

# Pediatric Medi-Cal Mental Health Screening Tool

## Instructions

1. Each evaluation element is defined along a scale of zero to three.
2. Each score in the scale is defined by one or more criteria.
3. Only one of these criteria need be met for a score to be assigned for that element.
4. The evaluator should start in the “Severe” column and select the highest score or rating in which at least one of the criterion is met. For example, if one or more criterion is met, place a score of “3” in the “Score” column. If no criterion is met under the “Severe” column, the evaluator should next review the “Moderate” column and so forth.
5. If no criterion is met under an element, a score of zero should be given for that element.
6. Scores are placed in the far left column and summed under “Total Score.”
7. On the Pediatric Screening Tool Rubric form under the SCREENING OUTCOME, check the box in which the cumulative score falls.

### Santa Barbara Access Line

Phone: (888) 868-1649

Fax: (805) 681-5117

### San Luis Obispo Access Line

Phone: (800) 838-1381

Fax: (805) 781-1177



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# Pediatric Medi-Cal Mental Health Screening Tool



Managed Care Plans and Mental Health Plan will follow Medical Necessity Criteria for Medi-Cal Specialty Mental Health Services described in Title 9 CCR & County Policy

Member's Name:

Member ID:

Date of screening:

Element	Severe (3)	Moderate (2)	Mild (1)
<h2>Clinical Complexity</h2> <p><i>(serious &amp; persistent mental illness vs situational/reactive, recovery status, functional impairment, treatment engagement, medication complexity)</i></p> <p><b>SCORE:</b> <input type="text"/></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Severe depression/anxiety/trauma</b> causing significant functional impairment.</li> <li><input type="checkbox"/> <b>Emotional/behavioral problems</b> that has been unresponsive to mental health services at a lower level.</li> <li><input type="checkbox"/> <b>Paranoia, delusions, hallucinations</b> not due to substance use.</li> <li><input type="checkbox"/> <b>Eating disorder</b> with significant functional impairment/medical complications.</li> <li><input type="checkbox"/> <b>Isolated/withdrawn</b>, unable to develop or sustain peer relations, inability to understand interpersonal boundaries act respond appropriately to teachers.</li> <li><input type="checkbox"/> <b>Unable to attend to self-care or daily tasks</b> despite verbal prompting and/or engages in developmentally inappropriate behaviors.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Depression/anxiety</b> causing impairment in at least one area outside of school.</li> <li><input type="checkbox"/> <b>Recent trauma event</b> and past history of trauma.</li> <li><input type="checkbox"/> <b>Impulsive/hyperactive</b> with co-morbid MH conditions.</li> <li><input type="checkbox"/> <b>Eating disorder</b> is not responsive to lower level of care or eating minimally and engaging in daily food restrictions and/or bingeing/purging resulting in significant weight loss.</li> <li><input type="checkbox"/> <b>Consistently has difficulties in social relationships:</b> initiating &amp; maintaining peer relations, difficulty interacting with authority (teachers, after-care supervisors).</li> <li><input type="checkbox"/> <b>Requires daily prompting</b> to complete self-care tasks or daily tasks.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Recent loss or family stressors</b> (i.e. divorce/moving, etc).</li> <li><input type="checkbox"/> <b>Recent trauma</b> but no significant past history of trauma.</li> <li><input type="checkbox"/> <b>Impulsive/hyperactive</b> not causing significant impairment or without presence of another MH diagnosis.</li> <li><input type="checkbox"/> <b>Eating disorder in remission</b> or evidence of selective eating and suspicion of bingeing/purging.</li> <li><input type="checkbox"/> <b>Has some friends</b> and interacts mostly appropriately with peers and authority figures.</li> <li><input type="checkbox"/> <b>Self-care and daily living skills</b> are developmentally appropriate or only require occasional verbal prompts.</li> </ul>
<h2>Life Circumstances</h2> <p><i>(biopsychosocial assessment, availability of resources, environmental stressors, family/social/faith-based support)</i></p> <p><b>SCORE:</b> <input type="text"/></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Significant family stressors</b> i.e. unstable housing, homelessness, domestic violence.</li> <li><input type="checkbox"/> <b>Excessive truancy or failing school</b> due to behaviors/MH symptoms.</li> <li><input type="checkbox"/> <b>Court dependent or ward of the court or possible involvement of agencies</b> such as CWS or law enforcement due to severity of problems between member and family.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Recent involvement with CWS/law enforcement.</b></li> <li><input type="checkbox"/> <b>In foster-care currently</b> and past history of difficulties adjusting to new placements.</li> <li><input type="checkbox"/> <b>Difficulties in school settings</b> (i.e. has IEP) and requires additional support to maintain progress.</li> <li><input type="checkbox"/> <b>Frequent arguing between client, sibling and parents</b> resulting in difficulty in maintaining positive family relations.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Supportive family or guardians.</b> No hx of placement failures.</li> <li><input type="checkbox"/> <b>Functioning adequately</b> at school with minimal support</li> <li><input type="checkbox"/> <b>Some arguing between member and family members</b> but has not resulted in major problems.</li> </ul>
<h2>Risk</h2> <p><i>(suicidal/violent, high risk behavior, impulsivity)</i></p> <p><b>SCORE:</b> <input type="text"/></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Current/recent suicidal ideation/attempts</b> or self-injurious behaviors.</li> <li><input type="checkbox"/> <b>One or more psychiatric hospitalizations</b> in past year. 1 or more hospitalizations in past 2-3 months.</li> <li><input type="checkbox"/> <b>Acute physically harmful aggression in past 24 hrs</b> or fire-setting that places others at significant risk.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Recent (past 30 days) ideation or self-harm gestures.</b></li> <li><input type="checkbox"/> <b>Aggressive or threatening behaviors</b> in the past 30 days or longer.</li> <li><input type="checkbox"/> <b>Use of crisis services</b> (including ED) or requiring more frequent MH services are lower level of care to maintain MH stability or inpatient hospitalization in past 1 year.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>No recent (past 30 days) or current self-harm or suicidal ideation or actions.</b></li> <li><input type="checkbox"/> <b>No evidence of aggressive behaviors</b> or mildly threatening behaviors in past 30 days.</li> </ul>
<p><b>TOTAL SCORE:</b> <input type="text"/></p>	<p>The category with the highest number of checked boxes is likely the level of impairment.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Total Score: 0 – 3 = Mild</b> / Refer to CenCal Health</li> <li><input type="checkbox"/> <b>Total Score: 4 – 6 = Moderate</b> / Refer to CenCal Health</li> <li><input type="checkbox"/> <b>Total Score: 7 – 9 = Severe</b> / Refer to County Mental Health</li> </ul>		