BACKGROUND:
Santa Cruz County Behavioral Health Services, which comprises the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) network providers, provides 24-hour urgent care, screening and assessment for mental health and substance use disorder services. Assessments will determine if individuals meet criteria for specialty mental health or DMC-ODS services. Santa Cruz County Behavioral Health Services (MHP & DMC-ODS) responds to urgent and routine requests for services based on clinical needs of the individual. To streamline information and procedures, this policy has incorporated access assessment procedures described in prior policy 2103 and urgent services procedures previously described in 2201; 2103 and 2201 are now retired.

SCOPE:
Behavioral Heath staff who respond to requests for routine and urgent care needs for MHP and DMC-ODS services shall adhere to this policy and ensure beneficiaries are appropriately provided with crisis response, screening for services, care and/or appropriate referrals.

PURPOSE:
To provide a coordinated system of access, screening and assessment services for Medi-Cal beneficiaries and indigent Santa Cruz County residents seeking treatment services, including: adults with serious and persistent mental illness; children with a mental health condition that can be ameliorated; and adults and children/youth with a substance use disorder. To provide crisis mental health services and support to Santa Cruz County residents.

POLICY:
Santa Cruz County Behavioral Health Services (MHP & DMC-ODS) shall respond to requests for services based on clinical needs of Medi-Cal beneficiaries and indigent Santa Cruz County residents. Crisis intervention services will be provided to all residents of Santa Cruz County.
Services are provided in a timely manner and in preferred language; bilingual (English / Spanish (threshold language)) staff are available.

**DEFINITIONS:**

1. **Business Hours:** Monday through Friday, 8:00AM – 12:00PM and 1:00PM – 5:00PM.
2. **Non-Business Hours:** Monday through Friday: 12:00PM – 1:00PM; 5:00PM - 8:00AM; Weekends and Holidays 24 hours/day. BHS has a contracted answering service vendor and on-call staff policy to appropriately respond to non-business hour requests.
3. **Eligibility Screening:** A review of the caller's Insurance coverage and/or resources to determine appropriate location for individual to receive non-urgent behavioral health services. Staff locate private insurance (3rd party payor source), Medi-Cal and Medicare information and/or determine if an individual is Indigent, and therefore Santa Cruz County responsible, by verifying residency in Santa Cruz County (44), and reviewing or obtaining current UMDAP (Uniform Method to Determine Ability to Pay) information.
4. **Medical Necessity Screening:** A routine phone or in-person evaluation completed by an ACCESS clinician to review individual's symptoms as they relate to Specialty Mental Health (SMHS) and Substance Use Disorder Services (DMC-ODS). The screening will include an ASAM (American Society of Addiction Medicine) screening for addiction concerns as appropriate.
5. **Assessment:** A culturally aware assessment conducted by qualified staff who review and record information from the individual and collateral sources (with release of information as applicable) to determine medical necessity for SMHS and/or DMC-ODS and identify potential treatment services. An assessment is needed to determine eligibility for all new clinical and/or psychiatry requests.
6. **Urgent Services:** Services provided to a beneficiary that could, without timely intervention, result in an immediate emergency psychiatric condition (as defined by CCR Title 9, section 1810.253). Services for a condition which requires more timely response than a regularly scheduled visit.
7. **Contract Providers:** Community Based Organizations contracted with the MHP and/or DMC-ODS to provide treatment services to Medi-Cal beneficiaries.
8. **Access Teams:**

   **MHP/DMC-ODS Adult:** BHS Access Team members are licensed or registered / waived clinicians and/or SUD credentialed counselors who are experienced in screening and triaging service request calls and performing in person assessments and ASAM screenings for behavioral health services. In addition, each DMC-ODS network treatment program (serving adults) is identified as a service entry point, also known as an access "gate", and can directly receive and respond to service access requests.

   **Child/Youth MHP:** 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 mental health condition that can be ameliorated. Licensed County liaison staff screen and refer potential County Children's System of Care clients to clinicians to complete the assessment. Some community-based providers also serve as entry points into children’s mental health services.

   **Child/Youth DMC-ODS:** Substance use treatment provider gates have been established as primary points of entry into the DMC-ODS serving children/youth with
substance use. If the Child/Youth MHP received a DMC-ODS request, licensed /
credentialled staff will conduct an ASAM screening and provide a warm referral to DMC-
ODS treatment gate staff to complete the intake into appropriate level of care.

9. **MERT**: Mobile Emergency Response Team that provides payer blind crisis services in
the community.

10. **MERTY**: Mobile Emergency Response Team for Youth provides payer blind crisis
services in the community for youth.

11. **Mental Health Liaisons to Law Enforcement**: Clinicians embedded with Santa Cruz
Police Department, Santa Cruz Sheriff’s Office and Watsonville Police Department
who support law-enforcement on mental health related calls.

12. **Crisis Stabilization Program (CSP)**: The CSP 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 adults or youth with a stay of less than 24 hours. Medi-Cal
beneficiaries and others in crisis may also self-present for evaluation.

13. **Santa Cruz County Psychiatry Health Facility (PHF)**: The PHF provides inpatient
psychiatric services to adults, either voluntarily or involuntarily, under Welfare &
Institution Code 5150. This facility is co-located with the CSP.

14. **Access Alert**: An Access Alert is created when a person who is hospitalized in the
Santa Cruz PHF needs an assessment for Specialty Mental Health Services.

15. **BHS Access Clinic Service Regions**: BHS access services are available at the North
and South Clinic locations identified by specific geographic regions of Santa Cruz
County:
   a. North County includes all areas north of Park Avenue to include Santa Cruz,
      Davenport, San Lorenzo Valley, Capitola, Scotts Valley and Soquel
   b. South County includes all areas south of Park Ave to include, Aptos, La Selva
      Beach, Corralitos, Freedom and Watsonville

**METHODS TO REQUEST SERVICES:**

1. **24-hour Phone Service**: Santa Cruz County Behavioral Health Services (BHS)
maintains a toll-free number (1-800-952-2335) available 24 hours per day/7 days per
week for MHP and DMC-ODS services. All non-emergency and non-urgent callers to
the answering service after hours and on weekends will be directed to contact the
Access Team during normal work hours for further assistance and a message will be
taken for a return call on the next business day. After hours callers with an urgent
condition will be referred to the in-county Crisis Stabilization Program for treatment.

2. **Walk-in services**: Walk-in services are available for MHP and DMC-ODS adult and
youth beneficiaries during normal business hours.

3. **Appointments**: After eligibility and medical necessity screening, MHP and DMC-ODS
adult and youth beneficiaries requesting services may be offered a routine intake
assessment within 10 business days of the beneficiary / beneficiary parent / guardian’s
request for service.
4. **Emergency Services:** The Access Team or Answering Service will respond to psychiatric emergency calls either by assisting call to 911 or transfer to the CSP regardless of insurance or ability to pay. Medical emergency received calls are redirected to 911 for emergency response.

**PROCEDURES FOR REQUESTS for INFORMATION and ROUTINE SERVICE REQUESTS:**

1. Requests for information may come from the community at large. Referrals may originate from a community agency, primary care physician, specialty mental health provider, DMC-ODS provider, beneficiary or family member.

2. During normal business hours, ACCESS clerical staff respond to incoming calls or walk-ins to determine the nature of the request and assist with information and referrals for non-service requests that do not require screening and assessment.

3. ACCESS clerical staff are prepared to respond to requests by providing information regarding:
   - (a) Mental health services for any Santa Cruz County resident and/or MHP beneficiary.
   - (b) Substance use treatment services for any Santa Cruz County resident and/or DMC-ODS beneficiary.
   - (c) The list of contracted providers.
   - (d) Other community services when the caller is requesting non-specialty mental health services or for individuals without Medi-Cal eligibility who do not meet specialty mental health criteria.
   - (e) How to access urgent care needs.
   - (f) Beneficiary problem resolution.
   - (g) Beneficiary appeal information.

4. Financial eligibility clerks provide an eligibility screening prior to transferring the individual to an ACCESS clinician for medical necessity screening if appropriate.

