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## CalAIM Standard Screening and Transition of Care Tools for Youth

### Results from Beta Testing

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#### Overview

The implementation of standardized screening and transition of care tools for adults and youth is a California Advancing and Innovating Medi-Cal ([CalAIM](#)) initiative. The goal of the adult and youth screening tools is to facilitate accurate determinations of when care would be better delivered in the specialty mental health delivery system or in the Medi-Cal managed care or fee-for-service system. Additionally, DHCS will implement standardized adult and youth transition of care tools for when a beneficiary's condition changes, and they would be better served in the other delivery system. DHCS spent several months in consultation with stakeholders to design the youth screening and transition of care tools based on the results of RAND research, and has completed a beta testing process. Two versions of the youth screening tools were drafted: one for when a child or youth answers the screening questions on their own behalf (youth-facing), and a second version for when an adult answers the screening questions on behalf of a child or youth (adult-facing). Youth tools were updated following beta testing and will soon be pilot tested.

#### SUMMARY OF FINDINGS

High beneficiary satisfaction and user agreement with screening tool outcomes do not necessitate significant revisions to the youth screening tool at this time. Limited feedback was received on the youth transition of care tool.

This document summarizes feedback collected as part of youth screening and transition of care tools beta testing, which was conducted from February 22, 2022, to March 18, 2022. Beta testing was conducted by a county Mental Health Plan (MHP) and Medi-Cal Managed Care Plan (MCP) serving the same county. Beta testing was designed to gather rapid feedback to further refine youth tools before piloting them on a larger scale. After each administration of the screening or transition of care tool, MHP/MCP staff

completed a survey designed to help identify critical issues in use of the tools and areas for improvement. The beta testing results presented below represent DHCS' findings based on the survey data.

Of the 255 youth screening tools administered, 126 met the criteria for inclusion in this analysis.<sup>1</sup> Of the 28 transition tools administered, only one met the criteria for inclusion. A majority of youth screening tools (98%) were administered over the phone. A majority of youth screening tools were administered using the adult-facing version of the tool (90%). A majority of youth (79%) were referred to the MCP as a result of the screening tool.

### **Results Summary**

After the screening or transition of care tool was administered to beneficiaries, the beneficiary and the MHP/MCP representative who administered the tool were given an opportunity to provide feedback about the tools. The MHP/MCP representative is referred to as the "user" in this document. Any feedback received from the beneficiary is noted as such. DHCS received qualitative feedback on the screening tool through email, survey data, and during regular office hours. DHCS did not receive feedback on the transition of care tool. Limited qualitative feedback on the youth screening tool included concerns about the appropriateness of some screening questions for young children (age 0 – 5) and issues around translating the tool.

### **Beneficiary Satisfaction**

- Median beneficiary satisfaction was 8 out of 10.
- A majority of beneficiaries somewhat or fully understood the screening questions they were being asked and the next steps for their mental health.

### **Survey Length & Completion**

- The median length of time for users to complete the screening tool was 12 minutes.
- 95% of the screening tools were completed.

### **Beneficiary Placement**

- Of the beneficiaries screened using the screening tool:
  - 79% were placed in a non-specialty level of care (MCP).
  - 21% were placed in a specialty level of care (MHP).
- 82% of users believed that the screening tool placed the beneficiary in the right level of care.

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<sup>1</sup> Test surveys and blank (no questions answered) surveys were excluded from this analysis. Surveys were included in the analysis if one or more questions in the survey were answered.

- 98% of users felt the questions in the screening tool were appropriate to their level of training.

### ***Modification to Youth Screening and Transition of Care Tools***

#### **Screening Tool**

In response to beta testing, DHCS updated the youth screening tool to better meet the needs of children age 0 – 5. In the updated version of the tool, users are instructed to apply a score of “0” to questions that are inappropriate for or cannot be answered by very young children or the adult responding on their behalf. Relatedly, DHCS added a question to the screening tool to determine when a child/youth was last seen by a pediatrician or primary care clinician. If children under 3 years old have not seen a pediatrician in the last six months, the screening directs a beneficiary referral to the MCP for a pediatrician visit in addition to the mental health referral generated by the screening score.<sup>2</sup> DHCS also changed the language of certain screening questions, where appropriate, to better serve the needs of beneficiaries age 0 – 5.

DHCS updated youth screening tool instructions to clarify the new specialty mental health services criteria (please reference [BHIN 21-073](#)).

#### **Transition of Care Tool**

DHCS did not make any changes to the youth transition of care tool due to the limited information gathered through beta testing.

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<sup>2</sup> Bright Futures well-child visit guidelines indicate a child under age 3 should be seen by a pediatrician every 1, 3, or 6 months depending on their age.