



## Instructions for Mental Health Screening Tool & Referrals Alameda County

### Key Contact Information

#### Beacon Health Strategies

Toll free: (855) 765-9703 | Fax: (866)422-3413 | Email: [medi-calreferral@beaconhs.com](mailto:medi-calreferral@beaconhs.com)

| County  | Mental Health ACCESS # | Mental Health Fax # | Alcohol and Drug treatment Services |
|---------|------------------------|---------------------|-------------------------------------|
| Alameda | 1-800-491-9099         | 510-346-1083        | 1-800-491-9099                      |

### Providers: How to use the screening tool

Providers may choose not to complete the screening tool and may instead tell members to call Beacon’s toll-free number **(855) 765-9703** and request services. A Beacon licensed clinician then will conduct a telephonic screening of the member.

#### For providers conducting the screening, follow these directions:

**Step 1:** Administer screening tool. Please complete as much information on the screening tool as you can.

**Step 2:** Use the algorithm to determine the appropriate referral source.

**Step 3:** If algorithm indicates mild-to-moderate condition, refer the member to a provider contracted with Beacon, and send the completed screening form with the name of the treating provider to Beacon via eFax at **866-422-3413** or secure e-mail [medi-calreferral@beaconhs.com](mailto:medi-calreferral@beaconhs.com).

**Step 4:** If algorithm indicates significant impairment or severe condition, send the completed screening tool to the ACCESS provider referral center via fax at **510-346-1083**. Direct client to call ACCESS **(1-800-491-9099)** the day after you submit screening form to allow ACCESS to process the information prior to client’s call. ACCESS staff will complete a thorough phone screening to determine eligibility for specialty mental health services. The ACCESS Staff will notify the referral source of the client outcome.

**Step 5:** If algorithm indicates need for substance use treatment, refer the member to a known SUD provider or the county number above for substance use disorder treatment.

**Secure E-Mail Communication Option:** Beacon can receive referrals via secure email to the address: [medi-calreferral@beaconhs.com](mailto:medi-calreferral@beaconhs.com). Request a secure email account with Beacon by e-mailing us at [providerinquiry@beaconhs.com](mailto:providerinquiry@beaconhs.com). A return email will contain instructions to set up a secure email account.

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### Adult Screening Tool Criteria Descriptions

|   |   |
|---|---|
| <b>Persistent symptoms after 2 medication trials</b>          | Two failed attempts at symptom management with medication trials  |
| <b>Multiple co-morbid health and mental health conditions</b> | Example: Diabetes, high blood pressure and bipolar disorder   |
| <b>3+ ED visits or 911 calls in past year</b>                 | Pattern of frequent visits to the emergency room or 911 calls due to mental health condition  |
| <b>Non-minor dependent</b>                                    | Age 18-21 who is a dependent of the court through the juvenile court system (WIC 300)   |
| <b>Transitional age youth with first psychotic episode</b>    | Age 16-25 with the first onset of psychotic symptoms  |
| <b>Significant Functional Impairment</b>                      | Patient is has significant impairment in a core area of life functioning <u>due to</u> the mental health condition. If using the World Health Organization Disability Assessment Schedule, a score of 4-5 denotes a "severe" or "extreme" functional impairment |
| <b>Eating disorder with medical complications</b>             | The eating disorder is so severe that it has led to medical complications.  |
| <b>Failed SBI</b>   | The PCP has tried brief interventions for SUD and failed, thus requiring referral for more intensive services.  |

### Child Screening Tool Criteria Descriptions

|   |  |
|---|--|
| <b>Impulsivity/hyperactivity</b>                  | May include but not limited to being fidgety, disruptive, impulsive in behaviors, difficult completing tasks or restlessness                                     |
| <b>Trauma/recent loss</b>                         | Any incidents including but not limited to death, witness or victim of violence, recent illnesses or family changes that are impacting a child's ability to cope |
| <b>Self-injurious behavior</b>                    | Self-injury including cutting, burning and other self-harming behaviors  |
| <b>Eating disorder with medical complications</b> | The eating disorder is so severe that it has led to medical complications.   |
| <b>Substance abuse</b>                            | Pattern of substance use leading to problems or distress   |
| <b>Oppositional</b>                               | Pattern of defiance, disobedience or argumentative behavior with adults  |