right side. The text "3. Can you tell me the reason you are seeking mental health services today?" is displayed at the top in a small red font.

- In the “4. Are you currently receiving mental health treatment” field, select from the option Yes, No, or Refused/Unable to Answer.
 - If the response is “Yes” to question 4, complete the “If yes, where are you receiving those services” field.



4. Are you currently receiving mental health treatment?

Yes No Refused/Unable to Answer

If yes, where are you receiving those services?

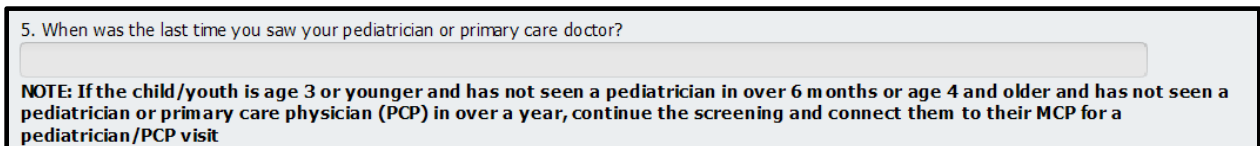
NOTE: If the individual is currently receiving mental health services from their MCP or MHP, do not finish the screening. Instead, connect them with their current provider for further assessment.

A screenshot of a form section for question 4. It features three radio buttons labeled "Yes", "No", and "Refused/Unable to Answer". Below the radio buttons is a text input field with the prompt "If yes, where are you receiving those services?". At the bottom of the section is a bolded note: "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."



If they are currently receiving mental health services from their MCP or MHP, **Stop the screening** and connect them with their current provider for further assessment.

- In the “5. When was the last time you saw your pediatrician or primary care doctor?” field, enter response provided. This is a limited text field and only allows 40 characters. If unknown or unable to answer, enter that information.



5. When was the last time you saw your pediatrician or primary care doctor?

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

A screenshot of a form section for question 5. It features a limited text input field with a light blue background and a vertical scrollbar on the right side. The text "5. When was the last time you saw your pediatrician or primary care doctor?" is displayed at the top. Below the input field is a bolded note: "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"



If the child is 3 years or younger and has not seen a pediatrician in over six (6) months or if the child is four (4) years or older and has not seen the pediatrician or primary care physician (PCP) in over a year continue the screening and also connect them to the MCP, i.e., Partnership for a pediatrician/PCP visit.

- In the “6. Are you currently or have you ever been in juvenile hall, on probation, or under court supervision?” field, select from the options Yes, No, or Refused/Unable to Answer.



If the response is “Yes” to question 6, they meet criteria for specialty mental health services per [BHIN 21-073](#). **Stop the screening** and refer to the MHP (i.e., Yolo County HHS Behavioral Health) for clinical assessment.

6. Are you currently or have you ever been in juvenile hall, on probation, or under court supervision?[1]

Yes No Refused/Unable to Answer

- In the “7. Are you currently in foster care or involved in the child welfare system?” field, select from the options Yes, No, or Refused/Unable to Answer.

7. Are you currently in foster care or involved in the child welfare system?[1]

Yes No Refused/Unable to Answer



If the response is “Yes” to question 7, they meet criteria for specialty mental health services per [BHIN 21-073](#). **Stop the screening** and refer to the MHP (i.e., Yolo County HHS Behavioral Health) for clinical assessment.

- In the “8. Have you ever been in foster care or involved in the child welfare system?” field, select from the options Yes, No, or Refused/Unable to Answer.

8. Have you ever been in foster care or involved in the child welfare system?

Yes No Refused/Unable to Answer

- In the “9. Are you currently without housing or a safe place to sleep?” field, select from the options Yes, No, or Refused/Unable to Answer.

9. Are you currently without housing or a safe place to sleep?[1]

Yes No Refused/Unable to Answer



If the response is “Yes” to question 9, they meet criteria for specialty mental health services per [BHIN 21-073](#). **Stop the screening** and refer to the MHP (i.e., Yolo County HHS Behavioral Health) for clinical assessment.

- In the “10. Have you ever been without housing or a safe place to sleep? field, select from the options Yes, No, or Refused/Unable to Answer.

10. Have you ever been without housing or a safe place to sleep?

Yes No Refused/Unable to Answer

- In the “11. Are you having thoughts, feelings, or behaviors that make it hard for you at home, school, or work?” field, select from the options Yes, No, or Refused/Unable to Answer.

11. Are you having thoughts, feelings or behaviors that make it hard for you at home, school, or work?

Yes No Refused/Unable to Answer

- In the “12. Are you having thoughts, feelings or behaviors that make it hard to be with your friends or have fun?” field, select from the options Yes, No, or Refused/Unable to Answer.

12. Are you having thoughts, feelings, or behaviors that make it hard to be with your friends or have fun?

Yes No Refused/Unable to Answer

- In the “13. Are you often absent from school, work, or activities due to not feeling well?” field, select from the options Yes, No, or Refused/Unable to Answer.

13. Are you often absent from school, work, or activities due to not feeling well?

Yes No Refused/Unable to Answer

- In the “14. Is the person who takes care of you often not around or unable to take care of you?” field, select from the options Yes, No, or Refused/Unable to Answer.

14. Is the person who takes care of you often not around or unable to take care of you?

Yes No Refused/Unable to Answer

- In the “15. Do you feel unsupported or unsafe?” field, select from the options Yes, No, or Refused/Unable to Answer.

15. Do you feel unsupported or unsafe?

Yes No Refused/Unable to Answer

- In the “16. Is anyone hurting you?” field, select from the options Yes, No, or Refused/Unable to Answer.

16. Is anyone hurting you?

Yes No Refused/Unable to Answer

- In the “17. Are you having trouble with drugs or alcohol?” field, select from the options Yes, No, or Refused/Unable to Answer.

17. Are you having trouble with drugs or alcohol?[2]

Yes No Refused/Unable to Answer



A response of “yes” to question 17 results in a referral to Yolo County HHSA Behavioral Health for a substance use disorder (SUD) assessment in addition to the mental health referral generated by the screening score.

- In the “18. Is anyone in your family or who lives with you having trouble with drugs or alcohol?” field, select from the options Yes, No, or Refused/Unable to Answer.

18. Is anyone in your family or who lives with you having trouble with drugs or alcohol?

Yes No Refused/Unable to Answer

- In the “19. Do you hurt yourself on purpose?” field, select from the options Yes, No, or Refused/Unable to Answer.

19. Do you hurt yourself on purpose?[3]

Yes No Refused/Unable to Answer



If the response is “yes” to question 19, continue the screening but **immediately** coordinate a referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. Referral coordination should include sharing the completed Youth Screening Tool for Medi-Cal Mental Health Services. The referral and subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.

- In the “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?” field, select from the options Yes, No, or Refused/Unable to Answer.

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?[3]

Yes No Refused/Unable to Answer



If the response is “yes” to question 20, continue the screening but **immediately** coordinate a referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. Referral coordination should include sharing the completed Youth Screening Tool for Medi-Cal Mental Health Services. The referral and subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.

- In the “21. Do you have plans to hurt others?” field, select from the options Yes, No, or Refused/Unable to Answer.

21. Do you have plans to hurt others?[3]

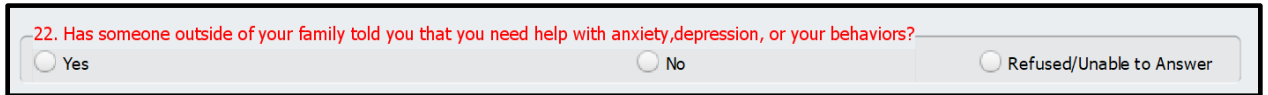
Yes No Refused/Unable to Answer



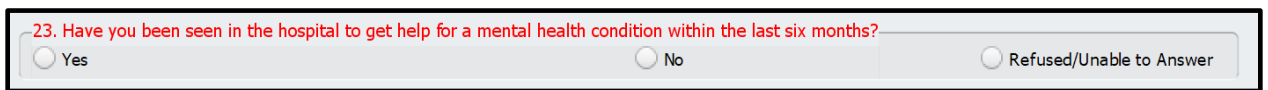
If the response is “yes” to question 21, continue the screening but **immediately** offer and coordinate a referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. Referral coordination should include sharing the completed Youth Screening Tool for Medi-Cal Mental Health Services. The referral and

subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.

