



Level of Intensity Screening Tool (LIST)

Instruction Manual

Sacramento County Department of Health Services

Division of Behavioral Health services

Screening for High Intensity Services

A Level of Intensity Screening Tool (LIST) is completed when clinically indicated to help screen and support intensity of service need recommendations for a new client referred to a Full Service Partnership (FSP) Program in the Sacramento County Mental Health Plan (MHP), or request higher level of care from an existing MHP client.

Full Service Partnership Programs support clients with high intensity mental health needs. The FSP consists of a team of mental health professionals and other service providers. Services may include:

- Individual, group and/or family counseling
- Skill building/social Rehabilitation
- 24/7 Crisis Intervention Support
- Peer support from individuals who have experienced similar issues
- Transportation
- Support with access to physical health care
- Support with access to follow up legal appointments
- Help finding suitable/stable housing and paying rental subsidies when necessary
- Help getting the financial and health insurance benefits to which they are entitled
- Assisting family members as needed
- Assisting with education and/or employment
- Support with probation and other community partners
- Support with linkage to Substance Use Prevention and Treatment (SUPT) services
- Support when discharging from incarceration or hospitals
- Ongoing medication and psychiatric support services

In order to be admitted to a FSP, clients must meet the following criteria:

- Meet Specialty Mental Health Criteria
- Medi-Cal eligible
- Capable of living in the community but whose impairment requires frequent contact and support
- Eligible for high intensity services. Eligibility may include:
 - Recurrent incarcerations
 - Recurrent hospitalizations
 - Homeless or imminently at risk of homelessness
 - History of attempts to succeed in the Mental Health System
 - Other factors that impact mental health
 - Eligibility will be determined on a case-by-case basis, in conjunction with risk factors

Please see the intensity mapping for adult providers and service grid for children, TAY and adult providers.

Service Continuum Grid and Intensity Map

Adult System of Care

Service Level Definitions	Low Intensity: Recovery maintenance, health management, medication management, site based support. No 24/7 crisis support.	Low to Moderate Intensity: Site-based services that do not require daily supervision but treatment may be several times weekly. No 24/7 crisis support	Moderate-High Intensity: Community-based services that do not require daily supervision but treatment may range from weekly to daily when needed	High Intensity: Community-based intensive services that may be multiple times a day when needed. Includes 24/7 crisis support. "Whatever it takes" approach.
Examples	MCP or PCP	APSS Clinic	CORE Programs: Hope Cooperative (TLCS), Turning Point, El Hogar and BACS	FSPs: El Hogar Sierra Elder Wellness, El Hogar CJSP, APCC Transcultural Wellness Center, Turning Point ISA, Telecare ARISE, Telecare SOAR, Telecare OASIS, TLCS New Direction, Turning Point Pathways
Services	Primarily medication and counseling services with supportive groups. Needs can be addressed primarily onsite (clinic-based)	Primarily site-based specialty mental health services	Community based specialty mental health services, intensive engagement and assessment, housing services and supports-community wellness centers	Community-based specialty mental health services, intensive engagement and assessment, wrap-around services and supports, housing services and supports
Service Hours and Days	Monday-Friday 8:00-5:00	Monday-Friday 8:00-5:00	Monday- Friday, 9-5 (extended hours based on need) and 24/7 On-Call Crisis Response	24/7
Contact	Monthly	Monthly	Minimum weekly contact	Minimum weekly contact
Medication Delivery	No	No	No	Yes
Housing subsidies	No	No	Yes	Yes
How to access services	Access	Access	ACCESS or walk in to Wellness Centers	High Intensity Screening Tool to IPT, contract monitor approval
Ages Served	18+	18+	18+	18+

Service Continuum Grid and Intensity Map

Child and Family System of Care



Service Level Definitions	Low Intensity: Recovery maintenance, health management, medication management, site based support. Does not usually include 24/7 on-call crisis support.	Moderate Intensity: Community-based services that do not require daily supervision but treatment may be weekly to monthly. Includes 24/7 on-call crisis support.	Moderate-High Intensity: Community based services that do not require daily supervision but treatment may range from weekly to daily when needed. Includes 24/7 crisis support. "Whatever it takes" approach.	High Intensity: Community-based intensive services that may be multiple times a day when needed. Includes 24/7 crisis support. "Whatever it takes" approach.
Examples	Managed Care Plans	FIT: Capital Star, Dignity Health, Heartland, La Familia, Pacific Clinics, River Oak, Sacramento Children's Home, Stanford Sierra Youth and Families, Turning Point, UCD CAARE, CAPS Clinic	High Fidelity Wraparound programs: River Oak, Sacramento Children's Home, Stanford Youth Solution	River Oak JJTDP; Capital Star TAY FSP, HeartLand Family FSP
Services	Primarily medication and counseling services with supportive groups. Needs can be addressed primarily onsite (clinic-based)	Flexible, client-centered, recovery-oriented, family- driven mental health services. Site and Community-based services available.	Client centered, family driven, recovery-oriented, flexible community-based services for youth transitioning from out of home placement or at risk for out of home placement	Community-based, recovery-oriented specialty mental health services, intensive engagement and assessment, wrap-around services and supports, housing services and supports
Service Hours and Days	Monday-Friday 8:00-5:00 Evening by appointment	Monday-Friday 8:00-5:00 Evening and weekend available 24/7 on-call crisis response	Monday-Friday 8:00-5:00 Evening and weekend available 24/7 on-call crisis response	Monday-Friday 8:00-5:00 Evening and weekend available 24/7 on-call crisis response
Contact	Monthly/Quarterly	Weekly/Monthly	Minimum weekly contact	Minimum weekly contact
Medication	Yes	Yes	Yes	Yes
Flexible funding	No	Housing support only	Yes	Yes
How to Access services	Access	Access and Walk-ins at Capital Star, UCD CAARE, La Familia, Pacific Clinics- Tech Center & Rosin	Access, IPT, Probation, Provider	CPS, Probation, Adoptive Parent Referrals or FIT
Ages Served	0-21	0-21	JJTDP: 13-18 TAY: 16-26	0-21

Service Continuum Grid and Intensity Map



Subacute Continuum of Care

Service Level Definitions	Adult Residential Treatment: Supportive setting that combines outpatient and residential services.	Transitional Residential: Semi-secured setting providing 24/7 residential and rehabilitation services	Mental Health Rehabilitation Center (MHRC): Secured subacute setting providing 24/7 residential and rehabilitation services	Licensed Skilled Nursing Facility – includes Neurocognitive: Secured subacute setting providing 24/7 residential and rehabilitation services	State Hospital: Secured acute hospital setting providing 24/7 rehabilitation services
Specialty	Alternative to secured setting for clients with multiple Psych hospitalizations and/or incarcerations, requiring additional support in structured setting to	structured setting focused on reintegrating into the community for clients with multiple Psych hospitalizations and/or incarcerations, unable to maintain in the community at lower levels of care	Secured setting focused on reintegrating into the community for clients with multiple psychiatric hospitalizations, unable to maintain at lower levels of care	Secured setting focused on reintegrating into the community for clients with multiple psychiatric hospitalizations and co-morbid medical needs, unable to maintain at lower levels of care	Secured setting focused on reintegrating clients with multiple psychiatric hospitalizations into Sub-acute level of care
Staffing	maintain in the community On-Site 24-7	On-Site 24-7	On-Site 24-7	On-Site 24-7	On-Site 24-7
Support Services	Specialty MH Services + Residential Services consistent with CCLD in a Campus Model	light Medical Monitoring & MH Rehabilitation Services on- site. Secured facility from 7pm to 7am	Therapeutic groups and structured daily activities, medication promoting, psychiatric services	Therapeutic groups and structured daily activities, medication promoting, psychiatric services, nursing support	Therapeutic groups and structured daily activities, medication promoting, increase supervision, psychiatric services
Referral Criteria	LPS Conservatorship, MHP eligible, Medi-Cal, Authorized by IPT	LPS Conservatorship, MHP eligible, Medi-Cal, Authorized by IPT	LPS Conservatorship, MHP eligible, Medi-Cal, Authorized by IPT	LPS Conservatorship, MHP eligible, Medi-Cal, Authorized by IPT	LPS Conservatorship, MHP eligible, Medi-Cal, Authorized by IPT
Ages Served	18+	18+	18+	18+	18+

Adult Programs Service Intensity Mapping

	Services are usually provided through the County Mental Health Plan						
	Basic Services	Low Intensity	Low-Mod Intensity	Mod-High Intensity	High Intensity	Residential Treatment	Secured Setting
	Prevention and Mental Health Maintenance	Recovery Maintenance, Mental Health Management	Low Intensity Services	Moderate Intensity Community Based Services Housing Supports and Subsidies	High Intensity Non-Residential Services Housing Supports and Subsidies	Structured Monitored or Semi-Secure Residential Services	Medically Managed Secured Settings
Primary care physician, Managed Care Plans							
APSS Clinic							
CORE Programs Hope Cooperative(TLCS), Turning Point, El Hogar and BACS		CORE Community Wellness Programs		CORE Clinical Programs			
Full Service Partnerships (FSP) El Hogar Sierra Elder Wellness, El Hogar CJSP, APCC Transcultural Wellness Center, Turning Point ISA, Telecare ARISE, Telecare SOAR, Telecare OASIS, TLCS New Direction, Turning Point Pathways, Central Star TAY FSP, Heartland Family FSP, JJDTP FSP (must engage <18 y.o.)							
Transitional Residential: Crestwood American River Residential, Willow Glen Care Center, Our House, Crisis Residential							
Secured Settings: Crestwood Mental Health Rehab centers, Locked Skilled Nursing, Napa & Metropolitan State Hospitals							
	 Clients must have a severe mental illness & functional impairment relative to service intensity						
	Designed to help people prevent the onset of severe mental illness or to limit the deterioration of current functioning	Designed to help people with mental health issues maintain recovery from past episodes of significant impairment	Designed for people with severe mental illness who need ongoing multi-disciplinary treatment but do not require intensive or frequent contact	Designed for people with severe mental illness who need intensive support and treatment but need minimal support in the community	Designed for people with severe mental illness capable of living in the community but whose impairment require frequent contact and frequent support in the community	Designed for people with severe mental illness who have chronic impairment where recovery requires residential treatment in a structured community setting or semi-secured setting	Designed for people who have significant chronic impairment where recovery is minimal and a secured setting with highly structured treatment and supervision is required

