

**SANTA CRUZ COUNTY
Behavioral Health Services**

POLICIES AND PROCEDURE MANUAL

**Subject: Access Triage & Screening for
MHP & DMC-ODS Services**

Policy Number: 2102

Date Effective: 4/5/2019

Pages: 7

Date Revised: 8/8/2017

**Responsible for Updating:
Access Manager**

Approval: 
Behavioral Health Director

4-5-2019
Date

POLICY:

Santa Cruz County Behavioral Health Services (MHP & DMC-ODS) shall respond to requests for services based on clinical needs of a Medi-Cal beneficiary.

PURPOSE:

To provide a coordinated system of assessment and screening services for: 1) adults with serious and persistent mental illness and children with serious emotional disturbance who are seeking treatment services from the MHP; and 2) adults and children/youth with substance use who are seeking treatment services from the DMC-ODS.

DEFINITIONS:

1. Normal Business Hours

Monday through Friday from 8 a.m. to 12:00 p.m. and 1:00 p.m. to 5 p.m., except for holidays.

2. Contract Providers

Community Based Organizations contracted with the MHP and/or DMC-ODS to provide treatment services to Medi-Cal beneficiaries.

3. Access Teams

- a. Adult Access Team members are highly skilled and experienced, licensed or license eligible clinicians who are able to screen and triage calls appropriately and perform in person MHP assessments and ASAM screenings for DMC-ODS.

- b. Child/Youth treatment provider gates have been established as the primary points of entry into the County Children's System of Care, serving those under age 18 with a serious emotional disturbance. Some community-based providers also serve as entry points into children's mental health services.
- c. Substance use treatment provider gates have been established as primary points of entry into the DMC-ODS serving adults and children/youth with substance use.

4. Urgent Care

A situation experienced by a beneficiary that, without timely intervention, is likely to result in an immediate emergency psychiatric condition (as defined by CCR Title 9, 1810.253).

5. Target Populations

- All Santa Cruz County Medi-Cal beneficiaries who meet medical necessity criteria for MHP
- Santa Cruz County residents who meet MHP System of Care criteria
- All Santa Cruz County Medi-Cal beneficiaries who meet medical necessity criteria for DMC-ODS.

6. MHP System of Care Criteria

Adults and older adults with serious and persistent mental illness and major impairments in functioning often with a history of psychiatric hospitalizations, or behaviors posing danger to self, others, or grave disability, and children with severe emotional disturbance who are at risk of out-of-home placement, or a higher level of care.

7. DMC-ODS Network Continuum of Care Criteria

ASAM assessment shall be conducted to determine medical necessity of DMC-ODS services and appropriate level of care treatment services for children/youth and adults. Santa Cruz County DMC-ODS Level of Care (LOC) services have a continuum from: ASAM 1.0 Outpatient, including NTP; ASAM 2.1 Intensive Outpatient; ASAM 3.1 Residential; ASAM 3.3 Clinically Managed Population-specific High Intensity Residential; and ASAM 3.2 Withdrawal Management.

- a. County Access Team will conduct in person Brief ASAM Screenings, obtain signed authorization to release information, and refer individual to appropriate LOC provider, based on timeliness standards, who will conduct comprehensive ASAM LOC assessment for treatment intake.
- b. DMC-ODS provider gates will conduct in person ASAM assessments, including obtaining signed information sharing authorizations, for program's LOC treatment services. Provider will coordinate treatment admission to another DMC-ODS provider if a higher or lower level of care is determined appropriate.

8. Crisis Stabilization Program (CSP)

A less than 24-hour crisis stabilization program is the receiving unit for most individuals brought in pursuant to California Welfare and Institutions Code, Section 5150 or a 5585 72 hour psychiatric hold for children/youth; but will not preclude direct admissions for adults to the local Psychiatric Health Facility (PHF) as clinically indicated. Medi-Cal

beneficiaries and others in crisis may also self-present for evaluation. Behavioral Health Services does not require prior authorization for emergency services.

9. Santa Cruz County Behavioral Health Center

The PHF provides inpatient services to adult individuals evaluated at the CSP and determined to require psychiatric inpatient services either voluntarily or involuntarily under Welfare & Institution Code 5150. This facility is co-located with the CSP.

10. MERT

Mobile Emergency Response Team that provides services to MHP and DMC-ODS beneficiaries and also provides walk-in services for youth at North County Clinic.