- In the “22. Has someone outside of your family told you that you need help with anxiety, depression, or your behaviors?” field, select from the options Yes, No, or Refused/Unable to Answer.

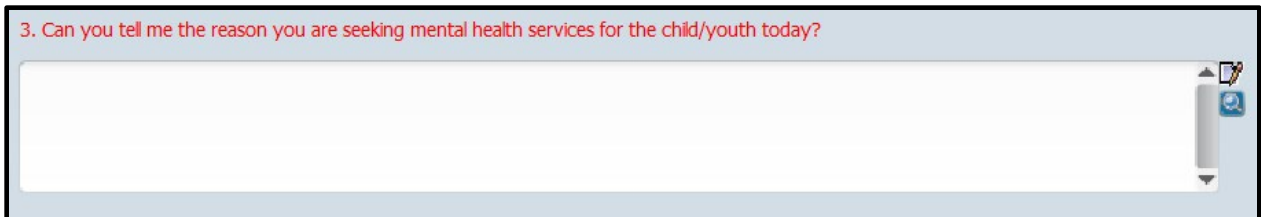


- In the “23. Have you been seen in the hospital to get help for a mental health condition within the last six months?” field, select from the options Yes, No, or Refused/Unable to Answer.

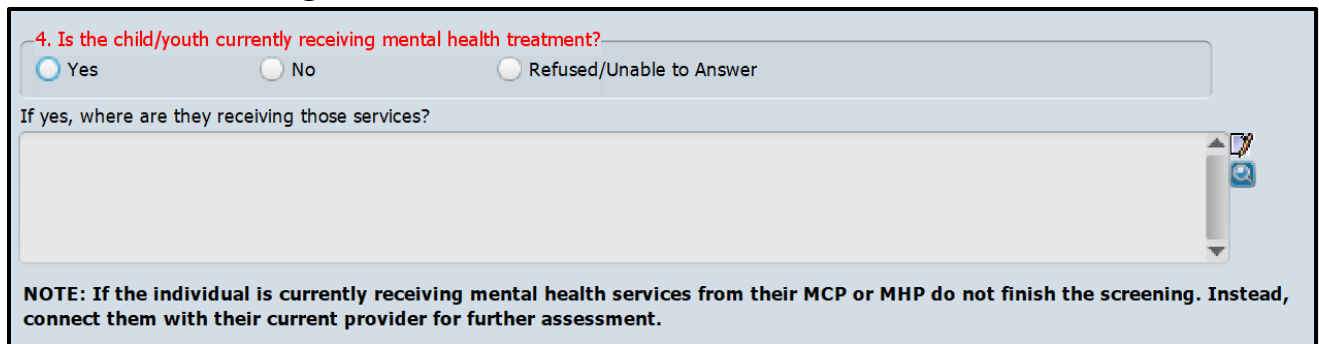


RESPONDENT ON BEHALF OF YOUTH

- In the “3. Can you tell me the reason you are seeking mental health services for the child/youth today?” field, enter any relevant details for the reason of the call. This is an unlimited text box.



- In the “4. Is the child/youth currently receiving mental health treatment” field, select from the options Yes, No, or Refused/Unable to Answer.
 - If the response is “Yes” to question 4, complete the “If yes, where are you receiving those services” field.



If they are currently receiving mental health services from their MCP or MHP, **Stop the screening** and connect them with their current provider for further assessment.

- In the “**5. When was the last time the child/youth saw their pediatrician or primary care provider?**” field, enter response provided. This is a limited text field and only allows 40 characters. If unknown or unable to answer, enter that information.

5. When was the last time the child/youth saw their pediatrician or primary care provider?



If the child is 3 years or younger and has not seen a pediatrician in over six (6) months or if the child is four (4) years or older and has not seen the pediatrician or primary care physician (PCP) in over a year continue the screening and also connect them to the MCP, i.e., Partnership for a pediatrician/PCP visit.

- In the “**6. Is the child/youth currently or have they ever been in juvenile hall, on probation, or under court supervision?**” field, select from the options Yes, No, or Refused/Unable to Answer.

6. Is the child/youth currently or have they ever been in juvenile hall, on probation, or under court supervision?[1]

Yes No Refused/Unable to Answer

- In the “**7. Is the child/youth currently in foster care or involved in the child welfare system?**” field, select from the options Yes, No, or Refused/Unable to Answer.

7. Is the child/youth currently in foster care or involved in the child welfare system?[1]

Yes No Refused/Unable to Answer



If the response is “Yes” to question 7, they meet criteria for specialty mental health services per [BHIN 21-073](#). **Stop the screening and refer to the MHP (i.e., Yolo County HHSA Behavioral Health) for clinical assessment.**

- In the “**8. Has the child/youth ever been in foster care or involved in the child welfare system?**” field, select from the options Yes, No, or Refused/Unable to Answer.

8. Has the child/youth ever been in foster care or involved in the child welfare system?

Yes No Refused/Unable to Answer

- In the “**9. Is the child/youth without housing or a safe place to sleep?**” field, select from the options Yes, No, or Refused/Unable to Answer.

9. Is the child/youth currently without housing or a safe place to sleep?[1]

Yes No Refused/Unable to Answer



If the response is “Yes” to question 9, they meet criteria for specialty mental health services per [BHIN 21-073](#). **Stop the screening and refer to the MHP (i.e., Yolo County HHSA Behavioral Health) for clinical assessment.**

- In the “**10. Has the child/youth ever been without housing or a safe place to sleep?**” field, select from the options Yes, No, or Refused/Unable to Answer.

10. Has the child/youth ever been without housing or a safe place to sleep?

Yes No Refused/Unable to Answer

- In the “**11. Is the child/youth having thoughts, feelings, or behaviors that make it hard for them at home, school, or work?**” field, select from the options Yes, No, or Refused/Unable to Answer.

11. Is the child/youth having thoughts, feelings or behaviors that make it hard for them at home, school, or work?

Yes No Refused/Unable to Answer

- In the “**12. Is the child/youth having thoughts, feelings, or behaviors that make it hard to be with their friends or have fun?**” field, select from the options Yes, No, or Refused/Unable to Answer.

12. Is the child/youth having thoughts, feelings, or behaviors that make it hard to be with their friends or have fun?

Yes No Refused/Unable to Answer

- In the “**13. Is the child/youth often absent from school, work, or activities due to not feeling well?**” field, select from the options Yes, No, or Refused/Unable to Answer.

13. Is the child/youth often absent from school, work, or activities due to not feeling well?

Yes No Refused/Unable to Answer

- In the “**14. Is the primary caretaker for the child/youth often not around or unable to take care of the child/youth?**” field, select from the options Yes, No, or Refused/Unable to Answer.

14. Is the primary caretaker for the child/youth often not around or unable to take care of the child/youth?

Yes No Refused/Unable to Answer

- In the “**15. Does the child/youth feel unsupported or unsafe?**” field, select from the options Yes, No, or Refused/Unable to Answer.

15. Does the child/youth feel unsupported or unsafe?

Yes No Refused/Unable to Answer

- In the “**16. Is anyone hurting the child/youth?**” field, select from the options Yes, No, or Refused/Unable to Answer.

16. Is anyone hurting the child/youth?

Yes No Refused/Unable to Answer

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17. Is the child/youth having trouble with drugs or alcohol?[2]

Yes No Refused/Unable to Answer



A response of “yes” to question 17 results in a referral to Yolo County HHS Behavioral Health for a substance use disorder (SUD) assessment in addition to the mental health referral generated by the screening score.

- In the “18. Does the child/youth’s family or who lives with them having trouble with drugs or alcohol?” field, select from the options Yes, No, or Refused/Unable to Answer.

18. Is anyone in the child/youth's family or who lives with them having trouble with drugs or alcohol?

Yes No Refused/Unable to Answer

- In the “19. Does the child/youth self-harm in a manner that may cause harm to themselves?” field, select from the options Yes, No, or Refused/Unable to Answer.

19. Does the child/youth self-harm or behave in a manner that may cause harm to themselves?[3]

Yes No Refused/Unable to Answer



If the response is “yes” to question 19, continue the screening but immediately coordinate a referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. Referral coordination should include sharing the completed Youth Screening Tool for Medi-Cal Mental Health Services. The referral and subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.

