alameda county
behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

2000 Embarcadero Cove, Suite 400
Oakland, Ca 94606
510-567-8100 / TTY 510-533-5018
Karyn L. Tribble, PsyD, LCSW

Behavioral Health Screening Tool for Outpatient Services

Client's Name ______________________________ **Client's DOB** ________________________________

Criteria for beneficiaries *21 years of age or older*

Must meet *both* of the following:

☐ 1) One or both of the following:

a) Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.

b) A reasonable probability of significant deterioration in an important area of life functioning. **AND** →

☐ 2) The beneficiary's condition is due to either of the following:

a) A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems (ICD).

b) A suspected mental disorder that has not yet been diagnosed.

Criteria for beneficiaries *under 21 years of age*

Must meet *either* of the following:

☐ 1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department, current or imminent risk of involvement in the child welfare system, current or prior involvement in juvenile justice system, or experiencing homelessness.

OR →

See page 8 of BHIN 21-073" for definitions of child welfare, juvenile justice involvement and homelessness."

☐ 2) The beneficiary meets both of the following requirements in a) and b), below:

a) The beneficiary has at least one of the following: i. A significant impairment ii. A reasonable probability of significant deterioration in an important area of life functioning iii. A reasonable probability of not progressing developmentally as appropriate. iv. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide. **AND**

b) The beneficiary's condition is due to one of the following: i. A diagnosed mental health disorder, according to the criteria of the current editions of the DSM and the ICD. ii. A suspected mental health disorder that has not yet been diagnosed. iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

*****Reminder*****: *Once medical necessity criteria is established for beneficiaries under 21 years of age, the State requires that MHPs make individualized determinations of each child's/youth's need for ICC, IHBS, and TFC based on the child's/youth's strengths and needs. See next page for example of Screening tool that can be used. Source: Behavioral Health Information Notice No. 21-058*

Clinician Name ________________________________ **Clinician Title** _________________________________

Clinician Signature_____________________________ **Screening Date**________________________________

Reference: Behavioral Health Information Notice BHIN) No: 21-073

2000 Embarcadero Cove, Suite 400
Oakland, Ca 94606
510-567-8100 / TTY 510-533-5018
Karyn L. Tribble, PsyD, LCSW

Intensive Service Needs Assessment: ICC/IHBS/TFC		
All beneficiaries with full-scope Medi-Cal under 21 years old must be assessed to determine if they qualify for and need any of the following: Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC). Links to Referral Forms in English are provided below. For Referral Forms in Spanish, use this website: Child & Youth Services – Alameda County Behavioral Health (acbhcs.org) Based upon the clinical assessment, indicate if any of the services below are needed:		
Intensive Care Coordination (ICC) is needed and cannot be adequately provided under standard mental health case management services.	☐ Yes ☐ No ☐ Already Connected	If checked, referral required ICC Referral Form
Intensive Home-Based Services (IHBS) are needed to assist the child/youth in building the skills necessary to successfully function at home and in the community and to assist their family in supporting the child/youth in achieving this goal. These services cannot be adequately provided under standard mental health case management services.	☐ Yes ☐ No ☐ Already Connected	If checked, contact the ICC provider listed on the face sheet to recommend IHBS at next Child and Family Team Meeting (CFT)
Therapeutic Foster Care (TFC) services are needed to address the child/youth's severe emotional issues by providing intensive therapeutic and behavior management services in an in-home, family-based care setting.	☐ Yes ☐ No ☐ Already Connected	If checked, contact the Child and Family Team facilitator (from ICC, Child Welfare, or Probation) to make the recommendation for TFC

Clinician Name ________________________________ **Clinician Title** ________________________________

Clinician Signature_____________________________ **Screening Date**________________________________