Adult SMI-SPMI Eligibility Screening Tool

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

	List A (Mild-Moderate) Up to 3 from List A		List B (SMI-SPMI) 1 from List B (or 4+ from list A)
☐	Unable to obtain or maintain employment or schooling due to mental health condition within past 12 months	☐	Two or more psychiatric hospitalizations within past 12 months
☐	Unable to obtain or maintain stable housing due to mental health condition within past 12 months	☐	Functionally significant, non-substance induced paranoia, delusions, hallucinations, mania, or dissociative symptoms that significantly interfere with current functioning
☐	Mental health condition interferes with ability to form or maintain social/family relationships or causes extreme self-isolation	☐	Suicidal/homicidal pre-occupation with plan or behavior within past 12 months
☐	Physically aggressive/assaultive/self-destructive behavior with intent to cause harm within past 6 months	☐	Transition Aged Youth (age 16-25) with prodromal psychotic symptoms and signs identified by the Prodromal Questionnaire (PQ-B)
☐	Two or more PES visits or 911 calls for psychiatric behavior within last 6 months	☐	Eating disorder with medical complications (with medical condition being treated by Health Plan)
☐	Three or more co-morbid mental health AND chronic physical health or substance use conditions		
☐	Significant inability to carry out Activities of Daily Living (ADL), such as eating, bathing, getting dressed, toileting, transferring, and managing personal finances and personal safety concerns due to a mental health condition		

Individuals will be determined to meet criteria for Serious or Severe and Persistent Mental Illness eligibility for Adult Specialty Mental Health System of Care if:

a) the individual has a qualifying diagnosis of mental illness; AND

b) meets four (4) or more criteria from List A OR one (1) criterion from List B; AND

c) there is a reasonable expectation that specialty mental health treatment interventions will significantly diminish functional impairment or prevent significant deterioration in functioning; AND

d) the functional impairment is not responsive to physical health care treatment

Form Date: September 13, 2019

PQ-B Rachel Loewy, PhD and Tyrone D. Cannon, PhD ©University of California May 2010

Please indicate whether you have had the following thoughts, feelings and experiences **in the past month** by checking "yes" or "no" for each item. **Do not include experiences that occur only while under the influence of alcohol, drugs or medications that were not prescribed to you.** If you answer "YES" to an item, also indicate how distressing that experience has been for you.

1. **Do familiar surroundings sometimes seem strange, confusing, threatening or unreal to you?**

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

2. **Have you heard unusual sounds like banging, clicking, hissing, clapping or ringing in your ears?**

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

3. **Do things that you see appear different from the way they usually do (brighter or duller, larger or smaller, or changed in some other way)?**

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

4. **Have you had experiences with telepathy, psychic forces, or fortune telling?**

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

5. **Have you felt that you are not in control of your own ideas or thoughts?**

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

6. **Do you have difficulty getting your point across, because you ramble or go off the track a lot when you talk?**

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

7. **Do you have strong feelings or beliefs about being unusually gifted or talented in some way?**

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

8. **Do you feel that other people are watching you or talking about you?**

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

9. **Do you sometimes get strange feelings on or just beneath your skin, like bugs crawling?**

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

10. **Do you sometimes feel suddenly distracted by distant sounds that you are not normally aware of?**

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

11. Have you had the sense that some person or force is around you, although you couldn't see anyone?

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

12. Do you worry at times that something may be wrong with your mind?

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

13. Have you ever felt that you don't exist, the world does not exist, or that you are dead?

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

14. Have you been confused at times whether something you experienced was real or imaginary?

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

15. Do you hold beliefs that other people would find unusual or bizarre?

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

16. Do you feel that parts of your body have changed in some way, or that parts of your body are working differently?

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

17. Are your thoughts sometimes so strong that you can almost hear them?

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

18. Do you find yourself feeling mistrustful or suspicious of other people?

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

19. Have you seen unusual things like flashes, flames, blinding light, or geometric figures?

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

20. Have you seen things that other people can't see or don't seem to see?

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

21. Do people sometimes find it hard to understand what you are saying?

☐ **YES** ☐ **NO** ***If YES:*** When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree