

# Assessing for Behavioral Health

A Guide for Primary Medical Providers







Molina Healthcare of Texas

Updated 2019





# Agenda

-  Review common behavioral health symptoms and diagnoses
-  Understand the correlation between BH and medical co-morbidities
-  Review recommended provider resources
-  Identify recommended screeners and assessments
-  Review Molina benefits and coverage
-  Identify key contacts

# Behavioral Health

# What is Mental Illness

Refers to a group of disorders which cause severe and persistent disturbances in a person's ability to think, feel and relate.

May cause impairment in the ability to cope with ordinary demands of life that include personal distress, impaired functioning and inability to cope with day-to-day life.

By 2020, major depressive illness will be the leading cause of disability in the world for women and children.



# What is Behavioral Healthcare

Refers to a continuum of services for individuals at risk of, or currently experiencing, mental, behavioral, or addictive disorders.



Behavioral healthcare can refer to many levels of care ranging from medication management, inpatient to outpatient therapies, and psychosocial interventions.

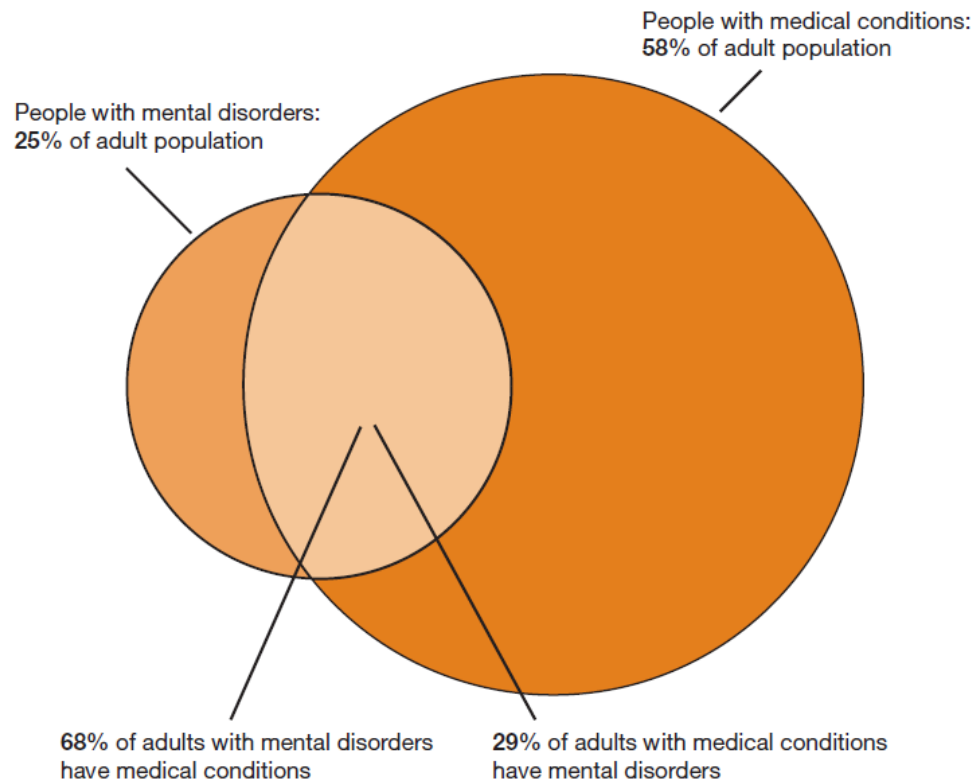


Behavioral healthcare includes services that can be provided by a wide range of providers - psychiatrists, neurologists, physicians, nurse practitioners, psychologists, social workers, counselors, certified substance abuse providers, community health workers, peer supports.



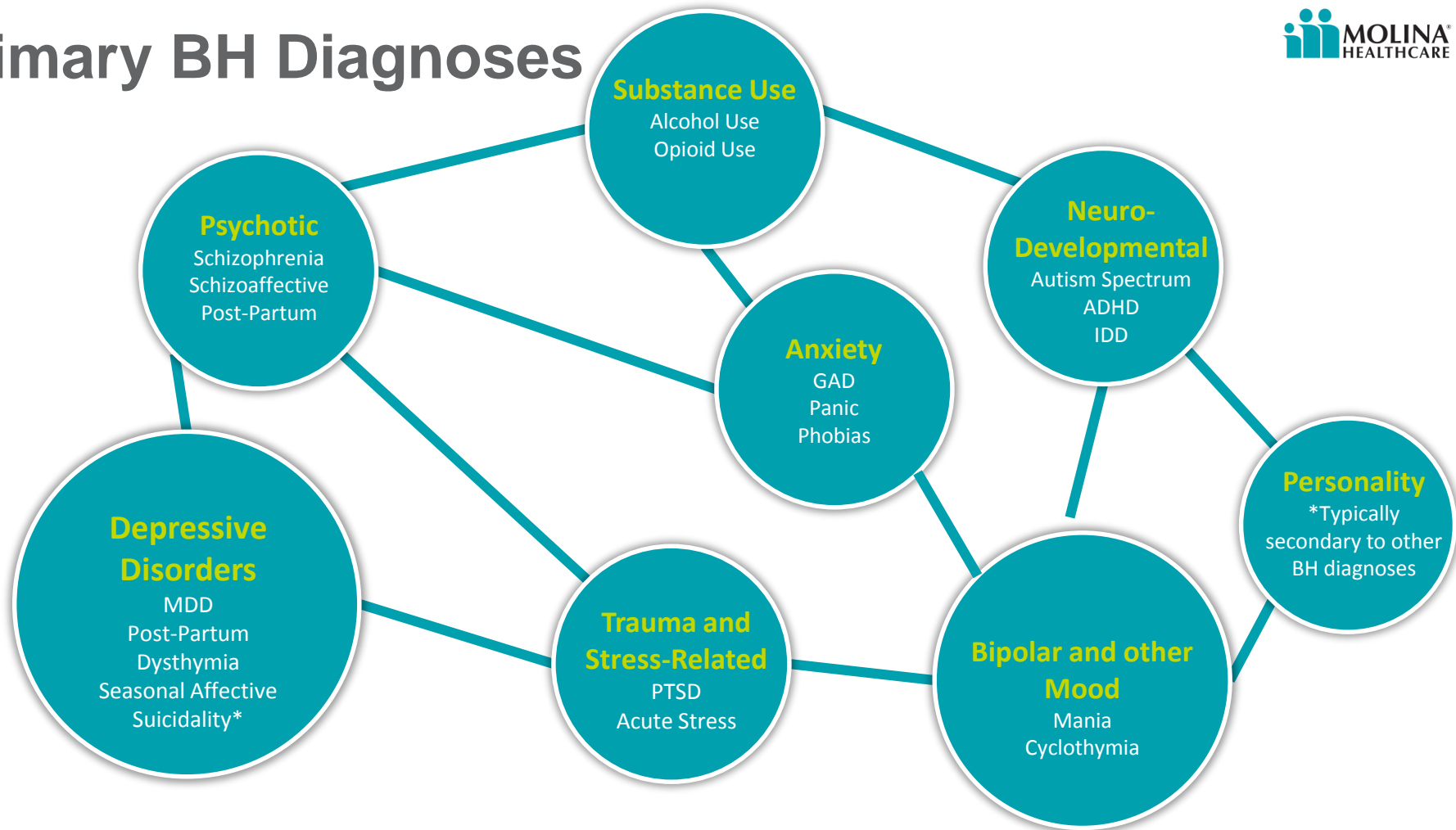
# Physical and Mental Health Co-Morbidities

Figure 1: Percentages of people with mental disorders and/or medical conditions, 2001–2003



Source: Adapted from the National Comorbidity Survey Replication, 2001–2003 (3, 83)

# Primary BH Diagnoses



# Symptom Overview



## Depression

- Common, often unrecognized
- Emotional: sadness, loss of pleasure, feeling hopeless/worthless, irritability, weeping
  - Mental: poor concentration, loss of interest
  - Physical: sleep disturbance, appetite change, “aches and pains”
- Symptoms persist beyond two weeks



## Bipolar

- Presence of both “highs and lows” with high instance of extreme mood swings
- Presence of depression symptoms during “lows”
  - Presence of manic symptoms: Increased energy, pressured speech, distractibility, aggressive or inappropriate behaviors, grandiose thoughts, decreased need for sleep, feelings of invincibility



## Anxiety

- Panic, fear and uneasiness
- Uncontrollable, obsessive thoughts
- Repeated thoughts or flashbacks of trauma
- Nightmares or other sleeping problems
- Ritualistic behaviors
- Cold or sweaty hands, dry mouth
- Shortness of breath
  - Palpitations
  - Inability to be still
- Numbness or tingling in hands or feet
  - Nausea
- Muscle tension



## Schizophrenia/ Psychosis

- Delusions
- Hallucinations
- Disorganized speech
- Grossly disorganized or catatonic behavior
- Negative symptoms (flat affect, avolition, alogia)
- Poor motivation and energy
  - Poor hygiene
  - Problems with functioning at home, work, school



## Substance Use Disorder

- Binge use
- Repeated attempts to quit use without success
- High risk behaviors during use with feelings of regret or guilt
- Abuse of multiple drugs at one time – prescription or otherwise
  - Experiencing blackouts due to use
  - Issues with daily life
- Physically injury or other medical problems due to use
- Experiencing withdrawal symptoms



# Common BH Presentations and Complaints

*I'm nervous,  
upset, stressed  
out, jittery,  
panicky, shaky.*

*I get moody  
– people tell  
me I have  
mood  
swings.*

*I want anger  
or stress  
management  
classes.*

*I'm frustrated,  
upset,  
concerned,  
stressed.*

*I have an upset  
stomach,  
headaches,  
back aches,  
muscle aches; I  
ache all over.*



*I can't sleep or  
sleep too much;  
can't eat or eat  
too much.*

*I feel blue, down,  
tired all of the time,  
helpless, hopeless.*

*I can't  
concentrate or  
focus, can't do  
simple tasks.*

*I just need a little  
something to take the  
edge off.*

# What can I do?

- ✓ **Gather** data and assess for symptoms/needs
- ✓ **Refer** to a behavioral health provider (no primary care physician referral needed)
- ✓ **Provide** access to care – refer to Molina Member Services Line
- ✓ **Offer** education and outreach – Molina has Member education materials available for providers
- ✓ **Train** your staff to recognize warning signs of common behavioral health behaviors and issues
- ✓ **Coordinate** care through Molina Case Management and/or directly with a behavioral health provider
- ✓ **Be aware** of community resources available to the member
- ✓ **Understand** your professional limits and refer where appropriate



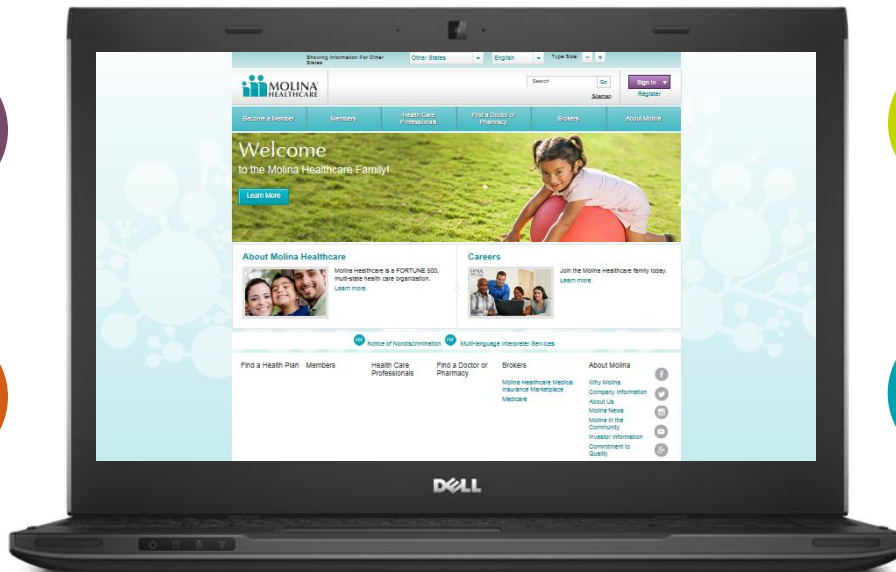
# Molina Healthcare Provider Resources



[Behavioral Health Toolkit for Providers](#)



[Case Management Referral](#)



[Opioid Safety Provider Education Resources](#)



[Clinical Practice Guidelines](#)