5. **Service Request Call Log:** The Access Team maintains an electronic Avatar Service Request and Disposition Log (SRDL) for all requests for behavioral health services (MHP and DMC-ODS) by a beneficiary or legal guardian of a beneficiary (MHP only). The electronic log entry will include:
   - (a) Date of contact,
   - (b) Name of client,
   - (c) "Reason for Inquiry" and type of request,
   - (d) Preferred language of client,
   - (e) Documentation of urgency level as indicated,
   - (f) Insurance status,
   - (g) Initial disposition and outcome,
   - (h) Follow-up appointments scheduled,
   - (i) Details of linkage to appropriate services.

6. **Information Gathered:** The Access Team clinician will gather at minimum the following information during the initial screening:
   - (a) Prior or current involvement with Santa Cruz County MHP and/or DMC-ODS programs.
   - (b) Presenting problem, including current clinical risk.
(c) Determination of potential medical necessity for MHP and/or DMC-ODS, including ASAM screening (defined later in this policy).

(d) Identification of any specialty needs, such as first language, cognitive functioning, or cultural or gender-specific needs.

(e) History of mental health, substance use and medical issues or prior treatment.

(f) A records request and releases of information may be obtained if indicated.

7. Screening Disposition: After obtaining and reviewing the above information, the Access Team clinician may conduct an immediate assessment, offer a scheduled assessment appointment within 10 business days, make a referral for direct services, or recommend community services, as appropriate. Priority for immediate assessment and assessment appointments will be given to those individuals who present with symptoms that significantly increase their risk of danger to self, danger to others and ability to provide for their own care.

Referrals may include:

(a) A DMC-ODS substance use treatment provider.

(b) A psychiatric medication support provider; if medically necessary, a non-urgent psychiatry medication support services appointment will be offered within 15 business days.

(c) The Santa Cruz Integrated Behavioral Health Center (IBH) for Medi-Cal beneficiaries with mild to moderate symptoms not requiring the Specialty Mental Health System of Care.

(d) Beacon Health Options for mild to moderate conditions.

(e) EPSDT (Early, Periodic, Screening, Diagnosis and Treatment) providers for children who have full scope Medi-Cal.

8. Interagency Referrals: Santa Cruz County MHP has a Memorandum of Understanding (MOU) with both Adult and Child / Youth Programs allowing them to act as gates into the System of Care. Referrals are accepted from these programs. Beneficiaries referred through these programs/gates have the same rights, protection, and entitlements as beneficiaries calling the Access Team directly.

9. Authorization for routine services: During normal business hours, MHP authorization will be conducted by BHS staff in accordance with Policy 3425 Outpatient Prior Authorization. Per DMC-ODS prior-authorization requirement, SUDS will authorize DMC-ODS residential placements within 24 hours of received request.

PROCEDURES FOR URGENT SERVICE REQUESTS:

1. Individuals requesting urgent mental health or substance use disorder services who are not already established with County Behavioral Health care may self-present to the Santa Cruz County Access Team during normal business hours without an appointment. The clinician on duty will triage and provide a disposition.

2. Currently served BHS individuals requiring urgent mental health treatment may self-present/walk-in to the BHS clinics or call the toll-free ACCESS 800 # to be scheduled with or referred to the MERT or MERTY Team, Community Based Providers, or County Mental Health and/or Psychiatry staff. If MERT / MERTY services are warranted, a response will be received within 1 hour.
3. Beneficiaries who meet medical necessity for Specialty Mental Health Services have access to After Hours On-Duty and On-Call staff if needed to provide support and prevent escalation to a higher level of care. See policies 2371: MHP On-Duty and On-Call for Adult Services and 2531: On-Call Psychiatrist Services.

4. Eligible individuals requiring urgent substance use treatment may be scheduled with or referred to County SUDS Outpatient Services or a DMC-ODS contracted provider for urgent service appointment.

   
   (a) MERT / MERTY is available to assist with crisis response in the community for adults and youth upon approval of the Crisis Manager or designee.

   (b) Mental Health Liaisons (MHL) with Law Enforcement are available to assist law enforcement with mental health interventions. MHLs correspond with Santa Cruz County Sheriff’s Office, Santa Cruz Police Department, and Watsonville Police Department. These services are accessed through calling 911 and law enforcement dispatch and are provided in the community.

6. Requests for Urgent Medication Support Services: MHP clients requesting urgent medication services may self-present to the Santa Cruz County Access Team during normal business hours without an appointment. Access psychiatry services are available during normal business hours for immediate prescription needs, brief medication management, and/or medical/psychiatric triage. MHP clients requiring urgent after hours medication services can access on-call psychiatrist services (see policy 2531).
   
   a. An on-duty psychiatrist is available via dedicated crisis slots between 8:00AM-12:00PM and 1:00PM-4:00PM Monday through Friday.

   b. Medications indicated to address acute symptoms will be dispensed or prescribed.

   c. The psychiatrist will assume responsibility for any follow-up and continued outpatient stabilization.

   d. Referrals for other treatment services will be made as indicated.

7. Urgent Service Request Response Time: Santa Cruz County Behavioral Health Services (BHS) will authorize and/or refer requests for urgent services by beneficiaries or their authorized representative within one hour of the request including urgent Narcotics Treatment Program (NTP) service requests. Offered crisis response appointment times to beneficiary or legal guardian service requests shall be conducted in accordance with timeliness urgent standards: within 48 hours if no authorization needed; 96 hours when there is a prior-authorization requirement for requested service. See Policy 2371: After Hours On-Call Services for Adult Services and Policy # 2458: After Hours On-Call Services for Youth.

8. Authorization for emergency services: BHS does not require authorization for emergency services. Prior authorization is not required for crisis stabilization services.
PROCEDURES for STEP-DOWN / FOLLOW-UP CARE from INPATIENT LEVEL OF CARE:
Access Team staff will coordinate with the PHF / Out of County hospitals for discharges from acute inpatient psychiatric treatment for all Santa Cruz County residents and Medi-Cal beneficiaries.

1. Access Team clinicians will coordinate aftercare referrals for inpatient clients who are already established with a provider, or who did not have an established provider prior to hospitalization if they are eligible for services based on payer source, diagnosis, and functioning.

2. Access Team clinicians will be available to provide on-site/telehealth assessments to individuals at PHF within 2 business days of an Access Alert, during normal business hours. If the client's mental status is compromised to the extent that they cannot cooperate in the assessment process, it will be done as soon as the client is able to participate.

3. Access Team clinicians will coordinate referrals to TELOS Crisis Residential Facility as a step-down from inpatient level of care, or as a diversion from inpatient hospitalization. TELOS Crisis Residential Treatment Program is a 10-bed, licensed, 24-hour facility providing brief crisis intervention and counseling services to prevent hospitalization. Prior authorization through the Acute Services Program Manager is required for admission to TELOS.

PROCEDURES FOR ASSESSMENT

1. In-Person or Telehealth Assessments: Clients referred for an assessment after eligibility and medical necessity screening will be seen face-to-face either in person or via telehealth when circumstances prevent the ability to conduct the assessment in person.
   a. Scheduling: Assessments are generally by appointment and provided during normal business hours.
   b. Urgent Requests: Same day/next day assessment appointments are available for urgent or emergent needs.
   c. Second Opinion: Assessments may be provided when a second opinion is needed.
   d. Documentation: Assessments will be documented and added to the medical record within 30 days. Assessments at minimum will include:
      i. Psychosocial evaluation
      ii. Mental status Exam
      iii. Diagnosis
      iv. Brief ASAM (if SUD services are indicated during the screening process)
   e. Assessment Update: Assessments for current clients are updated annually to ensure that changes to the client's strengths, needs, mental status, medical issues, diagnosis, functioning, risk factors, substance use, support system or other changes are noted.

2. Medical Necessity Criteria for Specialty Mental Health Services: Access Team clinicians will assess for medical necessity criteria for placement in Specialty Mental Health Services as outlined in Criterion #1-3 (CCR, title 9, section 1830.205(b)
(outpatient), and section 1830.210 (EPSDT), and Welfare & Institutions Code section 14132(v) and 14059.5):

**Criterion #1**
The focus of the service should be directed to functional impairments related to an Included Diagnosis. The primary diagnosis must be an included one (refer to most recent DHCS Included Diagnosis List). The client may also have an excluded diagnosis, but interventions must focus on the primary diagnosis. When a mental health diagnosis and a substance use disorder diagnosis are both present, the mental health diagnosis must be the “Primary” diagnosis.

**Criterion #2**
Have at least one of the following impairments as a result of the Criterion #1 diagnosis(es):
- A significant impairment in an important area of life functioning or
- A probability of significant deterioration in an important area of functioning or
- Probability that a child/youth will not progress developmentally as individually appropriate. Under Early, Periodic Screening, Diagnosis & Treatment (EPSDT) a child/youth is a Medi-Cal beneficiary under 21 years if they have a mental disorder that can be corrected or ameliorated.

**Criterion #3**
Must have each of the following intervention criteria:
- Focus of proposed intervention is to address the condition identified in impairment criteria above.
- Expectation that proposed intervention will:
  a) Significantly diminish the impairment or
  b) Prevent significant deterioration in an important area of life functioning or
  c) Probably allow a child to progress developmentally as individually appropriate, including the ability to benefit from educational services (or if covered by EPSDT, the identified condition can be corrected or ameliorated), and
  d) Condition would not be responsive to physical health care based treatment.

3. **Medical Necessity Criteria for Substance Use Disorder (DMC-ODS) Services:**
   Access Team clinicians will assess for medical necessity criteria for placement in DMC-ODS Services as outlined in the most current Intergovernmental Agreement and CCR Title 22, Section 51303:
   a. The individual shall have received an Included Diagnosis from the most recent DHCS Included Diagnosis List.
   b. The individual shall meet the ASAM Criteria definition of medical necessity for services, and the ASAM Criteria shall be applied to determine recommended placement into the level of assessed services.
   c. Beneficiaries under 21 are eligible to receive all services appropriate and medically necessary to correct and ameliorate health pursuant to the EPSDT mandate.
d. Initial medical necessity determination for DMC-ODS shall be determined or valued by a qualified licensed / licensed eligible clinician or Medical Director.
e. Medical necessity qualification for DMC-ODS will be reevaluated at least every 6 months and annually for NTP services.

4. Disposition: Based on the outcome of the in-person or telehealth assessment, the Access clinician will refer the client to services, as available.
   a. Adult beneficiaries who meet medical necessity for Specialty Mental Health Services: If the client has Medi-Cal/Medicare and/or is indigent and meets medical necessity criteria for Specialty Mental Health services, they will be referred to a Coordinated Care team for mental health services and/or a psychiatric provider for medication services.
   b. Adult beneficiaries who need specialized mental health services: If the client has Medi-Cal/Medicare and meets medical necessity criteria but needs a specialized service that cannot be provided internally, they will be referred to a panel provider for the needed service.
   c. Children or Youth who meet medical necessity for Specialty Mental Health / EPSDT Services: If the client has Medi-Cal and meets medical necessity for EPSDT, they will be referred to the appropriate County Children’s Mental Health team or for services in the System of Care.
   d. Adults and Children or Youth who meet medical necessity for Substance Use Disorder Services through DMC-ODS: If the client has Medi-Cal and meets medical necessity for DMC-ODS services, they will be referred to a DMC-ODS program at the appropriate ASAM continuum of care.
   e. Beneficiaries who do not meet medical necessity: If the client has Medi-Cal but does not meet medical necessity criteria for Specialty Mental Health or DMC-ODS services, they will be given a Notice of Adverse Beneficiary Determination (NOABD) and referred to a community provider or medical clinic as appropriate based on their need.

5. Right to Appeal and to a Second Opinion: When beneficiaries are given the Notice of Adverse Benefit Determination indicating that they do not meet medical necessity criteria, they are reminded of their right to appeal this decision and/or to request a second opinion. Second opinion assessments will be conducted by staff on a different team or unit, whenever possible (see policy 3226: MHP & DMC-ODS Right to a Second Opinion for more information).

Retires Policy 2103 (Prior Version 8/15/2017)
Retires Policy 2201 (Prior Version 1/5/2018)

REFERENCES: CCR Title 9, Section 1830.205; 1810.405 & 410; CCR Title 22, Section 51303, 42 CFR Section 438.406; Welfare & Institutions Code section 14132(v) and 14059.5, Social Security Act, Section 1905(a) & (l) DMC-ODS Intragovernmental Agreement, CCR Title 9, Chapter 11, Section 1810.405 & Section 1830.205