PROCEDURES:

1. Coverage

a. Toll Free Number

Behavioral Health Services (BHS) maintains a statewide toll-free number (1-800-952-2335) available 24 hours per day and 7 days a week for MHP and DMC-ODS services.

b. Answering Service

The Access Team functions will be covered after hours, weekends and holidays by the Santa Cruz Answering service and County BHS staff on call.

c. All non-emergency and non-urgent callers to the answering service after hours and on weekends will be directed to contact the Access Team (MHP) or Substance Use Disorder Services (SUDS) Team (DMC-ODS) during normal work hours for further assistance and a message will be taken for a return call on the next business day.

d. Walk-in services are available for MHP and DMC-ODS adult and children/youth beneficiaries during normal business hours.

2. Emergency Services

The Access Team or Answering Service will transfer psychiatric emergency calls to the CSP regardless of insurance or ability to pay.

3. Requests for Urgent Behavioral Health Services

Individuals requesting urgent mental health or substance use care may self-present to the Santa Cruz County Access Team at 1400 Emeline, Santa Cruz, CA on the 2nd floor for adults and 1st floor for youth, Monday through Friday during normal business hours without an appointment. The Access clinician (MERT for youth) on duty will triage the individual and determine the appropriate disposition.

a. Response Time

BHS will authorize and/or referral requests for urgent services by beneficiaries within one hour of the request during normal business hours, including DMC-ODS NTP service requests. MHP and/or DMC-ODS service must be delivered no later than 36 hours.

b. Authorization

1. During normal business hours, MHP authorization will be conducted by the Access team. After hours, weekends or holidays urgent care authorizations will be conducted by the CSP.
2. SUDS will authorize DMC-ODS residential placements within 24 hours of received request.

c. Treatment Providers

1. Individuals requiring urgent mental health treatment may be scheduled with or referred to the Access Team-Crisis Services, Community Based Providers, County Psychiatry staff, or to a contracted provider, when specialty services, not otherwise available, are required. Eligible individuals requiring urgent substance use treatment may be scheduled with or referred to the SUDS Outpatient Services or DMC-ODS contracted provider for urgent service appointment.
2. The Access team will consider other urgent responses, as appropriate (including welfare checks by police or 5150 by staff).
3. MERT is available during normal business hours to assist in crisis response in the community for adults and children, upon approval of the Access Manager or designee.
4. Law Enforcement Liaisons for Santa Cruz County Police Depts. and Santa Cruz Sheriff's Office are available during normal business hours to assist law enforcement with response to mental health crises in the field.

4. Requests for Urgent Medication Services for MHP

- a. Access psychiatry services are available during normal business hours for immediate prescription needs, brief medication management, or medical/psychiatric triage.
- b. There will be one on-duty psychiatrist from 8:00am-12:00pm and another on-duty psychiatrist from 1:00pm-4:00pm.
- c. Individuals who need to be seen by the on-duty psychiatrist will be seen during dedicated crisis slots, and when time is available in that psychiatrist's schedule.
- d. Medications will be prescribed, or samples dispensed, as indicated.
- e. The medications prescribed will be targeting the acute symptoms that precipitated the crisis.
- f. The psychiatrist will assume responsibility for follow-up and outpatient stabilization of the client.
- g. After the patient has been stabilized, a decision will be made as to the appropriate treatment modality for the client, if any.

5. Children and Youth

- a. Walk-in Crisis services are available to children & youth at 1400 Emeline during normal business hours.
- b. MERT services are also available during normal business hours to assist in crisis response in the community for children, upon approval of the Access Manager or designee.

6. Clerical Response to Initial Access Request for Services (MHP and DMC-ODS)

a. Language

Persons requesting services from the Access Team during normal business hours will initially speak to clerical staff who will then greet them in English or Spanish depending on the caller's preference.

b. Sources

Requests for information and referrals may originate from a community agency, primary care physician, specialty mental health provider, DMC-ODS provider beneficiary or a family member.

c. Information

The clerical staff may need to respond to requests by providing information regarding:

- Mental health services for any Santa Cruz County resident and/or MHP beneficiary.
- Substance use treatment services for any Santa Cruz county resident and/or DMC-ODS beneficiary.
- The list of contracted providers.
- Other community services when the caller is requesting non-specialty mental health or services for individuals without Medi-Cal eligibility who do not meet system-of-care criteria.
- Beneficiary problem resolution.

