Behavioral Health Screening Tools Scoring and SBIRT Instructions

The comprehensive screening tools were developed as a way to provide a quick measure of mental health and substance abuse issues in the primary care setting. Areas covered: substance abuse, depression, anxiety, familial relations, and domestic violence. The backside of the forms allow for fast documentation for the medical record. The scoring instructions below correspond with the appropriate sections on each of the tools.

Pediatric Behavioral Health Screener

PSC - Pediatric Symptom Checklist

Transfer parents responses to the shaded boxes in scoring grid on right side of the page. Sum the columns to create scores for scale scores. Sum these three scores to create total score.

I (Internalizing symptoms – anxiety and depression	≥ 5	positive
A (Attention – ADHD)	≥ 7	positive
E (Externalizing symptoms – disruptive behavior)	≥ 7	positive
Total Score	≥ 15	positive

Functional Impairment

For items 18-23, any item endorsed ≥ 2 represents functional impairment and warrants further assessment.

Conversation Starter Questions

Items 24-26 have been included as open ended questions as conversation starters between the physician and the patient regarding any mental health and/or substance abuse concerns.

Item 27 has been included in the event that there are issues the patient may be concerned with, that have not been covered by other questions.

SBIRT Instructions

1. Client (or guardian for children) completes the screening tool as part of their regular visit paperwork.
2. PCP office staff calculates the score.
3. If positive screen, then PCP completes a brief intervention
4. PCP gives the member a referral to area BH provider for a full assessment.
5. PCP completes documentation side of the tool to place in the medical record.
6. PCP's office bills procedure code – T1023 (only billable for a positive screen, brief intervention, and referral to BH provider for assessment).

Adult Behavioral Health Screener

PHQ -Patient Health Questionnaire 2+1 (initial Depression and Anxiety Screen)

1. Sum items 1 & 2. If total is ≥ 3 then result is a positive screen. Recommend completing PHQ-9, which is provided in the toolkit to further assess depressive symptoms.*

2. If item 3 is endorsed ≥ 1 then result is a positive screen and warrants further assessment.

AUDIT - Alcohol Use Disorder Identification Test (Alcohol Screen)

3. Sum items 1, 2, & 3. If total ≥ 5 then result is a positive screen and warrants further assessment.

NM-ASSIST – National Institute Drug Abuse Modified Alcohol, Smoking and Substance Involvement Screening Test

4. Drug Use - If Item 4 is endorsed as "Daily or Almost Daily" then result is a positive screen and warrants further assessment.

5. Alcohol and Drug Functional Impairment - Sum items 5, 6, & 7. If total is ≥ 15 then result is a positive screen and warrants further assessment.

Conversation Starter Questions

6. Items 8-10 were included in the event that there are issues the patient may be concerned with, that have not been covered by other questions. Discuss and make appropriate referral for further BH full assessment.

SBIRT Instructions

1. Client (or guardian for children) completes the screening tool as part of their regular visit paperwork.
2. PCP office staff calculates the score.
3. If positive screen, then PCP completes a brief intervention
4. PCP gives the member a referral to area BH provider for a full assessment.
5. PCP completes documentation side of the tool to place in the medical record.
6. PCP's office bills procedure code – T1023 (only billable for a positive screen, brief intervention, and referral to BH provider for assessment).

***Optional: PHQ-9 (follow-up depression screen located in toolkit provided)**
Sum items 1-9 to determine severity of depressive symptoms
1-4 Minimal symptoms
5-9 Mild symptoms
10-14 Moderate symptoms
15-19 Moderately severe symptoms
20-27 Severe symptoms.
If item 9 is endorsed ≥ 1 then result is a positive screen and warrants further assessment.
Item 10 provides estimate of functional impairment.