SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Youth SED Eligibility Screening Tool Ages 6-17

(Up to age 21 if still in school and/or open CFS case in the last 6 months)

List A (Mild-Moderate) Up to 3 from this list			List B (SED) 1 from this list or 4+ from list A		
☐	A1	Up to two PES visits within last 6 months	☐	B1	2 or more psychiatric hospitalizations within past 12 months
☐	A2	Mild to Moderate symptoms of depression and anxiety (excessive sadness, crying, SI w/o plan, irritability, self-isolation, excessive worries)	☐	B2	Suicidal/homicidal pre-occupation with plan and intent within past 12 months
☐	A3	Physically aggressive, assaultive, self-destructive, oppositional behavior, bullying, or victim of bullying	☐	B3	Self-injurious behaviors with intent to cause harm within past 6 months
☐	A4	Co-morbid mental health and substance use conditions	☐	B4	Functionally significant, non-substance induced paranoia, delusions, hallucinations, mania, or dissociative symptoms that significantly interfere with current functioning
☐	A5	Impulsivity, hyperactivity, sensory issues negatively impacting functioning	☐	B5	At risk of losing home or school placement due to mental health condition
☐	A6	Trauma, sexual abuse, sexualized behaviors, victim of human trafficking **not requiring Specialty team services**	☐	B6	Trauma, victim of Human Trafficking, sexual exploitation sexualized behaviors **requiring Specialty team services**
☐	A7	Recent loss, significant family stressors, domestic violence	☐	B7	Primary caregiver's functioning significantly impaired- may require case management
☐	A8	Eating disorder without medical complications	☐	B8	Eating disorder with medical complications
☐	A9	CFS case within past 6 months	☐	B9	Currently in foster care placement, active CFS/Probation case with potential to require collaboration/support from provider
☐	A10	Excessive truancy, failing or missing school due to a mental health condition	☐	B10	Transition Aged Youth with prodromal psychotic symptoms and signs identified by the Prodromal Questionnaire (PQ-B)(attached)

Youth ages 6-17 will be determined to meet criteria for **Specialty Mental Health** services if:

a) The youth 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 the impairment in functioning or prevent significant deterioration in functioning; AND
it is probable that the child will be enabled to progress developmentally as individually appropriate (or if covered by EPSDT, the identified condition can be corrected or ameliorated, or maintained at current level.)
d) The functional impairment is not responsive to physical health care treatment.

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

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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