

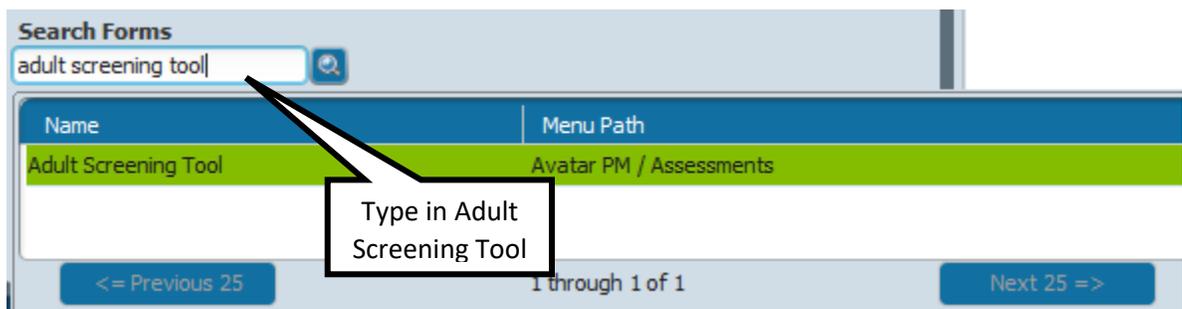
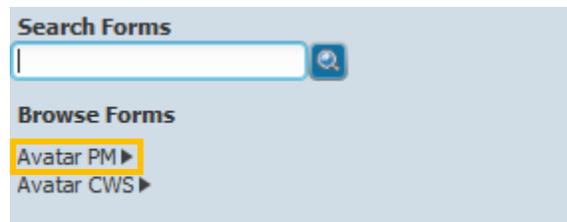
Avatar CalAIM Adult Screening Tool

Desk Reference

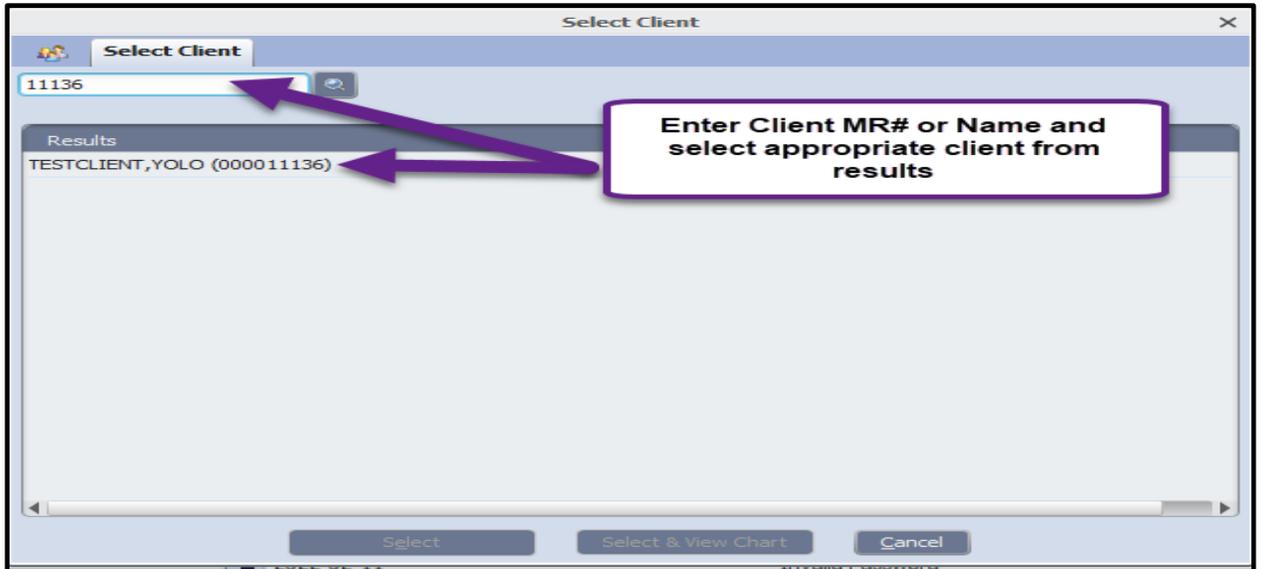
The purpose of this desk reference is to provide users information on accessing and entering information into the Adult Screening Tool in alignment with CalAIM. Providers shall use the Adult Screening tool when an individual age twenty-one (21) and older, who is not currently receiving mental health 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 > Adult Screening Tool **or** you can enter “Adult Screening Tool” under Search Forms



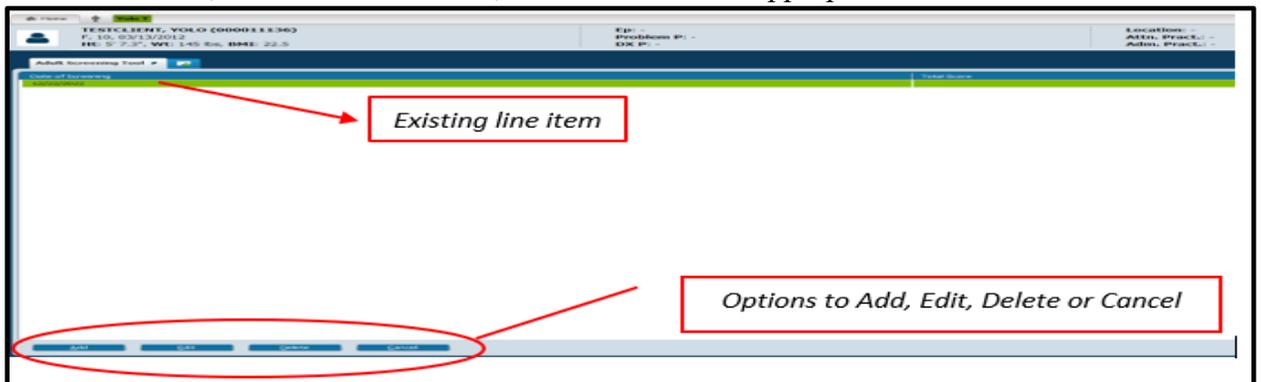
- **Uses:** Providers shall use the Adult Screening tool when an adult who is not currently receiving mental health services, contacts Yolo County HHSA BH seeking mental health services as indicated in the DHCS BHIN 22-065.
- **Details:** The Adult Screening Tool is a NetSmart and Yolo version of the DHCS form created as part of CalAIM that tracks screenings provided to adults 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 individual is unable or chooses not to answer a question, select “Refused/Unable to Answer” and it will be scored as “0”.
- **Steps:**
 - Open the Adult Screening form
 - Select the client



- Select the episode



- If the client has never had a screening recorded, the Adult 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.

Adult Screening Tool for Medi-Cal Mental Health Services

The Adult Screening Tool for Medi-Cal Mental Health Services is required for use when an individual age 21 or older, who is not currently receiving mental health services, contacts the 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 Adult 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:

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 by typing the last name of the provider and selecting the appropriate option. Please note: This field will not show on the printed report as it is for internal tracking purposes only
3. In the “**Name**” field, the client name will automatically populate. Ensure this information is accurate.
4. In the “**Date of Birth**” field, the client date of birth will automatically populate. Ensure this information is accurate.
5. In the “**Age**” field, enter the client’s age. If the client is 20 or younger, switch to the Youth Screening Tool for Medi-Cal Mental Health Services.”
6. In the “**Medi-Cal Number (CIN)**” field, enter the client’s Medi-Cal Number.

- In the “**1. Is this an emergency or crisis situation**” field, select from options Yes or No.

1. Is this an emergency or crisis situation?

Yes No

Note: If yes, do not finish the screening and handle according to existing emergency or crisis protocols.



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.

- In the “**2. Can you tell me about 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.

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

- In the “**3. Are you currently receiving mental health treatment?**” field, select from the option Yes, No, or Refused/Unable to Answer

3. Are you currently receiving mental health treatment?

Yes
 No
 Refused/Unable to Answer

a. 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.



If the response is “Yes” to question 3, then Questions 3a will become a mandatory field. Enter where the client is receiving services. If the individual is receiving mental health services from Yolo County HHSA Behavioral Health or their MCP, **stop the screening** and connect them with their provider for further assessment.

- In the “**4. Have you ever sought help before today for your mental health needs?**” field select from the options Yes, No, or Refused/Unable to Answer.

4. Have you ever sought help before today for your mental health needs?

Yes
 No
 Refused/Unable to Answer

- In the “**5. Are you currently taking, or have you ever taken, any prescription mental health medication?**” field, select from the options Yes, No, or Refused/Unable to Answer.

5. Are you currently taking, or have you ever taken, any prescription mental health medication?

Yes
 No
 Refused/Unable to Answer

- In the “**6. Are you without safe housing or a safe place to sleep?**” field, select from the options Yes, No, or Refused/Unable to Answer.

6. Are you without housing or a safe place to sleep?

Yes
 No
 Refused/Unable to Answer

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

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?

Yes
 No
 Refused/Unable to Answer

- In the “8. Are you currently without housing or a safe place to sleep” field, select from the options Yes, No, or Refused/Unable to Answer.

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?

Yes
 No
 Refused/Unable to Answer

- In the “9. Have you completely withdrawn from all or almost all of your relationships, such as family, friends, or other important people?” field, select from the options Yes, No, or Refused/Unable to Answer.

9. Have you completely withdrawn from all or almost all of your relationships, such as family, friends, or other important people?

Yes
 No
 Refused/Unable to Answer

- In the “10. Have you sought emergency treatment for emotional distress or been admitted to a psychiatric hospital in the past year?” field, select from the options Yes, No, or Refused/Unable to Answer. If Yes is selected field “10 a. If yes, have you had more than one hospitalization?” and “10 b. if Yes, was your last hospitalization within the last six months?” will become mandatory, select from options Yes, No, or Refused/Unable to Answer.

10. Have you sought emergency treatment for emotional distress or been admitted to a psychiatric hospital in the past year?

Yes
 No
 Refused/Unable to Answer

a. If yes, have you had more than one hospitalization?

Yes
 No
 Refused/Unable to Answer

b. If yes, was your last hospitalization within the last six months?

Yes
 No
 Refused/Unable to Answer

- In the “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?” field, select from the options Yes, No, or Refused/Unable to Answer. The footnote for this question is included at the end of the screening.

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

Yes
 No
 Refused/Unable to Answer

NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.



If the response is “yes” to question 11, continue the screening and **immediately** coordinate a referral to a clinician for further evaluation of suicidality after the screening is completed. Referral coordination should include follow up to ensure an evaluation was rendered.

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.

- In the “**12. Have you recently engaged in any self-harming behavior like cutting or hurting yourself?**” field, select from the options Yes, No, or Refused/Unable to Answer.

12. Have you recently engaged in any self-harming behavior like cutting or hurting yourself?

Yes No Refused/Unable to Answer

- In the “**13. Are you concerned about your current level of alcohol or drug use?**” field, select from the options Yes, No, or Refused/Unable to Answer. The footnote for this question is included at the end of the screening.

13. Are you concerned about your current level of alcohol or drug use? [2]

Yes No Refused/Unable to Answer

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.



If yes is selected, continue the screening but refer the individual to Yolo County HHSA Behavioral Health for a Substance Use Disorder (SUD) assessment in addition to the mental health referral generated by the score. The individual may decline this referral without impact to their access to mental health services.

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.

- In the “**14. Has alcohol or any other drug or medication caused you to behave in a way that was dangerous to yourself or others? (Impaired driving, overdose, aggression, loss of memory, being arrested, etc.)**” field, select from the options Yes, No, or Refused/Unable to Answer. The footnote for this question is included at the end of the screening.

14. Has alcohol or any other drug or medication caused you to behave in a way that was dangerous to yourself or others? (Impaired driving, overdose, aggression, loss of memory, being arrested, etc.)[2]

Yes No Refused/Unable to Answer

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



If yes is selected, continue the screening but refer the individual to Yolo County HHSA Behavioral Health for a Substance Use Disorder (SUD) assessment in addition to the mental health referral generated by the score. The individual may decline this referral without impact to their access to mental health services.

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.

TOTAL SCORE

- As questions are answered the form auto populates the field "Total Score". Review the score to 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.

Total Score

Score will automatically populate

If score is 0 - 5, refer to the MCP per instruction #8

If score is 6 or above, refer to the MHP per instruction #8

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

Adult Screening Tool

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

Total Score 7

If score is 0 - 5, refer to the MCP per instruction #8

If score is 6 or above, refer to the MHP per instruction #8

Click Submit

- 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 Adult Screening Tool” button.