# Screeners and Assessments

# Assessment and Engagement of the Member



Screening or Assessment Tool	Purpose
<b>PHQ-2 and PHQ-9</b>	Depression
<b>Pediatric Symptom Checklist (PSC 17)</b>	Depression for individuals 17 and younger
<b>Alcohol Use Disorder Identification Test (AUDIT)</b>	Alcohol use
<b>Drug Abuse Screening Test (DAST)</b>	Substance abuse issues
<b>GAD-7</b>	Anxiety
<b>Screening Brief Intervention, Referral and Treatment (SBIRT)</b>	Detecting alcohol misuse
<b>Mood Disorder Questionnaire</b>	Bipolar Disorder
<b>Abbreviated Post Traumatic Checklist for Civilians (PCL-C)</b>	Post-Traumatic Stress Disorder
<b>CAGE-AID</b>	Alcohol and drug abuse screener
<b>Vanderbilt</b>	ADHD Assessment

# Assessment and Engagement of the Member



Screener or Assessment Tool	Purpose
<b>Adverse Childhood Events Assessment (ACES)</b>	Assess for stressful or traumatic events, including abuse and neglect
<b>Global Appraisal of Individual Needs – Short Screener (GAIN-SS)</b>	Abbreviated biopsychosocial to focus on behavioral health conditions
<b>Tobacco Screening</b>	Tobacco use
<b>Pain Screen Numeric or Pain Screen Faces</b>	Physical Pain
<b>PREPARE</b>	Social Determinants of Health
<b>Health-Related Social Needs Screening Tool</b>	Social Determinants of Health
<b>American Academy of Pediatrics Screening Tool Finder</b>	To access validated developmental and behavioral screening tools

# PHQ-9

## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself...or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite...being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns:  +  +  +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

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# PSC 17

## Pediatric Symptom Checklist 17 (PSC-17)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child: Never Sometimes Often

	Never	Sometimes	Often
◆ Fidgety, unable to sit still	0	1	2
■ Feels sad, unhappy	0	1	2
◆ Daydreams too much	0	1	2
● Refuses to share	0	1	2
● Does not understand other people's feelings	0	1	2
■ Feels hopeless	0	1	2
◆ Has trouble concentrating	0	1	2
● Fights with other children	0	1	2
■ Is down on him or her self	0	1	2
● Blames others for his or her troubles	0	1	2
■ Seems to have less fun	0	1	2
● Does not listen to rules	0	1	2
◆ Acts as if driven by a motor	0	1	2
● Teases others	0	1	2
■ Worries a lot	0	1	2
● Takes things that do not belong to him or her	0	1	2
◆ Distracted easily	0	1	2

# GAD-7



Over the last 2 weeks, how often have you been bothered by the following problems?

Not at all Several days More than half the days Nearly every day

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

## The Drug Abuse Screening Test (DAST)

**Directions:** The following questions concern information about your involvement with drugs. Drug abuse refers to (1) the use of prescribed or "over-the-counter" drugs in excess of the directions, and (2) any non-medical use of drugs. Consider the past year (12 months) and carefully read each statement. Then decide whether your answer is YES or NO and check the appropriate space. Please be sure to answer every question.

	YES	NO
1. Have you used drugs other than those required for medical reasons?	___	___
2. Have you abused prescription drugs?	___	___
3. Do you abuse more than one drug at a time?	___	___
4. Can you get through the week without using drugs (other than those required for medical reasons)?	___	___
5. Are you always able to stop using drugs when you want to?	___	___
6. Do you abuse drugs on a continuous basis?	___	___
7. Do you try to limit your drug use to certain situations?	___	___
8. Have you had "blackouts" or "flashbacks" as a result of drug use?	___	___
9. Do you ever feel bad about your drug abuse?	___	___
10. Does your spouse (or parents) ever complain about your involvement with drugs?	___	___
11. Do your friends or relatives know or suspect you abuse drugs?	___	___
12. Has drug abuse ever created problems between you and your spouse?	___	___
13. Has any family member ever sought help for problems related to your drug use?	___	___
14. Have you ever lost friends because of your use of drugs?	___	___
15. Have you ever neglected your family or missed work because of your use of drugs?	___	___
16. Have you ever been in trouble at work because of drug abuse?	___	___
17. Have you ever lost a job because of drug abuse?	___	___
18. Have you gotten into fights when under the influence of drugs?	___	___
19. Have you ever been arrested because of unusual behavior while under the influence of drugs?	___	___
20. Have you ever been arrested for driving while under the influence of drugs?	___	___
21. Have you engaged in illegal activities in order to obtain drug?	___	___
22. Have you ever been arrested for possession of illegal drugs?	___	___
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	___	___
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	___	___
25. Have you ever gone to anyone for help for a drug problem?	___	___
26. Have you ever been in a hospital for medical problems related to your drug use?	___	___
27. Have you ever been involved in a treatment program specifically related to drug use?	___	___
28. Have you been treated as an outpatient for problems related to drug abuse?	___	___

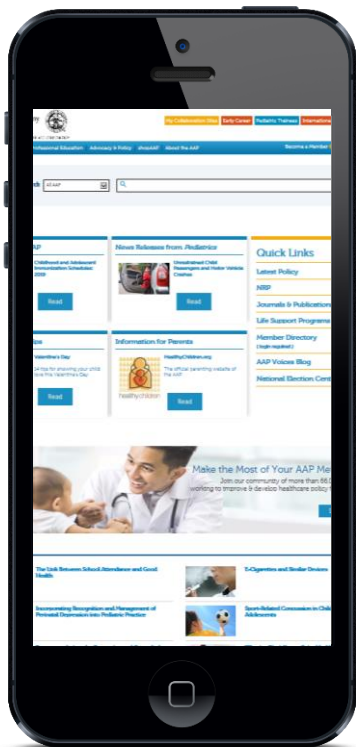
## The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol? (0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week	6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
2. How many drinks containing alcohol do you have on a typical day when you are drinking? (0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more	7. How often during the last year have you had a feeling of guilt or remorse after drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
3. How often do you have six or more drinks on one occasion? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i>	8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	9. Have you or someone else been injured as a result of your drinking? (0) No (2) Yes, but not in the last year (4) Yes, during the last year
5. How often during the last year have you failed to do what was normally expected from you because of drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down? (0) No (2) Yes, but not in the last year (4) Yes, during the last year
Record total of specific items here	
If total is greater than recommended cut-off, consult User's Manual.	



# Developmental Screening Resources



American Academy of Pediatrics [Screening Tool Finder](#)



U.S. Dept. of Health and Human Services [A Compendium of Screening Measures for Young Children](#)



CDC's [Learn the Signs. Act Early. Developmental Milestones](#)



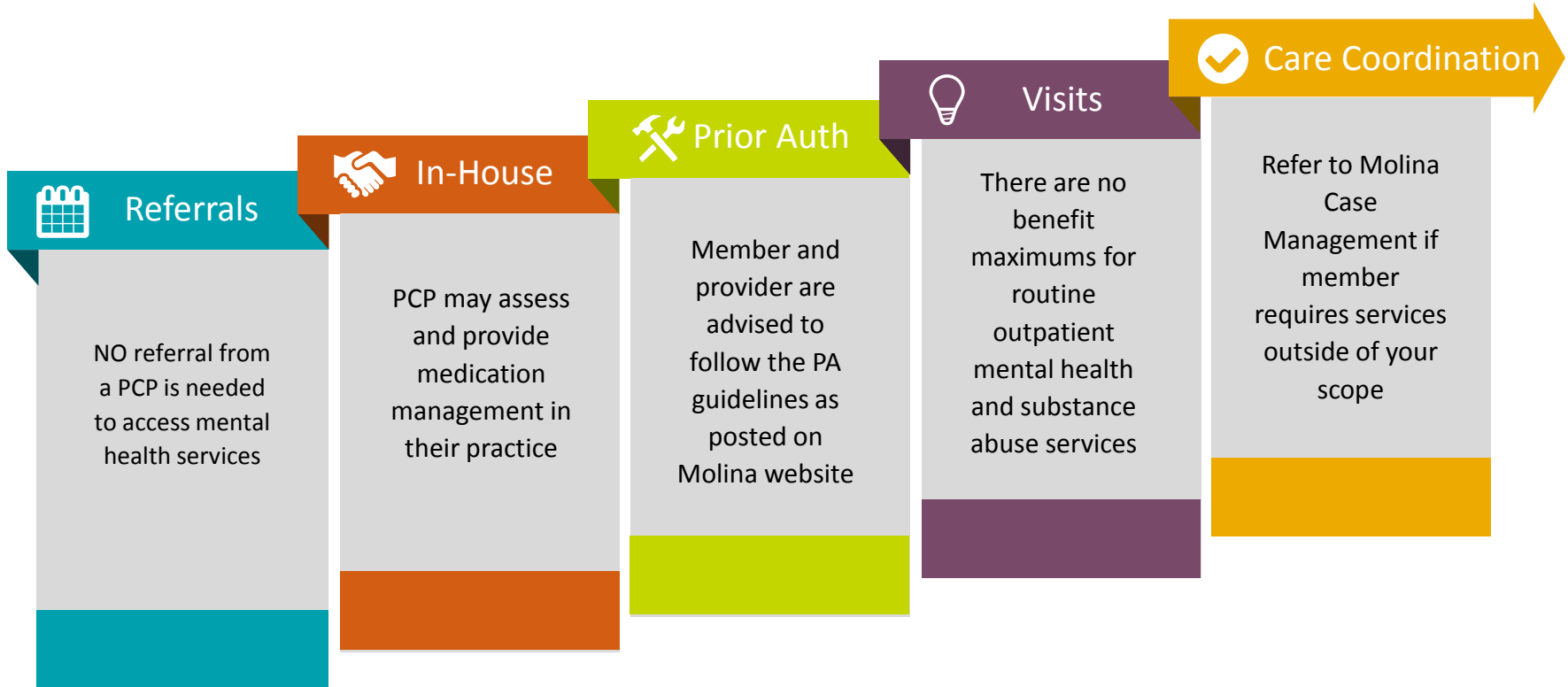
[Birth to 5: Watch Me Thrive! A Primary Care Provider's Guide for Developmental and Behavioral Screening](#)



[Behavioral/Emotional Concerns- Primary Care Provider Checklist for Adults with Intellectual and other Developmental Disabilities](#)

# Benefits and Coverage

# Additional Details for Providers



# What Mental Health Benefits are Covered?

- **Inpatient Mental Health Services**
  - Crisis Stabilization
  - Inpatient Acute Hospitalization
- **Intermediate Mental Health Services**
  - Partial Hospitalization
  - Intensive Outpatient Treatment
  - Residential Mental Health Treatment
- **Outpatient Mental Health Services**
  - Psychological and Neuropsychological Testing
  - Psychiatric Services (Evaluation and Medication Management)
  - Individual, Family and Group Counseling Services

# What Substance Use Disorder Benefits are Covered?

- **Inpatient Substance Use Disorder/Chemical Dependency Treatment Services**
  - Inpatient Acute Detoxification
- **Intermediate Substance Use Disorder Services**
  - Sub-Acute Detoxification (aka Residential Detox)
  - Residential Treatment Services
  - Partial Hospitalization Program
  - Intensive Outpatient Treatment
- **Outpatient Substance Use Disorder Treatment Services**
  - Assessment
  - Individual, Family and Group Counseling Services
  - Medication-Assisted Treatment

# Member Benefit Details

- ❖ Please reference [Molina Member Handbooks](#) for benefits specific to your patient


## Members

- Medicaid
  - About STAR
  - About STAR+PLUS
    - What's Covered
    - Handbooks
      - New Members
      - Getting Care
      - Quality Service
      - Member Resources
- Contact Us
  - CHIP (including CHIP Perinatal)
  - Medicare
    - Molina Dual Options STAR+PLUS MMP
    - Health Insurance Marketplace

### Member Services Handbook

**Your Member Handbook**  
Please read your Member Handbook. It tells you:

- About your health plan
- About your benefits
- About what is covered
- How to get the services you need
- How to get help with special health care needs
- How to contact us
- Your rights and responsibilities as a member



**Read your Member Handbook today**

- [STAR+PLUS Member Handbook \(Effective 01/2019\)](#)
- [STAR+PLUS Member Handbook Medicaid Breast and Cervical Cancer Addendum \(Effective 09/01/2017\)](#)
- [STAR+PLUS Value Added Services Addendum \(Effective 09/01/2018\)](#)
- [STAR+PLUS Nursing Facility Member Handbook \(Effective 01/2019\)](#)
- [STAR+PLUS Nursing Facility Value Added Services Addendum \(Effective 09/01/2018\)](#)
- [Notice of Change to STAR+PLUS Case Management for Children and Pregnant Women \(CPW\) \(Effective 09/01/2014\)](#)
- [STAR+PLUS Community First Choice \(CFC\) Services Dual Members \(Effective 06/01/2015\)](#)
- [STAR+PLUS Community First Choice \(CFC\) Services Non Dual Members \(Effective 06/01/2015\)](#)

**Need your Member Handbook in a different language or format?**  
Call Member Services at (866) 449-6849 or CHIP RSA at (877) 319-6826.

# Molina Healthcare Responsibilities

1

**Coordinate transition of care between services**

2

**Coordinate with local intellectual and developmental disability authorities and local mental health authorities (LMHA)**

3

**Recruit and maintain an adequate network of providers**

4

**Serve as point of contact for any member assistance**

5

**Authorize and coordinate delivery of services**

# Additional Services Provided by Molina



**Members can self-refer to any behavioral health provider in the your local Molina Healthcare plan network without a primary care physician referral**



**Crisis Hotline Access through Molina's Nurse Advice Line: (800) 818-5837**



**Interdisciplinary Care Team (ICT) meetings, as needed**



**Care coordination/case management to all Members enrolled.**



**Through case management, Molina is responsible for conducting an assessment on each Member with a potential mental health condition and providing appropriate referrals for treatment.**



# When to Refer



Are they currently in behavioral health treatment, but feel like they are not progressing or getting what they need out of treatment?



Does the Member choose to focus on their behavioral health issues over their physical health issues?



Was their recent hospitalization or medical concern a result of behavioral health issues or exacerbated by behavioral health issues/symptoms?

# How to Refer for Care Coordination

- The Molina Healthcare Behavioral Health Care Management Team provides co-location of licensed behavioral health professionals with the medical care management, care coordination and general utilization management teams.
- This cross-disciplinary team consists of dedicated professionals (e.g., psychiatrists, nurses, clinical social workers, licensed professional counselors) who are on hand to work in collaboration with the medical care managers to assist with appropriate coordination between behavioral health and physical health services.
- If you would like to learn more about Care Coordination, speak with a case manager and/or refer a patient for an evaluation, please contact Molina Healthcare at 1-877-665-4622

# National Resources

## [National Alliance on Mental Illness](#)

Additional resources related to behavioral health

## [National Institute of Mental Health](#)

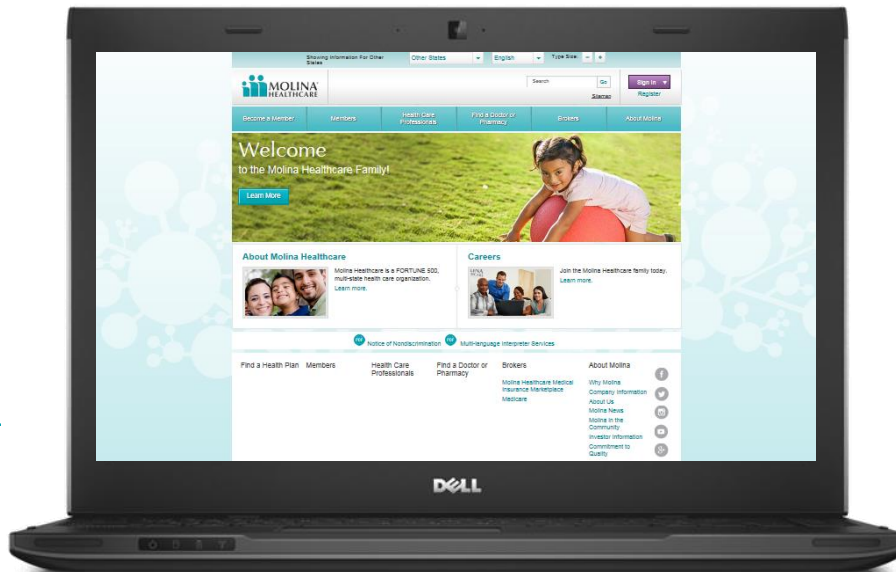
Additional resources related to behavioral health

## [The Center for Disease Control and Prevention \(CDC\)](#)

Research, resources, and stats related to SUD

## [Aunt Bertha](#)

Resource finder to address Social Determinants of Health



## [The Bree Collaborative](#)

Resources and guidelines on safe Opioid prescribing

## [Shatterproof](#)

National nonprofit organization dedicated to ending the devastation addiction causes families

## [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

Various resources to assist patients with finding services and treatment locations for substance abuse and mental health issues in their local area