

PCP Mental Health Severity Guide

*For new clients who are accessing services; not individuals already connected with a provider

Service Provider	Indicators
<p>Specialty Mental Health Services Provided by the County Mental Health Plan</p> <ul style="list-style-type: none"> ▪ Contact your local County Access & Crisis Line. A list of all County Crisis lines can be found at: ▪ www.mhsoac.ca.gov/docs/Crisis_Lines_By_County_12-26-12.pdf member may access a County Behavioral Health Program directly ▪ For an emergency, call 911 	<p>If one (1) or more of the following indicators of serious impairment/disturbance in mood, behavior, and/or psychosocial functioning are exhibited; the member should be referred for Specialty Mental Health Services through the County.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acute risk of harm to self or others <input type="checkbox"/> Psychotic symptoms (delusions, hallucinations, paranoia) <input type="checkbox"/> Marked cognitive impairment (confusion, disordered thinking, poor concentration) <input type="checkbox"/> Impulsive, reckless, aggressive behavior with marked decline in self-control <input type="checkbox"/> Serious incapacitation or unable to perform key roles and/or usual daily activities, such as work, school, household tasks, or self-care <input type="checkbox"/> Two (2) or more psychiatric hospitalizations in the last 12 months <input type="checkbox"/> 2 or more Emergency Department visits in the last 3 month due to psychiatric or psychosocial concerns <input type="checkbox"/> History of a serious suicide attempt or injury to others <input type="checkbox"/> Appears to need on-going case management or therapy <input type="checkbox"/> Appears to need more intensive services than brief outpatient counseling <input type="checkbox"/> On LPS Conservatorship <input type="checkbox"/> Symptoms of chronic mental health condition(s) are significantly exacerbated as evidenced by significant functional impairment
<p>Behavioral Health Services Provided by the Medi-Cal Managed Care Health Plan*</p> <ul style="list-style-type: none"> ▪ Contact California Health & Wellness 	<p>If any of the following indicators of mild to moderate impairment/disturbance in mood, behavior, and/or psychosocial functioning are met and there are no boxes checked in the section above, the member may be referred to their Medi-Cal Managed Care Health Plan</p> <ul style="list-style-type: none"> <input type="checkbox"/> In need of behavioral health treatment due to a situational issue such as loss, break up, major life changes <input type="checkbox"/> Isolation or substantial disruption in relationships with family, friends, or other social supports, resulting in distress <input type="checkbox"/> Excessive truancy or suddenly failing school <input type="checkbox"/> One (1) psychiatric hospitalizations in the last 12 months <input type="checkbox"/> One (1) Emergency Department visits related to psychiatric concerns in the last 2 months <input type="checkbox"/> Symptoms are likely to be resolved in 6 months or less with psychotherapy <input type="checkbox"/> Member has been stable on psychotropic medications for 1 year or longer and requires medication management only