- In the “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?” field, select from the options Yes, No, or Refused/Unable to Answer.

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]

Yes No Refused/Unable to Answer



If the response is “yes” to question 20, continue the screening but immediately coordinate a referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. Referral coordination should include sharing the completed Youth Screening Tool for Medi-Cal Mental Health Services. The referral and subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.

- In the “21. Does the child/youth have plans to hurt others?” field, select from the options Yes, No, or Refused/Unable to Answer.

21. Does the child/youth have plans to hurt others?[3]

Yes No Refused/Unable to Answer



If the response is “yes” to question 21, continue the screening but **immediately** coordinate a referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. Referral coordination should include sharing the completed Youth Screening Tool for Medi-Cal Mental Health Services. The referral and subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.

- In the “**22. Has someone outside of the child/youth’s family said that the child/youth needs help with anxiety, depression, or their behaviors?**” field, select from the options Yes, No, or Refused/Unable to Answer.

22. Has someone outside of the child/youth's family said that the child/youth needs help with anxiety, depression, or their behaviors?

Yes No Refused/Unable to Answer

- In the “**23. Has the child/youth been seen in the hospital for a mental health condition within the last six months?**” field, select from the options Yes, No, or Refused/Unable to Answer.

23. Has the child/youth been seen in a hospital for a mental health condition within the last six months?

Yes No Refused/Unable to Answer

TOTAL SCORE

- As questions are answered the form auto populates the field “Total Score”. Review the score and determine where the referral should be sent to.
 - If the score displayed is 0-5, refer to the MCP (e.g., Partnership or directly to an MCP provider).
 - If the score displayed is 6+, refer to Yolo County HHSA Behavioral Health, for a Mental Health Assessment.

Chart Youth Screening Tool

Instructions
General Information
Youth Respondent
Respondent on behalf o...
Total Score
Printing Information

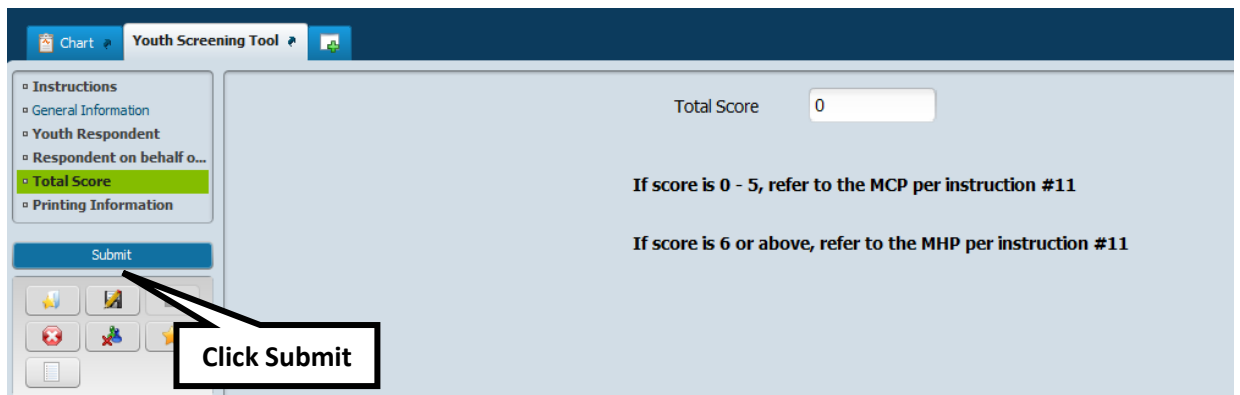
Submit

Total Score → Score will automatically populate

If score is 0 - 5, refer to the MCP per instruction #11

If score is 6 or above, refer to the MHP per instruction #11

- Upon completion of the form, click Submit. This will launch a PDF version of the tool that can be printed and faxed as needed.



- Should you need to reprint the tool at a future date, you can return to it by finding the tool in the Episode in which it was placed and selecting the “Printing Information” tab in the Navigation Menu. From here, select the “Reprint Youth Screening Tool” button.