d. Screening Data

Fee clerks will screen the calls by obtaining identifying data about the beneficiary, including benefit status (including whether client has Santa Cruz County Medi-Cal) and prior treatment with the County MHP and/or DMC-ODS. The person will then be transferred to the appropriate Access Team clinician depending on whether it is an adult beneficiary or child/youth. For additional information on Children's Services, see **policy 2412: Entry Gates for Children's Mental Health Services**.

e. Call Log

The Access Team will maintain an electronic log of all requests for behavioral health services (MHP and DMC-ODS) by a beneficiary or legal guardian of a beneficiary (mental health only). Information will be entered into the Avatar Service Request and Disposition Log (SRDL) to assure that the beneficiary has access to appropriate specialty mental health services. This log will also contain documentation of subsequent contacts, including detail of linkage to appropriate services. The electronic log entry will include: date of contact, name of client, type of request, preferred language of client, documentation of urgency as indicated, insurance status and initial

disposition. The Access clinician completes and finalizes the SRDL entry with pertinent clinical information regarding the outcome of the contact (see #7b below) with the appropriate "Reason for Inquiry" and disposition information.

7. Clinician Responses to Initial Access Request for Services (MHP and DMC-ODS)

a. Information Needed

The Access clinician will address the following areas during the initial phone call and/or in-person triage:

- Prior or current involvement with Santa Cruz County MHP and/or DMC-ODS programs.
- Presenting problem, including current clinical risk.
- Determination of medical necessity for MHP and/or DMC-ODS.
- Identification of appropriate clinical and any specialty needs (e.g. linguistic capability, or gender specifics).
- The Access clinician will also review the Avatar chart to identify any medical/psychiatric/substance issues that may be impacting the client's presentation and review the historical contact summary in the SRDL.
- The Access clinician will request previous mental health and/or substance use treatment records as appropriate.

b. Disposition

Priority will be given to those individuals who present with distressing symptoms (mental health and/or substance) that significantly increase their risk of danger to self, danger to others and ability to provide for their own care. Without intervention, these individuals may be at imminent risk of psychiatric or medical hospitalization. After obtaining and reviewing the above information, the clinician may conduct an in person assessment, including ASAM screening, or may schedule the individual for an in-person intake assessment (see **policy 2103: Access Assessments**), make a referral for direct services (see #8 below) or recommend community services, as appropriate. Access Team members coordinate with various community agencies and referral sources. For more information on these coordination services, refer to **policy 2106: Coordination of Access Services**. Non urgent appointments will be offered within 10 business days of request for service.

c. Notice of Adverse Beneficiary Determination.

The Access clinician will issue the appropriate Medi-Cal Notice of Adverse Benefit Determination when requested Specialty Mental Health services or DMC-ODS services are denied to a Medi-Cal beneficiary at assessment. For additional information see **policy 3223: Notice of Adverse Beneficiary Determination**.

8. Direct Referral for Services

- a. After obtaining sufficient information, Access clinical staff may make direct referrals and/or authorize services without having to see the individual in-person.

b. These direct referrals may be made to:

- A DMC-ODS substance use treatment provider
- A psychiatric provider
- The Santa Cruz Integrated Behavioral Health Center (IBH) for non-system of care Medi-Cal beneficiaries
- Beacon Health Options for mild to moderate conditions
- EPSDT (Early, Periodic, Screening, Diagnosis and Treatment) providers for children who have full scope Medi-Cal

9. Coordination with the Psychiatric Health Facility (PHF)

- a. Access staff will coordinate with the PHF for acute inpatient psychiatric treatment for all Santa Cruz County residents and Medi-Cal beneficiaries.
- b. Access staff will also coordinate aftercare referrals for inpatient clients who did not have an established provider prior to hospitalization (if they meet criteria for services based on payer source, diagnosis and functioning).
- c. Access staff will be available to provide on-site assessments to individuals within 48 hours of an Access Alert, during normal business hours, unless the client's mental status is compromised to the extent they cannot cooperate in the assessment process, in which case it is done as soon as the client is able to participate.

PRIOR VERSIONS: 8/8/2017, 11/18/2016, 1/28/2015

REFERENCES: CCR Title 9, Section 1830.205; 1810.405 & 410; 42 CFR Section 438.406; Social Security Act, Section 1905(a) & (l) DMC-ODS Intragovernmental Agreement

FORMS/ATTACHMENTS: