

# Monterey County Behavioral Health, Quality Improvement

RE:	FSP Eligibility Screening Tool
Avatar Forms	FSP Eligibility Screening Tool
Release Date	6/17/2024
Effective Date	7/1/2024

In the spirit of continuous quality improvement Monterey County Behavioral Health Quality Improvement department has developed the **FSP Eligibility Screening Tool** to establish and verify eligibility criteria for Full Service Partnership (FSP) programs. The FSP Eligibility Screening Tool identifies qualifying criteria that justify placement in an FSP level of care for children/youth (0-15), transition age youth (16-25), adults (26-59), and older adults (60+).

- Effective: **07/01/2024**
- FSP Eligibility Screening Tool will be required to confirm eligibility criteria are met for beneficiaries receiving FSP (Full Service Partnership) level of care
- Required for all beneficiaries, of any age, who are currently enrolled in or entering an FSP
- Required for both Monterey County Behavioral Health and contracted provider programs
- Must be completed prior to opening the beneficiary to any FSP episode, annually thereafter to re-establish eligibility, and/or to transition the beneficiary out of the FSP episode
  - To note, if a beneficiary is transferred to a non-FSP episode, but subsequently requires FSP level of care at a later time, a new FSP Eligibility Screening Tool shall be completed
  - For beneficiaries aging out of one FSP age grouping (for example, a beneficiary turning 26 and moving from the TAY to the Adult age category), the indicated age grouping will be required during the annual update and this feature is automated in the form in AVATAR
- For beneficiaries who are already enrolled in an FSP program, the FSP Eligibility Screening Tool must be completed within 30 days, by **8/1/2024**.

Instructions for Completing the Tool:

Search: **FSP Eligibility Screening Tool** in the “search forms” box.

Select client.

Select the current age group for the beneficiary for whom the tool is being completed.

The screenshot shows the 'FSP Eligibility Screening Tool' interface. On the left, there is a sidebar with a 'Submit' button and a list of age groups: 'Child and Youth (0-15)', 'Transition Age Youth (16-25)', 'Adults (26-59)', and 'Older Adults (60+)'. The main area contains several input fields: 'Date of Entry' with the value '06/07/2024' and calendar icons; 'Completed by' with the text 'BETANCOURT, ISAIAS (005179)'; and 'Current Client Age Group' with a dropdown menu. On the right, there are radio buttons for 'Draft' (selected) and 'Final'. A large 'DRAFT' watermark is visible across the center of the interface.

Based on the age group (Child & Youth, Transition Age Youth, Adults, or Older Adults) selected, the tool will then automatically direct you to the next required page.

## Child and Youth (0-15)

1. Does the child/youth have a mental health diagnosis, other than a substance use disorder or developmental disorder?

Yes

No

### 1. Complete item 1

a. Does the child/youth have a mental health diagnosis, other than a substance use disorder or developmental disorder?

i. Yes/No

2a. As a result of the mental health diagnosis, does the child/youth have substantial impairment in at least two of the following areas (check which apply):

a. self-care

b. school functioning

c. family relationships

d. ability to function in the community

2b. Is the child/youth at risk of removal from the home, or has the child/youth already been removed from the home?

Yes

No

2c. Have the mental health diagnosis and impairments been present for more than 6 months?

Yes

No

2d. Is the mental health diagnosis and impairments likely to continue for more than 1 year without treatment?

Yes

No

### 2. Complete item 2

a. As a result of the mental health diagnosis, does the child/youth have substantial impairment in at least two of the following areas:

i. Select all that apply

b. Is the child/youth at risk of removal from the home, or has the child/youth already been removed from the home?

- i. Yes/No
- c. Have the mental health diagnosis and impairments been present for more than 6 months?
  - i. Yes/No
- d. Is the mental health diagnosis and impairments likely to continue for more than 1 year without treatment?
  - i. Yes/No

3. Does the child/youth display psychotic features, risk of suicide or risk of violence due to a mental health diagnosis?

Yes  No

3. Complete item 3

- a. Does the child/youth display psychotic features, risk of suicide or risk of violence due to a mental health diagnosis?
  - i. Yes/No

4a. Has the child/youth been assessed for special education needs by the school?

Yes  No

4b. As a result of that assessment, has the child/youth been identified to experience an emotional disturbance causing at least one of the following? (check which apply):

- a. An inability to learn that cannot be explained by intellectual, sensory, or health factors
- b. An inability to build or maintain satisfactory interpersonal relationships with peers and teacher
- c. Inappropriate types of behavior or feelings under normal circumstances
- d. A general pervasive mood of unhappiness or depression
- e. A tendency to develop physical symptoms or fears associated with personal or school problem

4. Complete item 4

- a. Has the child/youth been assessed for special education needs by the school?
  - i. Yes/No
- b. As a result of that assessment, has the child/youth been identified to experience an emotional disturbance causing at least one of the following?
  - i. Select all that apply

5. Has the child/youth experienced a severe trauma (ex: abuse, homelessness, death of a parent/sibling, incarceration of a primary caregiver, etc.)?

Yes

No

5. Complete item 5

a. Has the child/youth experienced a severe trauma (ex: abuse, homelessness, death of a parent/sibling, incarceration of a primary caregiver, etc.)?

i. Yes/No

6. Has the child/youth been a victim of commercial sexual exploitation?

Yes

No

6. Complete item 6

a. Has the child/youth been a victim of commercial sexual exploitation?

i. Yes/No

7. Is the child/youth eligible for FSP? To meet eligibility, 1 must be a 'yes' AND at least one item from 2-4 is endorsed/affirmative.

Yes

No

7. Complete item 7

a. **Is the child/youth eligible for FSP? To meet eligibility, 1 must be a 'yes' AND at least one item from 2-4 is endorsed/affirmative.**

i. **Yes/No**

Once all items have been completed, you can finalize and submit the tool.

## Transition Age Youth (16-25)

1. Does the child/youth have a mental health diagnosis, other than a substance use disorder or developmental disorder?

Yes

No

### 1. Complete item 1

a. Does the child/youth have a mental health diagnosis, other than a substance use disorder or developmental disorder?

i. Yes/No

2a. As a result of the mental health diagnosis, does the child/youth have substantial impairment in at least two of the following areas (check which apply):

a. self-care

b. school functioning

c. family relationships

d. ability to function in the community

2b. Is the child/youth at risk of removal from the home, or has the child/youth already been removed from the home?

Yes

No

2c. Have the mental health diagnosis and impairments been present for more than 6 months?

Yes

No

2d. Is the mental health diagnosis and impairments likely to continue for more than 1 year without treatment?

Yes

No

### 2. Complete item 2

a. As a result of the mental health diagnosis, does the child/youth have substantial impairment in at least two of the following areas:

i. Select all that apply

b. Is the child/youth at risk of removal from the home, or has the child/youth already been removed from the home?

- i. Yes/No
- c. Have the mental health diagnosis and impairments been present for more than 6 months?
  - i. Yes/No
- d. Is the mental health diagnosis and impairments likely to continue for more than 1 year without treatment?
  - i. Yes/No

3. Does the child/youth display psychotic features, risk of suicide or risk of violence due to a mental health diagnosis?

Yes  No

3. Complete item 3

- a. Does the child/youth display psychotic features, risk of suicide or risk of violence due to a mental health diagnosis?
  - i. Yes/No

4a. Has the child/youth been assessed for special education needs by the school?

Yes  No

4b. As a result of that assessment, has the child/youth been identified to experience an emotional disturbance causing at least one of the following? (check which apply):

- a. An inability to learn that cannot be explained by intellectual, sensory, or health factors
- b. An inability to build or maintain satisfactory interpersonal relationships with peers and teacher
- c. Inappropriate types of behavior or feelings under normal circumstances
- d. A general pervasive mood of unhappiness or depression
- e. A tendency to develop physical symptoms or fears associated with personal or school problems


4. Complete item 4

- a. Has the child/youth been assessed for special education needs by the school?
  - i. Yes/No
- b. As a result of that assessment, has the child/youth been identified to experience an emotional disturbance causing at least one of the following?
  - i. Select all that apply



5. Is the youth unserved or underserved?

Yes  No



5. Complete item 5
- a. Is the youth unserved/underserved?
    - i. Yes/No

6. Check all that apply (must select at least one)

- a. Homeless or at risk of being homeless
- b. Aging out of the child and youth mental health system
- c. Aging out of the child welfare systems
- d. Aging out of the juvenile justice system
- e. Involved in the criminal justice system
- f. At risk of involuntary hospitalization or institutionalization
- g. Have experienced a first episode of serious mental illness
- h. Currently a victim of or has a history of commercial sexual exploitation

6. Complete item 6
- a. Check all that apply.

7. Is the youth eligible for FSP? To meet eligibility, 1 must be a 'yes' AND at least one item from 2-4 is endorsed/affirmative AND 5 must be a 'yes' AND one item from 6 must be endorsed.

Yes  No

7. Complete item 7
- a. **Is the youth eligible for FSP? To meet eligibility, 1 must be a 'yes' AND at least one item from 2-4 is endorsed/affirmative AND 5 must be a 'yes' AND one item from 6 must be endorsed.**
    - i. Yes/No

Once all items have been completed, you can finalize and submit the tool.



## Adults (26-59)

1. Does the individual have a mental health diagnosis other than a primary substance use disorder or developmental disorder or acquired brain injury?

Yes

No

### 1. Complete item 1

- a. Does the individual have a mental health diagnosis other than a primary substance use disorder or developmental disorder or acquired brain injury?
  - i. Yes/No

2. As a result of mental health diagnosis, does the individual have substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation?

Yes

No

### 2. Complete item 2

- a. As a result of mental health diagnosis, does the individual have substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation?
  - i. Yes/No

3a. Is the individual unserved?

Yes


No

3b. Do any of the following apply? (check all that apply)

- a. Homeless or at risk of becoming homeless
- b. Involved in the criminal justice system
- c. A frequent user of hospital and/or emergency room services as the prim

### 3. Complete item 3

- a. Is the individual unserved?
  - i. Yes/No
- b. Do any of the following apply?
  - i. Select all that apply

4a. Is the individual underserved? 

Yes  No

4b. Do any of the following apply? (check all that apply)

a. At risk of homelessness

b. At risk of involvement in the criminal justice system

c. As risk of institutionalization

4. Complete Item 4
- a. Is the individual underserved?
    - i. Yes/No
  - b. Do any of the following apply?
    - i. Select all that apply

5. Has the individual experienced a severe trauma (ex assault, death in the family, commercial sexual exploitation, medical trauma, etc.) within the last year?

Yes  No

5. Complete item 5
- a. Has the individual experienced a severe trauma (ex; assault, death in the family, commercial sexual exploitation, medical trauma, etc.) within the last year?
    - i. Yes/No

6. Is the individual eligible for FSP? To meet eligibility, both 1 and 2 need to be 'yes' AND either 3 OR 4 need to be endorsed.

Yes  No

6. Complete item 6
- a. **Is the individual eligible for FSP? To meet eligibility, both 1 and 2 need to be 'yes' AND either 3 OR 4 need to be endorsed.**
    - i. **Yes/No**

Once all items have been completed, you can finalize and submit the tool.

## Older Adults (60+)

1. Does the individual have a mental health diagnosis other than a primary substance use disorder or developmental disorder or acquired traumatic brain injury?

Yes

No

### 1. Complete item 1

a. Does the individual have a mental health diagnosis other than a primary substance use disorder or developmental disorder or acquired brain injury?

i. Yes/No

2. As a result of mental health diagnosis, does the individual have substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation?

Yes

No

### 2. Complete item 2

a. As a result of mental health diagnosis, does the individual have substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation?

i. Yes/No

3. Does the individual require or are they at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence?


Yes

No


### 3. Complete item 3

a. Does the individual require or are they at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence?

i. Yes/No

4a. Is the individual unserved? 

Yes  No

4b. Do any of the following apply? (check all that apply) 

a. Experiencing a reduction in personal and/or community functioning

b. Homeless


c. At risk of becoming homeless

d. At risk of becoming institutionalized

e. At risk of out-of-home care

f. At risk of becoming frequent users of hospital and/or emergency room services

4. Complete item 4
- a. Is the individual unserved?
    - i. Yes/No
  - b. Do any of the following apply?
    - i. Select all that apply

5a. Is the individual underserved? 

Yes  No

5b. Do any of the following apply? (check all that apply)

a. At risk of homelessness

b. At risk of institutionalization

c. At risk of placement in nursing home or out-of-home care

d. At risk of becoming a frequent user of hospital and/or emergency room

e. At risk of involvement in the criminal justice system

5. Complete item 5
- a. Is the individual underserved?
    - i. Yes/No
  - b. Do any of the following apply?
    - i. Select all that apply

6. Has the individual experienced a severe trauma (ex: assault, death in the family, medical trauma, etc.) within the last year?

Yes

No

6. Complete item 6

- a. Has the individual experienced severe trauma (ex: assault, death in the family, medical trauma, etc.) within the last year?
  - i. Yes/No

7. Is the individual eligible for FSP? To meet eligibility, both 1 and 2 need to be 'yes' OR 3 is a 'yes' AND either 4a-b OR 5a-b need to be endorsed/affirmative.

Yes

No

7. Complete item 7

- a. **Is the individual eligible for FSP? To meet eligibility, both 1 and 2 need to be 'yes' OR 3 is a 'yes' AND either 4a-b OR 5a-b need to be endorsed/affirmative.**
  - i. Yes/No

Once all items have been completed, you can finalize and submit the tool.