Child and Family Service Intensity Mapping

					Services are provided through the County Mental Health Plan for Youth with Medi-Cal								
					Outreach, Engagement, Advocacy	Prevention & Early Intervention	Basic Services	Low Intensity	Low-Mod Intensity	Mod-High Intensity	High Intensity	Short-Term Residential Therapeutic Program & Crisis Residential	Secured Setting
					Education and linkage to available services	Early childhood screening, early psychosis screening & psychoeducation & suicide prevention	Mental Health Maintenance	Recovery Maintenance, Mental Health Management	Low Intensity Community Based Services	Moderate Intensity Community Based Services	High Intensity Non-Residential Services	Structured Residential and Outpatient Services	Medically Managed Secured Settings
Linkage and Crisis Services: Crisis Stabilization Linkage to mental health, employment, education, health care and housing services													
Prevention and Early Intervention: Activities and services to prevent mental illness from occurring or becoming more severe and impairing													
Primary care physician, counselors or psychiatric providers through geographic managed care insurance providers (or private pay)													
School based mental health: Outpatient mental health services provided by school-based clinicians													
Flexible Integrated Treatment (FIT): Effective, flexible quality mental health services for children/youth and their families. Services can include temporary, short-term interventions to resolve or prevent homelessness													
High Intensity programs: Full spectrum high intensity outpatient mental health treatment for youth and their families													
Therapeutic Behavioral Services (TBS): Short term intensive program to help reduce challenging behaviors that place a youth at risk of higher level residential care or acute care or for youth that may not successfully transition to a lower level of care													
High Fidelity Wraparound: Intensive outpatient mental health services that address placement stability and permanency and decrease utilization of congregate care, inpatient hospitalization, juvenile justice and out of home placement													
Transition Age Youth Crisis Residential Program: Short-term residential treatment providing services for up to thirty (30) days in a structured, home-like setting. Interventions include crisis stabilization and symptom reduction, building interpersonal and independent living skills to support successful transition to the community													
Short-Term Residential Therapeutic Program (STRTP): Intensive mental health services in a residential setting provided in collaboration with families and other child serving systems													
Secured Settings: Intensive mental health treatment in a locked setting													
					 Helps youth with mental illness & functional impairment relative to service intensity								
Service Intensity Descriptions:					Helps youth and their families improve housing, health, education, safety, social supports and mental health through outreach and engagement. Services are transitional until youth are successfully transferred to a provider.	Early identification of developmental issues or mental illness. Helps youth address distress and strengthen personal resilience in challenging circumstances, access self-help skills and resources, problem solve, and maximize use of community supports.	Addresses suicide prevention and education; strengthening families; integrated health and wellness; and mental illness stigma and discrimination reduction	Helps youth who need brief interventions to return to previous level of functioning and developmental status. Also for youth to help maintain recovery from past episodes of significant impairment	Helps youth with severe mental illness who need ongoing multi-disciplinary outpatient treatment but do not require intensive or frequent contact. Supports are used with minimal assistance.	Helps youth with severe mental illness who need some contact and outpatient treatment in the community or at home	Helps youth with severe mental illness living in the community but whose impairment requires outpatient treatment with frequent contact, frequent support in the community and behavioral interventions in the home.	Helps youth with severe mental illness who have chronic impairment where recovery requires residential outpatient treatment in a structured community home-based setting	Helps youth who have significant chronic impairment where recovery is minimal and a secured setting with highly structured treatment and supervision is required

What is the Level of Intensity Services Screening Tool

The LIST is designed as a dynamic screening tool to support justification of an individual's potential need of high intensity services and linkage to a FSP program. LIST cannot be completed when a client's condition is medically and/or psychiatrically acute or the client has a significant head trauma, or developmental disability. Criteria are endorsed on a here and now basis, representing the clinical picture at the time of completion. In some of the parameters, historical information is taken into account, but it should not be considered unless it is a clear part of the defined item. Clinical justification/rationale for each risk factor should be documented in the screening tool.

Instruction for Completing the Tool

1. The LIST packet contains: Referral Form, the Screening Tool, Specialty FSPs criteria, Homeless Checklist, Multi-System Team (MST) Release (for Community Justice Support Program (CJSP)) and a general Release of Information (ROI).
2. The Referral Form is designed to gather individual's demographic data, cultural background, current mental health provider, history of co-occurring issues, insurance and benefits and the current place residing.
3. "Primary Diagnosis and Presenting Symptoms" on the Referral Form needs to be filled out.
4. Complete each domain on the screening tool, marking all the criteria that apply. An incomplete screening tool may be returned for additional information. If a question does not apply or is unknown, simply mark N/A or unknown.
5. Each domain is composed of a series of criteria which have three levels of intensity; severe, moderate and mild. Only one intensity score will be given per criteria. E.g. If criteria are endorsed in both moderate (2) and severe (3), the number associated with the highest intensity will be given. Select "N/A" if the criteria does not apply to the client.
6. Check which Collateral Documents are attached. **Level of Intensity Screening Tools without collateral documents will not be accepted.**
7. Additional information describing all risk factors checked needs to be provided in the designated sections.
8. For Specialty Full Service Partnership programs such as Sierra Elder Wellness Program (SEWP) or Transitional Age Youth Full Service Partnership (TAY FSP), make sure to check the eligibility section.
9. If the individual is experiencing homelessness, please complete the Homeless Checklist.

10. For CJSP referrals, in addition to the screening tool, the MST release should be completed.
11. The assigned provider will conduct a comprehensive housing needs assessment to determine most appropriate housing services and supports.

Definitions of the Domains

Clinical Complexity:

This domain recognizes that a person's past experience provides indication of how that person is likely to respond to in future similar circumstances. Past experiences such as responsiveness to treatment exposure, managing recovery via taking psychotropic medications, and frequency of hospitalizations can be predictor of future response to treatment and must be taken into account in determining service needs and recovery plan.

Psychiatric Hospitalizations:

Number of psychiatric hospitalizations can be an indicator if previous or current treatment has not achieved complete remission of symptoms or optimal control of symptoms or no significant success or recovery period has been achieved. Please mark the corresponding frequency of hospitalizations the individual has experienced in the last year. If client is currently in a sub-acute placement, please mark Severe (3).

Psychotropic Medication Stability:

Psychotropic medication stability refers to the consistency of medication prescribed. Determine if partial recovery has been maintained for moderate periods of time using psychotropic medications. If there have been a frequent change in medications, please mark in corresponding to the last change in medication.

Past exposure to & use of treatment:

Screen for responsiveness to mental health treatment exposure, both inpatient and outpatient services, and its success in managing recovery. For example: if the client has a history of receiving services from a moderate intensity mental health service provider and still struggling to maintain recovery,

- Do not consider treatment and recovery within a narrow frame, such as whether an individual is "medication adherent" only or whether an individual attends groups. Discuss how the individual defines recovery and consider all aspects.

- Be cautious about stating “denies mental illness” as an indicator for a high score. Ask an individual why s/he is receiving SSI; ask about medications and symptoms and how that relates to daily life; if there is a perceived stigma, isolation, humiliation for a diagnosis.
- For a chronic condition, there may never be a remission of symptoms. However, consider how the individual has progressed in their recovery in terms of coping or thriving despite the symptoms.

Level of Engagement:

Engagement pertains to person’s understanding of and willingness to engage in mental health treatment. Also, factors such as identification and acceptance of needs, stage in the change process, ability to trust others and accept assistance, interaction with treatment opportunities, and ability to take responsibility for recovery should be considered in this domain. If client has never received services prior to this referral, please mark N/A.

Risk Factors:

This section of the tool considers a person’s potential to cause significant harm to self or others. While this may most frequently be due to suicidal or homicidal thoughts or intentions, in many cases unintentional harm may result from misinterpretations of reality, from inability to adequately care for oneself, or from altered states of consciousness due to use of intoxicating substances in an uncontrolled manner.

Deficits in ability to care for oneself are considered only in the context of their potential to cause harm.

Likewise, only behaviors associated with substance use are used to rate risk of harm, not the substance use itself.

For this domain, we are requesting additional information (progress notes, assessments, etc.) in order to accurately describe the severity of such the risk factors.

Suicidal/Homicidal Ideation:

Screen for recent or current active suicidal/homicidal ideation, intent, or plan. Please note that client needs to be assessed for 5150 criteria if currently endorsing suicidal ideation with plan and means.

Danger to Self or Others:

In this section we look at a person’s potential to cause significant harm to self or others. Consider lethality associated with behavior. Questions to ask: What is the risk of harm related to suicidal and/or homicidal behavior? Is there a plan? Is he/she able to contract for safety? If there is a history of suicidal or homicidal

threats or attempts that occurred more than one month ago, please mark mild (1). If no history of suicidal or homicidal threats or attempts, please mark N/A.

Self-neglect:

In this section, we have to consider if the self-neglect is necessitating urgent medical or psychiatric intervention. Self-care under Risk Factors domain should be tied to lethality and have evidence to support. Impairments and/or behaviors such as poor hygiene, medication non-adherence, and/or not keeping appointments do not necessitate a high score for harmful behavior in and of itself.

History of Incarceration/ criminal justice involvement:

Inability to maintain community functioning and mental health recovery due to incarceration is another indicator that client might benefit from receiving high intensity services. Criminal justice involvement includes incarcerations in addition to being on parole or probation, having a 290 status, etc.

High Risk behavior/ Impulsivity

Degree to which the client's perceptions, judgment and/or impulse control is impaired, creating danger for them or others. High-risk behaviors are defined as acts that increase the risk of disease or injury, which can subsequently lead to disability, death, or social problems. Some example of high-risk behaviors include physical self-harm, violence, risky sexual behaviors, and fire setting. High-risk behaviors include, impulsive, and reckless behaviors. Physical self-harm can be cutting, pulling out hair, burning, scratching, or any other bodily harm.

Life Circumstances:

This domain focuses on the degree to which a person is able to fulfill social responsibilities, interact with others, maintain their physical functioning (such as sleep, appetite, energy, etc.), as well as a person's capacity for self-care. If such deficits are severe enough that they place the client at risk of harm, they will be considered when rating Risk of Harm. This domain additionally focuses on supports available for clients to access including resources in the community, family and natural supports. Persons being treated in locked or otherwise protected residential settings should be rated based on the conditions they would encounter outside that setting prior to a transition to a new or pre-existing living situation. This will ensure that adequate support and personal resources are in place to protect against more stressful environments prior to the transition.

Emotional Distress:

This section measures an individual's perceived level of stress associated with their environment (not just residential placement – also includes perceived interpersonal relationships, role obligations, safety, health). Assess how environmental factors such as social and interpersonal impacts the individual's health and wellbeing. Stressful circumstances examples include interpersonal conflict, life transitions, homelessness, death of the loved ones, worries relating to health and safety, and ability to maintain role responsibilities, etc. Questions to ask: How do life stressors impact client's recovery and treatment? How does the client perceive these stressors?

Relationships/Supports:

We need to determine if the individual relies on behavioral health system for resources and support. Supportive elements in the environment are resources which enable persons to maintain health and role functioning in the face of stressful circumstances, such as availability of adequate material resources and relationships with family members. The availability of friends, employers or teachers, clergy and professionals, and other community members that provide caring attention and emotional comfort, are also sources of support. Questions to ask: Are supports available & are they willing/able to participate? What is the ability of the individual to engage or use supports?

Level of support with case management needs:

Consider an individual's ability to fulfill obligations at work, school, home, etc. Also, individual's ability to interact with others. Compare current behavior to a baseline behavior and functioning level. Is there an acute change in their status? Is presentation chronic? Also, focus on psychiatric or addictive causes for functional deficits not physical disabilities. Questions to ask: How well is the individual sleeping, eating, and maintaining his/her physical health? How is this individual able to maintain responsibilities such as interacting with peers and/or family or other support systems? If the individual able to perform close to usual standards in school, work, parenting, or other obligations? Is the individual neglecting these responsibilities completely on a frequent basis or for an extended period of time?

Co-morbidity:

This domain screens for potential complications in recovery due to level of acuity or disability related to co-occurring medical illness, substance use disorder, and/or psychiatric disorder in addition to the primary

psychiatric diagnosis identified. The presence of co-occurring conditions, when sufficiently unstable or severe, may prolong the course of illness in some cases, or may necessitate more intensive or more closely monitored services in other cases. Consult with medical team to support in rating this domain.

Medical Conditions:

Co-morbid medical concerns must be considered in the context of how the medical diagnosis impacts the psychiatric condition/treatment of an individual. Do not make assumptions such as, “If he does not take his high blood pressure medication, he could have a heart attack or a stroke.” These are currently co-existing illnesses – do not consider history unless current situation makes reactivation likely.

Substance Use

When evaluating substance use, it is the current presentation of an individual at the time of assessment not what is “predicted to happen if...”. Consider how the co-morbid addictive behaviors impact the psychiatric disorder. Please note that physical withdrawal is considered to be a medical co-morbidity.

Additional information/ Level of Care Recommendation:

Please include additional information that may have not been previously discovered or anything that can be helpful with determining client’s needs. For the level of care recommendation, the rationale should express specifically why a Level of Care intensity is being recommended. How will this Level of Care assist this individual’s recovery in reducing, stabilizing, and improving behaviors that were addressed in the preceding domains?

Scoring

Please note that score is just one indication of level of need. Level of care will be determined by county based on collateral information, client’s risk factors, level of need and functioning and LIST final score.

If score indicates that client meets the criteria for linking to Managed Care Plans, follow the steps outlined in COUNTY P&P if applicable.

Instructions for Submitting the Tool

Referrals will be processed through Sacramento County Intensive Placement Team (IPT).

1. Non-Avatar users (ex. Adult Correctional Mental Health, Psychiatric Hospitals) will use a paper or electronic version of the Level of Intensity Screening Tool. Please fax or e-fax it the tool and collateral documents to IPT at (916) 854-8824 or DHS-Fax-MH-IPT@SacCounty.net.
2. For clients already linked to the Sacramento County Mental Health Plan, Avatar users will complete a Service Request for LOCUS Assessment through Avatar per the instructions provided. Avatar users will also submit the Level of Intensity Screening Tool and the collateral documents to IPT, via fax at (916) 854-8824 or DHS-Fax-MH-IPT@SacCounty.net.
3. The FSP contract monitors will determine appropriateness based on the completed Level of Intensity Screening Tool, review of collateral documents attached, consultation with referring provider staff as needed, and client interview as needed. Client will be linked to the appropriate provider dependent on intensity of needs identified.

Service Request Instruction for County MHP Providers

The Level of Intensity Screening Tools will be processed through Sacramento County Intensive Placement Team (IPT). In order to refer a client, all MHP providers should complete a Service Request 2.0 in Avatar as follows:

1. Request Details, Requested Action - select IPT Request for LOCUS Assessment. Complete, at minimum, all required fields-red, as well as all other fields that provider is able.

Request Date
03/26/2019

Transmission Type
 Electronic Fax Phone

Submitting User
Eric Preszler (preszler17)

Requested Action
[Dropdown]

Requested Level of Urgency
 Urgent Priority Routine

Submitting Entity
[Dropdown]

Other Submitting Entity
[Text Field]

Submitting Party Name
[Text Field]

Submitting Party Phone
[Text Field]

Submitting Party Same as Request Contact
 Yes No

Contact
[Text Field]

Contact Phone
[Text Field]

Communication Needs
[Text Field]

2. Complete associated population, MH Dx, Current Medications, and CIN if known.

Associated Population
 Homeless
 CPS
 Other County Medi-Cal
 AAP- Out of County Medi-Cal
 AAP- Sacramento County Medi-Cal
 Probation
 Parole
 Older Adult
 Regional Center

CPS Involvement
 Child in Parent's Custody
 Child Detained
 Child a Dependent of Juvenile Court
 Parents Maintain Educational Rights
 Educational Rights Limited
 No CPS Involvement
 Unknown

Current Medications
[Text Area]

Current Mental Health Diagnosis
[Text Field]

Staff Verifying Continued Medical Necessity
[Text Field]

CIN
[Text Field]

3. Clinical/Treatment Data – complete Presenting Problems, Risk Factors, Comments Regarding Presenting Problems and Risk Factors, Psychiatric Treatment History

Presenting Problems

- Anti-Social Behavior
- Anxiety
- Appetite Problems
- Chronic Pain
- Cries Excessively
- Cruelty to Animals
- Current Suicidal Ideation
- Defiant/Oppositional
- Delusions
- Depressed Mood
- Development Issues
- Disorganized Thoughts
- Does not Bond
- Enuresis/Encopresis
- Euphoric
- Fire Setting
- Frequent Nightmares

Risk Factors

- Current Homicidal Ideation
- Recent D/C from Psych Hospital
- Domestic Abuse
- Homelessness
- Sexual Abuse
- Current Suicidal Ideation

Comments Regarding Presenting Problems and Risk Factors

Psychiatric History/Treatment History

4. Link Progress Note and Core Assessment in AVATAR.

Progress Note Link **Linked Note**

Core Assessment Link **Linked CORE**

Client Plan Link **Linked Plan**

LOCUS Link **Linked LOCUS**

5. Complete Services Requested.

Services Requested

6. **AFTER** completion of the SR 2.0 IPT-Request for LOCUS Assessment, fax or e-fax it the completed the Level of Intensity Services Screening Tool to IPT at (916) 854-8824 or DHS-Fax-MH-IPT@SacCounty.net.

Any question or comment, please contact:

Melissa Planas, MH program Coordinator

Cell: 916.591.1355

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