QUICK START GUIDE FOR ADULT AND TEEN DEPRESSION SCREENING
Dear Colleague,

Thank you for your interest in providing Adult and Teen Mental Health Screening Check-ups for your patients. Total Health Care and Beacon Health Options are partnering together in an effort to provide you with the materials and assistance you will need to easily incorporate routine mental health screening into healthcare office visits with patients.

Included in this Quick Start Guide are several documents, which include:

- Patient Health Questionnaire (PHQ 2 incorporated into the PHQ 9 screening tool)
- PSCY (Pediatric Symptom Checklist)
- When to utilize these assessment tools, and guidelines to scoring and interpretation
- Suicide Risk Assessment
- Information on making a referral to a Beacon Health Options Mental Health Provider
- Member Consent to Exchange Information and coordinate care between a medical and BH provider
- Office Staff Checklist to optimize office workflow

If you have any questions regarding the behavioral aspect of the program or utilization of the assessment tools, please contact Beacon Health Options Quality Department. For assistance in making a referral to a Beacon Health Options Behavioral Health Provider, please contact a Beacon Health Options Clinical Care Manager. Both resources can be reached at 877-564-8517. In addition, a routine Physician to Psychiatrist consultation hotline is available at 877-241-5575. For urgent consultations, please contact 877-564-8517.

For questions regarding claims, please contact Member Services at 1-855-377-2416.

Please let us know if you welcome any additional information or if you have any suggestions on how adult behavioral healthcare screenings can be provided to more patients in your practice or community.

Sincerely

[Signature]
Harold Arrington, MD
Associate Medical Director
Total Health Care

[Signature]
Stephen Bentsen, MD
Regional Medical Director, Commercial Division
Beacon Health Options
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**Adult Depression Facts - An Overview**

- According to the Center for Behavioral Health Statistics and Quality, in 2014 6.6% of adults aged 18 or older had a major depressive disorder with severe impairment.
- 4.3% of adults had a major depressive disorder with severe impairment.

**Suicide Facts**

- According to the American Foundation for Suicide Prevention, in 2014 suicide was the 10th leading cause of all deaths in the US. One person died by suicide every 13 minutes.
- According to the Centers for Disease Control and Prevention (CDC) Data and Statistics, (2014), (WISQARS):
  - Michigan had the 32nd highest suicide rate in the country in 2014.
  - The number of Michigan suicide deaths was 1,354 or 11.57 per 100,000.
  - Suicide was the fourth leading cause of death for all Michiganders.
  - The Michigan counties composed of Wayne, Oakland, Macomb, Genesee, and Washtenaw (latest data is 2010) had an average suicide rate of 10.8 per 100,000, slightly lower than the national rate of 12 per 100,000.
**Depression in Healthcare Settings**

In 2016 the United States Preventative Task Force reviewed their position that all adults should be screened for depression in primary care as long as supports are in place to assure accurate diagnosis, effective treatment, and follow-up. They provide the current rationale.

- There is frequently a lag time between the onset of depression and initiation of treatment. By identifying undiagnosed depression, this lag time can be shortened and prevent substantial suffering.
- Depression can be episodic. Screening programs may identify members who have been incompletely treated in the mental health system or who retreat because of the stigma attached to mental conditions but are still symptomatic, or those whose depression has begun to reemerge after remission.
- Depression screening provides an opportunity to evaluate suicide risk.
- Depression screening also provides an opportunity to discuss other issues or underlying causes such as intimate partner violence.

**Teenage Depression Facts - An Overview**

According to the Center for Behavioral Health Statistics and Quality, 2015:

- In 2014, 11.4 percent of adolescents aged 12-17 had at least one major depression episode.
- 8.2 percent of adolescents aged 12-17 had a major depressive disorder (MDD) with severe impairment.

The American College of Preventative Medicine in 2011 reported that:

- 10-15 percent of adolescents in the U.S. suffer from depression at any one time. About 5 percent have MDD.
- The lifetime prevalence of MDD among adolescents may be as high as 20 percent.
- In primary care, the rate of depression may be as high as 28 percent because these teens have a higher rate of health care visits.
- Most depressed teens will have one episode, but 20-40 percent will have more than one episode within two years and 70 percent will have more than one episode before adulthood.
- Mental health problems often begin in adolescence with up to half of all cases beginning by age 14.
The Centers for Disease Control in its 2015 “Suicide Facts at a Glance” data sheet, provided the following information regarding youth ages 12-17:

- 17 percent seriously considered attempting suicide in the previous 12 months.
- 13.6 percent made a plan about how they would attempt suicide in the previous 12 months.
- 8 percent attempted a suicide one or more times in the previous 12 months.
- 2.7 percent made a suicide attempt that resulted in an injury, poisoning, or overdose that required medical attention.

**Michigan**

- According to the CDCs 2014 Data and Statistics (WISQARS), Michigan suicide ranked as the second leading cause of death for ages 10-21.
- According to the 2013 Youth Risk Behavior Survey for Michigan, prepared by the Centers for Disease Control (CDC):
  - 27 percent of Michigan high school students indicated feeling sad or hopeless almost every day for two consecutive weeks or more, in the past 12 months.
  - 16 percent seriously considered suicide during the past 12 months.
  - 14.7 percent made a plan about how they would attempt suicide in the past 12 months.
  - 8.9 percent reported making one or more suicide attempts in the previous 12 months.
  - 3 percent made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months.

**Teenage Depression in Health Care Settings**

According to the American College of Preventative Medicine (2011), there are many good reasons to institute depression screening for teen sin primary care. Among them are the following:

- Nearly seven in ten adolescents (12-17 years of age) report at least one primary care visit during the previous year.
- Those with emotional and behavioral problems tend to be more frequent visitors to primary care.
- Nearly one in every four pediatric visits (24 percent) involves behavioral, emotional, or developmental patterns.
- An estimated 45 percent of teen suicide victims visited their primary care physician in the month prior to their death and 77 percent had contact with their primary care clinicians in the previous year.
- Three out of four cases of adolescent depression are mild to moderate in severity and respond to early intervention long as it is identified early and treated or linked to specialized care.
- Education and support seem to be sufficient treatment for many adolescents with uncomplicated or brief depression or with mild psychosocial impairment.
Screening is Standard of Care

Adolescent mental health screening in primary care is a well-documented standard of care. The Institute of Medicine in collaboration with the National Research Council identified mental health screening in primary care as an effective step to prevent fully developed mental health disorders. In addition, the U.S. Preventive Services Task Force recommends that all adolescents age 12 to 18 receive an annual depression screen from their PCP. Access to free preventive services through all new health plans, including services recommended by the USPSTF (which includes depression screening), is a required component of health care reform. Mental health screening is endorsed by the American Academy of Pediatrics, the American Academy of Family Physicians, the Society for Adolescent Health and Medicine and many other professional health organizations.

The scientific literature now points to the need to utilize screening during most types of primary care visits to identify depression. The following present opportune contexts:

- Routine screening during annual physical examination such as wellness checks and sports physicals.
- Primary care office visits scheduled to address physical complaints known to occur with depression.
- Primary care office visits scheduled to address behavioral complaints known to frequently co-occur with depression (ex. Anxiety, attention deficit/hyperactivity disorder, substance abuse disorder).

Clinical Practice Guidelines - Treating to Target

Recently the use of screening has evolved past the identification of depression to the provision of measurements capable of determining whether progress is being made. These outcome measures will help to determine best practice protocols going forward.

The American Psychiatric Association’s (APA) 2010 update to the Treatment of Major Depression clinical practice guidelines featured screening as a key recommendation for determining treatment strategies. It recommended that depression should be used:

- At the initiation of treatment to identify the presence and severity of depressed symptoms and related functional impairments.
- One month after the initiation of treatment, a change in medication, or a change of dose.
- After 4-6 weeks of treatment to reassess response.

It indicates that treatment providers should use established protocols (such as STAR-D) to determine the need to change treatment regimens if necessary after 4-6 weeks. Full remission is defined as PHQ-9 score of <4 maintained for at least one month.
Introductory Letter for Parents from PCP Office

What is Teen Mental Health Screening all about?

Congratulations! You and your child have made it to the teen years. These are exciting and often challenging years where your teenager is cultivating new interests, exploring new friendships, and testing the waters of independence.

It’s common for teens to face emotional ‘ups and downs’ and even more common for them to keep their anxieties and struggles to themselves and not tell their parents. That’s why experts now recommend that doctors check on a teen’s mental health as part of their regular medical care. For most parents, these checkups will be reassurance that a teen is just experiencing typical adolescent “growing pains.” For others, a mental health checkup can identify and address problems early on, like teen depression.

In 2009, the U.S. Preventive Services Task Force released a statement recommending that doctors perform annual depression screenings for all teenagers. This report showed that undiagnosed depression among youth can be disabling and associated with long-term concerns and the potential risk of suicide. In 2010, the American Academy of Pediatrics issued a recommendation that pediatricians should screen all adolescents for possible mental health problems at every visit. Data shows that the first signs of a mental health concern typically occur two to four years before the onset of a full blown crisis. This gives parents, teens, and health care professionals a window to recognize mental health concerns and coordinate treatment before a crisis develops. Next to Las Vegas, Colorado Springs is the second leading U.S. city for suicides.

The providers at [insert practice name here] are committed to providing mental health screening to all of our patients, ages 11-17 yrs., with each wellness exam. We will be giving your teen a Teen Mental Health questionnaire to complete as part of their wellness exam today. **We ask that you allow your teen to fill out these questionnaires privately.** Some of the questions are purposefully vague. Don’t worry; there are no right or wrong answers. The questionnaire is a screening tool, not a diagnostic tool, that helps us to understand and discuss concerns that your teen may be having. We will discuss these findings with your teen and will help arrange appropriate follow up as indicated. **Your teen's answers to the questionnaire are confidential between him/her and the provider.** However, we will certainly notify parents of any serious health related concerns and involve you in any decision making regarding treatment options.

Thank you for continuing to partner with us in the health and well being of your teen. Please don’t hesitate to ask if you have any questions or concerns regarding the Teen Mental Health Screen.

Sincerely,
Why the PCP Office?

Timing of Primary Care Provider Visit in relation to ALL suicides

Visit PCP previous month: 45%
Visit PCP previous year: 77%

The PCP office is in a unique position to identify and intervene with those patients that may be experiencing mental health issues.
How the Program Works

Steps in a Mental Health Checkup

Teens
11-17 Year Old Patients

Screening Questionnaire Administration and Scoring

Post-Screening Interview/Exam

Parent Notification, Referral or Treatment

Adults
18+ Patients

No Referral or Treatment

The PHQ-2 can be administered quickly and some offices perform this on the way to the exam room. If positive to either question, the patient can then be given the more extensive assessments to complete in private while awaiting the physician.
**PHQ-2** (A Quick and Easy First Step)

- Valid and practical tool for depression screening in busy medical settings
- A physician can simply and quickly screen for depression by asking two questions (PHQ-2):
  1. Have you little interest or pleasure in doing things?
  2. Are you feeling down, depressed or hopeless?
- Positive score should be followed up with PHQ-9 and/or more thorough diagnostic assessment

  Sensitivity = 83% for major depression  
  Specificity = 92% for major depression

**Screening Questionnaire**

* Pediatric Symptom Checklist (PSC-Y) —
  - 37-item broad mental health checkup questionnaire
  - Multi-mental health questionnaire with three foci
    - internalizing (depression),
    - externalizing (control disorders), and
    - attention deficient problems
  - 2 questions focus on suicide ideation
  - Takes less than 5 minutes to complete and score
  - 94% sensitivity, 88% specificity
  - 12% false positive, 6% false negative

* Patient Health Questionnaire (PHQ-9 Modified)
  - 13-item depression screening questionnaire
  - Detection of symptoms of depression
  - 2 questions focus on suicide ideation
  - Takes less than 5 minutes to complete and score
  - 89.5% sensitivity, 78.8% specificity
  - 21.2% false positive, 10.5% false negative

**PHQ 9**

The PHQ 9 is a nine item depression scale of the Patient Health Questionnaire and is a powerful tool for assisting physicians in diagnosing depression with acceptable reliability, validity, sensitivity, and specificity. The nine items of the PHQ-9 are based directly on the diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fourth Edition (DSM-IV).

There are two components of the PHQ 9.

- Assessing symptoms and functional impairment to make a tentative depression diagnosis
- Deriving a severity score to help select and monitor treatment.
• A 9-item, self-administered questionnaire (can be administered and scored in 5 minutes).
• A screening tool; not a diagnostic tool
• Corresponds with the 9 signs and symptoms of the DSM-IV diagnosis
• Can quantify the severity of depression
• Provides a reliable measurement over time
• Available in multiple languages
• Strong evidence of reliability and validity

Sensitivity = 88% for major depression
Specificity = 88% for major depression

The following two pages contain two forms of the assessment tool – one branded with THC/Beacon logos for use with your Total Health Care patients and the other a generic version for use with all other patients.
Total Health Care Patient Health Questionnaire – PHQ-9

Name  
Date  

Over the *last two weeks*, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th></th>
<th>Not At All (0)</th>
<th>Several Days (1)</th>
<th>More Than Half the Days (2)</th>
<th>Nearly Every Day (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, or hopeless?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Little interest or pleasure in doing things?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Poor appetite or overeating?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Feeling bad about yourself--or that you are a failure or have let yourself or your family down?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way?**</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your doctor, go to a hospital emergency room or call 911.

Office Use Only  
Number of Symptoms: __________  
Severity Score: __________  
07/02

PHQ-9 is adapted from PRIME-MD Today, developed by Spitzer, Williams, Kroenke and colleagues. Copyright 1999, by Pfizer, Inc. All rights reserved. Reproduction permitted for the purposes of clinical care and research only.
Patient Health Questionnaire – PHQ-9

Over the **last two weeks**, how often have you been bothered by any of the following problems?

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<th>Several Days (1)</th>
<th>More Than Half the Days (2)</th>
<th>Nearly Every Day (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, or hopeless?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2. Little interest or pleasure in doing things?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5. Poor appetite or overeating?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
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<td>□</td>
<td>□</td>
<td>□</td>
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<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>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?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way?**</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your doctor, go to a hospital emergency room or call 911.

Office Use Only
Number of Symptoms: ___________  Severity Score: ___________  07/02

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1. Complete PHQ-9 or PHQ-2.
   - At the well adult and routine office visits.

2. Analyze results
   - If PHQ-2 is positive, continue to administer the PHQ-9.
   - Add up scores using the weighted value at the top of the form. This is the severity score number.
   - Total the number of symptoms the patient has by aggregating a total score.
   - Evaluate the results using the Severity Score and the Number of Symptoms which demonstrates breadth and depth of depression.
   - These scores with your clinical evaluation will guide the level of recommended care.
   - For a screen to indicate the presence of depression, there must be positive response (1, 2 or 3) for Questions #1 or #2, which is PHQ-2.

3. Coordination of care based on findings.

<table>
<thead>
<tr>
<th>Total Score:</th>
<th>Depression Severity:</th>
<th>Referral Recommendation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>Community Norms</td>
<td>No Referral</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild Depression</td>
<td>Possible Outpatient Referral</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate Depression</td>
<td>Outpatient Referral</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately Severe Depression</td>
<td>Consultation with Beacon Health Options for Level of Care either through Referral Line or PCP Hotline.</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe Depression</td>
<td>Mandatory Consultation for possible Inpatient Admission</td>
</tr>
<tr>
<td>Positive on item 9</td>
<td>Presence of Suicidally</td>
<td>Mandatory Consultation with Beacon Health Options</td>
</tr>
</tbody>
</table>
4. **Documentation to keep you in the loop on the care of your patient.**
   - Complete and have the patient sign the coordination of care form noted on page 13 in the Implementation Guide with their phone number & fax to Beacon Health Options at 877-755-0334
   - Utilize a SOAP format for office notes
   - Store the results of the screening tool, coordination of care form and clinical notes in the patient’s chart

5. **MAKE THE CALL.**
   - If the call is not made while the patient is in your office, the likelihood of a successful referral and intervention occurring decreases dramatically.
   - When the score is non life threatening, you have the option to re-screen/monitor at an annual visit or more frequently as health issues arise or mental status changes.
   - Remember that scores greater than 10, but less than 15 most likely indicates a need for a referral based on additional observations and assessment
   - A score greater than 20 or positive for Question #9 is an emergent referral

**Beacon Health Options Referral/Scheduling Line: 877-564-8517**
(For routine/urgent)

**Beacon Health Options Psychiatric Hotline: 877-241-5575**
(For routine only)
**Overview**

The Pediatric Symptom Checklist for Youth (PSC-Y) is a 35-item self-completion screening questionnaire designed to detect a broad range of behavioral and psychosocial problems in youth. It includes questions that focus on internalizing, externalizing and attention problems. Two additional questions regarding suicidal thinking and attempts have been added to the PSC-Y. The questionnaire takes less than five minutes to complete and score, and it can be scored by a nurse, medical technician or other office staff prior to the patient’s exam with the PCP.

**Administration**

It is recommended that parents are informed that a mental health checkup will be administered as part of the exam. In order to obtain honest answers, patients should be left alone to complete the PSC-Y in a private environment and should be informed of their rights confidentiality before the questionnaire is administered.

The PSC-Y comes in the form of a tear-off pad and is available in both English and Spanish. You may choose to distribute a copy of the questionnaire to patients in the waiting or exam room as the patient comes in for their appointment.
### A Survey From Your Healthcare Provider — PSC-Y

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please mark under the heading that best fits you or circle Yes or No</strong></td>
<td>Never: 0</td>
<td>Sometimes: 1</td>
</tr>
<tr>
<td>- 1. Complain of aches or pains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 2. Spend more time alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 3. Feel easily, little energy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 4. Fidgety, unable to sit still</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 5. Have trouble with teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 6. Less interested in school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 7. Act as if driven by motor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 8. Daydream too much</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 9. Distract easily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 10. Are afraid of new situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 11. Feel sad, unhappy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 12. Are irritable, angry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 13. Feel hopeless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 14. Have trouble concentrating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 15. Less interested in friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 16. Fight with other children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 17. Absent from school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 18. School grades dropping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 19. Down on yourself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 20. Visit doctor with doctor finding nothing wrong</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 21. Have trouble sleeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 22. Worry a lot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 23. Want to be with parent more than before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 24. Feel that you are bad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 25. Take unnecessary risks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 26. Get hurt frequently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 27. Seem to be having less fun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 28. Act younger than children your age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 29. Do not listen to rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 30. Do not show feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 31. Do not understand other people's feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 32. Tease others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 33. Blame others for your troubles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 34. Take things that do not belong to you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 35. Refuse to share</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 36. During the past three months, have you thought of killing yourself?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>- 37. Have you ever tried to kill yourself?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

| = A ≥ 7 | = 1 ≥ 5 | = E ≥ 7 | Note — the sub scores do not impact the overall score; they are for interpretation purposes only. |

| TS | 0.36 or 0.37=Y | Screen ≥ 30 |

**FOR OFFICE USE ONLY**

Plan for Follow-up | Annual screening | Return visit w/ PCP |REFERRED TO COUNSELOR |
|-------------------|-----------------|---------------------|-----------------------|
| Parent declined | Already in treatment | Referred to other professional | Source: Pediatric Symptom Checklist — Youth (PSC-Y)
Scoring and Interpreting the Results
Below are the scoring instructions for the PSC-Y:

<table>
<thead>
<tr>
<th>Scoring</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Each item on the PSC-Y is scored as follows:</td>
<td>Never = 0</td>
<td>Sometimes = 1</td>
</tr>
<tr>
<td>To calculate the score, add all of the item scores together:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Score = (range 0–70)</td>
<td>If items are left blank, they are scored as 0.</td>
<td>If four or more items are left blank, the questionnaire is considered invalid.</td>
</tr>
<tr>
<td>Score is positive if:</td>
<td>Total Score ≥ 30</td>
<td>Recent suicidal ideation is reported (Q36)</td>
</tr>
</tbody>
</table>

Interpreting the Screening Results

- Patients that score positive on their PSC-Y should be evaluated by the primary care provider (PCP) to determine if the symptoms endorsed on the questionnaire are significant, causing impairment and warrant a referral to a mental health specialist or follow-up or treatment by the PCP.

- For patients who score negative on the PSC-Y, it is recommended that the PCP briefly review the symptoms marked as "sometimes" and "often" with the patient.

- For help assessing mental illness and suicide risk order the TeenScreen Post-Screening Interview Guide.

The questionnaire indicates only the likelihood that a youth is at risk for a significant mental health problem or suicide. Its results are not a diagnosis or a substitute for a clinical evaluation.

<table>
<thead>
<tr>
<th>Individual Problem Areas (For Interpretation Only)</th>
<th>Internalizing Problems (i.e., Depression or Anxiety)</th>
<th>Attention Problems (i.e., ADHD)</th>
<th>Externalizing Problems (i.e., Conduct Disorder, Oppositional Defiant Disorder)</th>
<th>Suicidality (if either question is endorsed, further assess for suicidal thinking and behavior and depression)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Feel sad, unhappy</td>
<td>Fidgety, unable to sit still</td>
<td>Fight with other children</td>
<td>Recent suicide ideation</td>
</tr>
<tr>
<td></td>
<td>Worry a lot</td>
<td>Distract easily</td>
<td>Do not listen to rules</td>
<td>Prior suicide attempt</td>
</tr>
<tr>
<td></td>
<td>Feel hopeless</td>
<td>Act as if driven by motor</td>
<td>Do not else others</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seem to be having less fun</td>
<td>Daydream too much</td>
<td>Refuse to share</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Down on yourself</td>
<td>Have trouble concentrating</td>
<td>Do not understand other people’s feelings</td>
<td></td>
</tr>
</tbody>
</table>

I = >5
A = >7
E = >7

<table>
<thead>
<tr>
<th>Non-Categorized Items</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Completing chores or pain</td>
<td>Less interested in school</td>
<td>Absent from school</td>
</tr>
<tr>
<td></td>
<td>Spend more time alone</td>
<td>Are afraid of new situations</td>
<td>School grades dropping</td>
</tr>
<tr>
<td></td>
<td>Tire easily, little energy</td>
<td>Are irritable, angry</td>
<td>Visit doctor with doctor finding nothing wrong</td>
</tr>
<tr>
<td></td>
<td>Do not show feelings</td>
<td>Less interested in friends</td>
<td>Have trouble sleeping</td>
</tr>
<tr>
<td></td>
<td>Have trouble with teacher</td>
<td></td>
<td>Feel that you are bad</td>
</tr>
</tbody>
</table>

Want to be with parents more than before
Take unnecessary risks
Get hurt frequently
Act younger than children your age
Overview

The PHQ-9 Modified for Teens is a 13-item self-completion screening questionnaire designed to detect symptoms of depression and suicide risk in adolescents. In addition to the 9 core items that ask about symptoms of depression, there are two items that inquire about the severity of symptoms (or impairment) and two additional items that ask about suicide risk. The questionnaire takes less than five minutes to complete and score, and it can be scored by the doctor, nurse, medical technician or other office staff prior to the patient’s exam with the PCP. The PHQ-9 Modified is derived from the PHQ-9 that is used for adults. Both the American Academy of Pediatrics and the U.S. Preventive Services Task Force recommends that depression screening be conducted annually.

Administration

It is recommended that parents are informed that depression screening will be administered as part of the exam. In order to obtain honest answers, patients should be left alone to complete the PHQ-9 Modified in a private environment and should be informed of their rights regarding confidentiality before the questionnaire is administered.

The PHQ-9 Modified comes in the form of a tear-off pad and is available in both English and Spanish. You may choose to distribute a copy of the questionnaire to patients in the waiting or exam room as the patient comes in for their appointment.
Scoring and Interpreting the Results
Below are the scoring instructions for the PHQ-9 Modified:

<table>
<thead>
<tr>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>For every X:</td>
</tr>
<tr>
<td>Not at all = 0</td>
</tr>
<tr>
<td>Several days = 1</td>
</tr>
<tr>
<td>More than half the days = 2</td>
</tr>
<tr>
<td>Nearly every day = 3</td>
</tr>
<tr>
<td>Add up all “X”ed boxes on the screen.</td>
</tr>
</tbody>
</table>

Defining a Positive Screen on the PHQ-9 Modified:
- Total scores ≥ 11 are positive

Suicidality:
Regardless of the PHQ-9 Modified total score, endorsement of serious suicidal ideation OR past suicide attempt (questions 12 and 13 on the screen) should be considered a positive screen.

Interpreting the Screening Results
- Patients that score positive on the questionnaire should be evaluated by their primary care provider (PCP) to determine if the depression symptoms they endorsed on the screen are significant, causing impairment and/or warrant a referral to a mental health specialist or follow-up treatment by the PCP.
- It is recommended that the PCP inquire about suicidal thoughts and previous suicide attempts with all patients that score positive, regardless of how they answered these items on the PHQ-9 Modified.
- For patients who score negative on the PHQ-9 Modified, it is recommended that the PCP briefly review the symptoms marked as “more than half days” and “nearly every day” with the patient.
- The questionnaire indicates only the likelihood that a youth is at risk for depression or suicide; its results are not a diagnosis or a substitute for a clinical evaluation.

Depression Severity
- The overall score on the PHQ-9 Modified provides information about the severity of depression, from minimal depression to severe depression.
- The interview with the patient should focus on their answers to the screen and the specific symptoms with which they are having difficulties.
- Additional questions on the PHQ-9 Modified also explore dysthymia, impairment of depressive symptoms, recent suicide ideation and previous suicide attempts.

Total Score: Depression Severity
1–4: Minimal depression
5–9: Mild depression
10–14: Moderate depression (≥ 11 = Positive Score)
15–19: Moderately severe depression
20–27: Severe depression
A Survey From Your Healthcare Provider —
PHQ-9 Modified for Teens

Name: _________________________________ Clinician: _________________________________
Medical Record or ID Number: _________________________________ Date: __________________

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks?
For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

<table>
<thead>
<tr>
<th></th>
<th>(0) Not At All</th>
<th>(1) Several Days</th>
<th>(2) More Than Half the Days</th>
<th>(3) Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, irritable, or hopeless?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2. Little interest or pleasure in doing things?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4. Poor appetite, weight loss, or overeating?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>5. Feeling tired, or having little energy?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>7. Trouble concentrating on things like school work, reading, or watching TV?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Or the opposite — being so fidgety or restless that you were moving around a lot more than usual?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

10. In the past year have you felt depressed or sad most days, even if you felt okay sometimes? [ ] Yes [ ] No

11. If you are experiencing any of the problems on this form, 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

12. Has there been a time in the past month when you have had serious thoughts about ending your life? [ ] Yes [ ] No

13. Have you ever, in your whole life, tried to kill yourself or made a suicide attempt? [ ] Yes [ ] No

FOR OFFICE USE ONLY Score __________________

0.12 and Q.13 = Y or Screen = ≥11

Used with Permission of the GLAD-FC Steering Group www.GLAD-FC.org
Source: Patient Health Questionnaire—Modified for Teens (PHQ-9) (Authors: Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues)
Release of Information

Beacon Health Options Behavioral Health Provider/Medical Care Physician Communication Form (Contact: 877-564-8517 to reach Beacon; Fax: 877-755-0334)

Form Instructions

**Member Consent to Exchange Information FORM:**

- This form is completed by the Primary Care Physician’s office with the member’s signature giving permission for the PCP to exchange information with the Behavioral Health Provider.
- Please complete all areas including the reason for the referral, any relevant medical information and current medications. Be sure to include any behavioral health medications that are being prescribed by the PCP.
- Be sure to include the fax number to where the behavioral health information should be sent.
- Fax the form to 877-755-0334.
- To speak with a Clinical Care Manager about a Behavioral / Medical Coordination Referral call 877-564-8517 indicating that you are calling about a medical coordination case.
- Within 3 business days upon receipt of the fax, Beacon Health Options will outreach to the PCPs office and the member.
- This document will be scanned into the Beacon CareConnect Record upon completion.

