

## Screening and Referral Tracking Form

This form should be completed for all Prevention and Early Intervention (PEI) Participants who get referred to mental/behavioral health or substance use services.

**1.) Did the individual report having any mental/behavioral health symptoms prior to referral/contact with the PEI Program?**

- Yes  No  
 Unable to determine

**a.) If yes, has the individual received previous treatment for the treatment for the mental/behavioral health symptoms?**

- Yes  No  
 Unable to determine

**ii.) If the individual has not received previous treatment, what is the duration of any current untreated mental/behavioral health symptoms prior to the referral/contact with the PEI Program?**

\_\_\_\_\_ Months

- Unable to determine

**2.) Are you concerned the mental/behavioral health symptoms reported indicate a possible severe mental illness (SMI)<sup>1</sup>?**

- Yes\*  No  
 Unable to determine

*\* If yes, a referral to a mental/behavioral health program should be considered.*

**3.) Date of mental/behavioral health/substance use referral:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

MM DD YYYY

- Not Applicable

**Kind of treatment to which the individual was referred?**

- Mental/Behavioral Health Treatment  
 Substance Use Treatment  
 All of the above.

**Name of program/agency referred to:**

**4.) Date of first mental/behavioral health service/treatment received:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

MM DD YYYY

- Unable to determine  
 Not Applicable

**5.) Date of first substance use service received:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

MM DD YYYY

- Unable to determine  
 Not Applicable

**For Administrative Use Only:**

Participant ID: \_\_\_\_\_

Staff ID: \_\_\_\_\_

Program Name: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> SMI is a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.

**PURPOSE:**

To track participant referrals for the purpose of capturing required reporting data for MHSA.

**GENERAL INFORMATION**

MHSA adopted new Prevention and Early Intervention Data Requirements in October of 2015.

Providers interested in referencing these measures can find them at: <http://mhsoac.ca.gov/node/177>

These measures are being systemized into Yolo County Data collection via a phased roll out.

**COMPLETING THIS FORM**

This document should be completed by the program representative who is responsible for screening as well as referrals suggested as a result of the screening. Any MHSA funded program that provides screening, assessment, and/or referrals are required to capture this data and include referral and screening counts as part of the programs quarterly regulatory data report.

**INSTRUCTIONS****Questions 1 & 2: Screening**

These questions are to help the program determine duration of untreated mental illness and onset of symptoms. This information should be recorded by the the program representative upon initial screening and maintained by the provider for the purpose of quarterly reporting.

**Questions 3, 4, 5: Referral Tracking**

These questions should be recorded by the program making the referral.