URGENT Behavioral Health Screening Form to Obtain Specialty Mental Health Assessment
Please complete and follow algorithm

*****If this is an emergency, please call 911**

Referral Date: _____

MEMBER INFO

Patient Name: _____ Date of Birth: ____/____/____ ☐M ☐ F
(Last) (First)

Medi-Cal # (CIN): _____ Current Eligibility: _____ Language/cultural requirements: _____

Address: _____ City: _____ Zip: _____ Phone: (_____) _____

Caregiver/Guardian: _____ Phone: (_____) _____

Referring Clinician: _____ Phone: (_____) _____

Primary Care Provider _____Phone: (_____) _____Health Plan: _____

Behavioral Health Diagnoses (1) _____ (2) _____ (3) _____

Documents Included with Referral: ☐**Required consent completed** ☐MD notes ☐H&P ☐Assessment ☐Other: _____

Desired/Existing behavioral health clinician/provider/program, if any:_____

List A (check all that apply):

- ☐Homelessness
- ☐Still symptomatic after 2 standard psychiatric med trials
- ☐History of bipolar disorder or manic episode
- ☐Excessive truancy or failing school
- ☐Substance and/or EtOH addiction and failed SBI
- ☐Behavior problems (aggressive/self-destructive/assaultive)
- ☐Paranoid, hearing voices, seeing things, delusional
- ☐Excessive emergency room visits or hospitalization
- ☐Significant functional impairment in key roles (e.g. work, home, self-care)

List B (check all that apply):

- ☐>2 psychiatric hospitalizations in the past 12 months
- ☐Suicidal/Homicidal preoccupation or behaviors in past 12 months
- ☐>2 incarcerations in past 12 months
- ☐Diagnostic Uncertainty

Referral algorithm based on checked boxes:

☐ 1-2 in list A and none in list B: **Call Beacon Behavioral Health line for consult (use eConsult when available) 877-344-2858**

☐ 3 or more in list A and none in list B **OR** one in both lists: **Fax form to Beacon at 866-422-3413 then call 877-344-2858**

☐ 2 or more in list A and one in list B **OR** 2 or more in list B: **Email form to DMH screener@dmh.lacounty.gov then call 855-425-8141**

☐ Substance and/or EtOH addiction and failed SBI alone: **Fax form to SAPC at 626-458-7637 then call 888-742-7900**

Pertinent Current/Past Information

Current symptoms and impairments: _____

_____

Brief MH/SUD history: _____

Brief medical history: _____

Current Medication(s) & Dosage: _____

For Receiving Clinician Use ONLY

Assigned Case Manager/MD/Therapist Name: _____ Phone: (_____) _____

Date communicated assessment outcome with referral source: _____

Confidential Patient Information, See CA W&I Code Section 5328

Instruction for the Screener

If this is an emergency situation, please call 911

Abbreviation:

H&P: History and Physical exam

EtOH: Alcohol

MH/SUD: Mental Health and Substance use disorder

SBI: Screening and Brief Intervention

Explanation:

- '*Current Eligibility'*: other insurances, ie Medicare, private, etc
- *'Caregiver/Guardian'*: parents (for minor), conservator, etc
- *'Required consent completed'*: written consent (Authorization to Exchange Protected Health Information) or verbal consent (when screen over the phone) is required prior to release information to mental health and/or substance use disorder evaluator/receiving clinician (please clearly document)
- *'Desired/Existing behavioral health clinician/provider/program'*: if member/client or referral source prefers a specific program, clinician, or provider that would meet member's individual needs. If member/client is currently receiving services from a mental health program, clinician, or provider, please indicate name and contact info
- *'Excessive ER visit or 911 calls'*: In comparison to expected numbers of visits or calls that could be reasonably expected as a result of the patient's general physical and behavioral health conditions
- *'Diagnostic uncertainty'*: apply only when it is effecting behavioral health care planning

Referral clinician:

- If the Member/Client has an existing behavioral health clinician/provider or an open/active case in a program, please refer him/her directly to that treating source and send the written consent (or documentation for a verbal consent via phone) with the screen form to the treating source.
- For referrals to Beacon, please send the written consent (or documentation for a verbal consent via phone) with the screen form to the receiving clinician via encrypted email to Medi-CalReferral@beaconhs.com or eFax at **866-422-3413**, and then call the Beacon line at **877-344-2858**.
- For referrals to DMH, please send the written consent (or documentation for a verbal consent via phone) with the screen form to the provider referral center via encrypted email to screener@dmh.lacounty.gov or eFax at **562-863-3971** and then call the DMH line at **855-425-8141**.
- For referrals to County Substance Abuse Prevention & Control (DPH/SAPC), please send the written consent (or documentation for a verbal consent via phone) with the screen form to the provider referral fax at **626-458-7637**, and then call the SAPC line at **888-742-7900**.

Receiving clinician:

- Please make sure to communicate with the referral source regarding the assessment outcome and/or disposition. The completed "Authorization to Exchange PHI" accompanying the Behavioral Health Screening Form permits a response to the referral source without further authorization.
- Receiving clinician at Beacon, DMH, and DPH/SAPC will be required to track and send quarterly report to **Vilma Diaz**, vdiaz@lacare.org, at LA Care as part of the MOU/contract.
- After a full assessment and it is determined that the individual's treatment need is better met at a different system of care/level of care, please refer and send the complete assessment document to the appropriate system of care/level of care.
    - If the care is determined to be appropriately provided by PCP, contact Beacon to coordinate placement.
    - In the event of a disagreement as to the appropriate system of care/level of care, please forward the case to the appropriate identified individual responsible for dispute resolution within your system of care and continue with treatment while decision is pending.
- If the Member/Client has requested for services by self without any referral, please make sure to communicate with the identified primary care physician regarding the assessment outcome and/or disposition.