**Behavioral Health Appointment FORM:**

- This form is completed by Beacon Health Options to communicate with the PCP regarding the appointment scheduled for the member with a behavioral health provider.
- Updated member contact information should be included.
- Once all of the information is available, it is faxed to the Behavioral Health Provider along with the signed Member Consent Form.
- This document will be scanned into the Beacon CareConnect Record upon completion.

**Behavioral Health Provider Information FORM:**

- This form is completed by the Behavioral Health Provider regarding the findings, recommendations, medications, date of last session, etc.
- Updated member contact information should be included.
- The Behavioral Health Provider must fax this form back to Beacon Health Options via 877-755-0334.

Please Note: Medical providers need only to complete and fax the first page (page 22 in this guide) to Beacon Health Options. The other two release/communication forms will be handled by Beacon Health Options.
ROI (Member Consent to Exchange Information)

Member Name ___________________________ Date of Birth ________________________

Beacon Health Options Behavioral Health Provider/Medical Care Physician Communication Form (Contact: 877-564-8517 to reach Beacon; Fax: 877-755-0334)

Member Consent to Exchange Information (to be completed by member) Health Plan: ___________________________

I, ___________________________ authorize/do not authorize ___________________________, (Please Print) (Circle one) (Provider’s Name)

I can be reached at the following telephone number(s): ___________________________ or ___________________________.

My behavioral health provider, and ___________________________ (Medical Care Physician Name) (Address and Phone Number)

to exchange information regarding my mental health/substance abuse treatment and medical healthcare for coordination of care purposes as may be necessary for the administration and provision of my healthcare coverage. The information exchanged may include information on mental health care or substance abuse care and/or treatment such as diagnosis and treatment plan. I understand that this authorization shall remain in effect for one year from the date of my signature below or for the course of this treatment, whichever is longer. I understand that I may revoke this authorization at any time by written notice to the above behavioral healthcare provider. I also understand that it is my responsibility to notify my behavioral healthcare provider if I choose to change my Primary Care Physician.

I Authorize Communication between My Medical Care Provider
and Behavioral Health Provider (Member’s Signature) ________________ Date____

I Do Not Authorize Communication between My Medical Care Provider
and Behavioral Health Provider (Member’s Signature) ________________ Date____

Signature of parent or guardian (if member is a minor) or DPOA ________________ Date____

Witness ________________ Date____

Provider Information (to be completed by Medical Care Physician) - Please Print

Physician Name(s) Address City/State Telephone #

Reason for Referral / Comments: ____________________________________________

Medical History: ____________________________________________________________

Current Medication(s): _______________________________________________________

Prescribed Behavioral Health Medication (s): ___________________________________

PCP /Affiliate Provider Signature/Credentials ________________ Date____

Fax a copy of this form to Beacon at 877-755-0334, Retaining the original in the patient’s chart. Attach confirmation that fax was sent. Beacon will forward this completed form to the Behavioral Health Provider.

Date Sent ________________ Sent By (Medical Office / Staff Initials) _______ PCP Phone _______ Fax# _______

Beacon to Fax to Originating Medical Office and attach to CareConnect
Please File in Member’s Record

Beacon PCP doc 9/17/01
Revised 3/16/2011

24
Member Name _______________________________  Date of Birth _______________________

Beacon Health Options Behavioral Health Provider/Medical Care Physician Communication Form (Contact: 877-564-8517 to reach Beacon; Fax: 877-755-0334)

Behavioral Health Provider Appointment To Be Completed By Beacon Health Options

Provider Name ____________________________  Provider ID # __________________

Provider Address ___________________________  Tele# __________________________

Appt Date ____________  Appt Time: ____________  Appt Kept: Yes __ No _____

If No, Contact with Member Yes ___ No __ Rescheduled Date ________________  Rescheduled Time ________________

Comments: ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Updated Member’s Telephone # (If Available): __________________________

Release of Information Completed by Member and Transmitted to Beacon Health Options:

Yes ___ (If Yes, Date Received ___/___/____)  No___

☐ Check Box to Confirm Release of Information and Info Sent to Behavioral Health Provider and Attached to Beacon CareConnect Case

  Date Sent ________ Fax # _____________ Office# _____________

Beacon Health Options Contact ____________________________________________  Tele # __________________

  Clinical Support or Clinical Care Manager

  Date ________ Staff Name _____________________ Tele# _____________

Beacon PCP doc 9/17/01
Revised 2/14/2011

Please File in Member’s Record
Beacon Health Options Behavioral Health Provider/Medical Care Physician Communication Form (Contact: 877-564-8517 to reach Beacon; Fax: 877-755-0334)

**Provider Information (to be completed by Beacon Health Options provider) - Please Print**

<table>
<thead>
<tr>
<th>Practitioner Name(s)</th>
<th>Facility Name</th>
<th>Address</th>
<th>City/State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>Credentials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Therapist and Psychiatrist if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DSM V Diagnosis code &amp; name</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Treatment Plan:**
- Type __________________
- Frequency _____________
- Est length of Tx _____________
  (I.e. ind, family, group, meds)
  (I.e. weekly, etc)

**Medication(s)**
- Prescribed: __________________

**Findings / Comments:**

________________________
________________________
________________________

**Updated Member’s Telephone # (If Available):** ____________________________

For urgent or emergency situation, please call the primary care physician in addition to sending form

- Conclusion of mental health/substance treatment
- Date of last session ____________
- Treatment completed? Yes ___ No ___
- Notification of prescription or change in medications (see comments)
- Other: __________________________

**Print Clinician Name**

**Signature/Credentials**

**Telephone Number**

A copy of this form must be sent to the primary care physician, retaining the original in the member’s chart. If the form is sent by fax, attach confirmation that fax was sent. Fax number is 877-755-0334.

**DATE SENT**

**SENT BY (BH CLINICIAN INITIALS)**

Please Check Method
- Fax ☐ 877-755-0334
- Mail ☐

Beacon Health Options – Medical Coordination
48561 Alpha Drive, Suite #150
Wixom, MI 48393

Please File in Member’s Record
Resources for THC Affiliated Providers

Beacon Health Options Psychiatric Hotline: 877-241-5575

- Available from 7:30 AM to 4 PM MST Monday through Friday
- After hours, leave a voicemail for a return call
- Essentially a routine “curbside consult”
- Consultations occur within 24 hours of request

Beacon Health Options Referral/Scheduling Line: 877-564-8517

- Access to a clinical care manager - dedicated line
- Perform additional risk assessment & triage
- Provide referral and scheduling of BH appointment
- Available 24/7

For Claims Questions: 855-377-2416

- Total Health Care Member Services at 1-855-377-2416
Community Resources

NATIONAL HOTLINES

Suicide
National Suicide Hotline ................................................................. 1-800-273-TALK .......... 1-800-273-8255
National Suicide Hotline ................................................................. 1-800-SUICIDE .......... 1-800-784-2433
National Suicide Hotline TTY ............................................................ 1-800-799-4TTY .......... 1-800-799-4889
Text Telephone Device or Telecommunication Device for the Deaf (TDD)
National Military Veterans Suicide Hotline ............................... 1-800-273-TALK (Press 1) .......... 1-800-273-8255 (Press 1)

Mental Health
Help Finding a Therapist ................................................................. 1-800-THERAPIST .......... 1-800-843-7274
Mental Health InfoSource ................................................................. 1-800-447-4474
National Institute of Mental Health .............................................. 1-888-ANXIETY ............ 1-888-269-4389
National Mental Health Association ............................................... 1-800-969-6642
Information on mental health topics and referrals, access to an info specialist

FACILITIES/CLINICS

Wayne County
Eastwood Clinics................................................................. 313-343-7230
Hegira Programs Inc................................................................. 734-397-3088
Samaritan Counseling Center .................................................... 248-474-4701

Oakland County
Northland Clinics ................................................................. 248-559-8190
Triad Associates ................................................................. 248-625-2970
Havenwyck Hospital ................................................................. 248-373-9200

Macomb County
Renewal Christian ................................................................. 586-783-2950
Abaris Behavioral Health ............................................................ 859-360-7745

Washtenaw County
Catholic Charities of Michigan Inc ................................................ 734-971-9781
Heron Ridge Associates ............................................................ 734-913-1093
Home of New Vision ................................................................. 734-975-1602

Genesee County
Alternative Community Living Inc ............................................. 810-232-2766
Therapy Support Centers ........................................................ 810-519-8227
Bio-Med Behavioral Healthcare ............................................... 810-422-9406
Selected Websites

• Beacon Health Options: https://www.BeaconHealthOptions.com/


• MacArthur initiative on depression and primary care: http://www.sprc.org/sites/sprc.org/files/MacArthur%20Depression-Primary%20Care_toolkit.pdf


Beacon Health Options Provider Network

PCP offices may search for Beacon Health Options behavioral health providers by going to the Beacon Health Options website at www.BeaconHealthOptions.com, selecting the member tab with the Beacon (formerly ValueOptions) site, entering as a guest, choosing Total Health Care (either Medicaid or Commercial) and clicking on "Find a Provider" on the left column of the page for the group of Behavioral Health providers to search.


