



**SANTA CRUZ COUNTY
Behavioral Health Division**



POLICY AND PROCEDURE MANUAL

Subject: Access Triage, Screening and Assessment for MHP & DMC-ODS

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Responsible for Updating:
Director of Adult Mental Health Services
Director of Children’s MH Services
Director of DMC-ODS Services

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Date

BACKGROUND:

Santa Cruz County Behavioral Health Division, 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. Screening for the Mental Health Plan will follow procedures outlined in Policy 2111: Adult and Youth Screening and Transition of Care Tools. Screening for DMC-ODS services will utilize the ASAM (American Society of Addiction Medicine). Assessments will determine if individuals meet criteria for specialty mental health or DMC-ODS services. Santa Cruz County Behavioral Health Division (MHP & DMC-ODS) responds to urgent and routine requests for services based on clinical needs of the individual.

SCOPE:

Behavioral Health 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. To provide crisis mental health services and support to Santa Cruz County residents.

POLICY:

Santa Cruz County Behavioral Health Division (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. BHD 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. **Mental Health Screening:** A routine phone or in-person screening will be completed by ACCESS staff, utilizing the standardized statewide screening tool for the appropriate age group (youth or adult) to determine the most appropriate mental health delivery system (i.e., Mental Health Plan or Managed Care Plan). The Mental Health Screening will include an ASAM screening for addiction concerns as appropriate.
5. **Substance Use Disorder Screening:** A routine phone or in-person ASAM brief screening will be completed by ACCESS staff or DMC-ODS staff to screen for Substance Use Disorder treatment needs.
6. **Assessment:** A culturally aware assessment conducted by qualified staff who receive and review information from the individual and collateral sources (with release of information as applicable) to determine if access criteria are met for SMHS and/or DMC-ODS and to identify potential treatment services. An assessment is needed to determine eligibility for all new clinical and/or psychiatry requests. Clinically indicated services may be provided during the assessment process.
7. **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.
8. **Contract Providers:** Community Based Organizations contracted with the MHP and/or DMC-ODS to provide treatment services to Medi-Cal beneficiaries.
9. **Access Teams:**
 - a. **MHP/DMC-ODS Adult:** BHD 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. The BHD Access Team may include non-clinical staff who may screen beneficiaries requesting mental health services utilizing the standardized statewide screening tool for the appropriate age group (youth or adult). The ASAM brief screening or the full ASAM will be completed by licensed or registered / waived clinicians and/or SUD credentialed counselors. 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.

- b. **Child/Youth MHP**: Treatment provider gates have been established as the primary points of access to mental health services for children and youth. 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.
 - c. **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 / credentialed 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.
10. **MERT**: Mobile Emergency Response Team that provides payer blind crisis services in the community.
 11. **MERTY**: Mobile Emergency Response Team for Youth provides payer blind crisis services in the community for youth.
 12. **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.
 13. **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.
 14. **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.
 15. **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.
 16. **BHD Access Clinic Service Regions**: BHD 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 Division (BHD) maintains a statewide toll-free number (1-800-952-2335) available 24 hours per day/7 days per week for MHP and DMC-ODS services, with language capability in all languages spoken by caller of the county. BHD 24-hour phone service will provide information to callers about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met and services needed to treat a caller's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. Additionally, 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 additional assistance and a message will be taken for the Access team to return the 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 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 calls received 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 and referrals.
 - 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 staff person for 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. **Screening:**

MHP: Access Team staff will utilize the standardized statewide screening tool for the appropriate age group (youth or adult) to determine the most appropriate mental health delivery system (i.e., Mental Health Plan or Managed Care Plan).

DMC-ODS: Access Team staff or DMC-ODS staff will utilize the ASAM brief or full ASAM to determine recommendation for appropriate SUD treatment.

7. **Screening Disposition:** After completion of the screening, an 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.

8. **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.

9. **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.

10. **No Wrong Door:** Those seeking access to mental health and substance use disorder services will be referred accordingly, regardless of the delivery system where they initially seek care. Clinically appropriate services may be provided while determining diagnosis and/or linking to correct location for on-going services (MHP or DMC-ODS). For additional information regarding No Wrong Door, see **Policy 2110: No Wrong Door for Mental Health Services.**

11. **Authorization for Routine Services:** During normal business hours, MHP authorization will be conducted by BHD staff in accordance with **Policy 3425: Outpatient Prior Authorization.** Per DMC-ODS prior-authorization requirement, DMC-ODS residential placements will be authorized 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 BHD individuals requiring urgent mental health treatment may self-present/walk-in to the BHD 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 access criteria 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 **Policy 2371**: MHP On-Duty and On-Call for Adult Services and **Policy 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.
5. **Crisis Response**: The Access Team will coordinate crisis response as appropriate. See **Policy 2206**: MERTY / MERTY regarding Mobile Emergency Response Services for more information.
 - 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 co-respond 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 Division (BHD) 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:** BHD 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. Clients referred for an assessment after eligibility and 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.

2. **Documentation:**

MHP: Assessments will be documented and added to the medical record. The time period for providers to complete an initial assessment is up to clinical discretion and within reasonable time frame. Assessments at minimum will include:

- a. Psychosocial evaluation
- b. Mental status Exam
- c. Diagnosis
- d. Brief ASAM (if SUD services are indicated during the screening process)
- e. CANS-ANSA

DMC-ODS: Assessments will be documented and added to the medical record according to these timeframes:

- a. For people 21 years and older: Providers have 30 days from date of first contact with LPHA or registered/certified counselor to complete the assessment.
- b. For people under 21 years old, or for any aged person experiencing homelessness, providers have 60 days to complete the assessment; the need for additional time to complete assessment shall be documented.

3. Criteria for adult beneficiaries and beneficiaries under age 21 to access Specialty Mental Health Services are outlined in **Policy 2103: Criteria for Beneficiary Access to SMHS, Medical Necessity and Other Coverage Requirements**. The SMHS Assessment domain requirements are outlined in **Policy 3325: Documentation Requirements for SMHS and DMC-ODS Services** for detailed standardized assessment requirements.

4. Criteria for adult beneficiaries and beneficiaries under age 21 to access DMC-ODS services are outlined in **Policy 2614: DMC-ODS Requirements for the Period 2022-2026**.

- a. Beneficiaries shall be assessed based on the ASAM Criteria. In addition, a personal, medical and substance use history for each beneficiary will be documented. Assessments (excluding those in withdrawal management) shall include these historical elements: drug / alcohol use history, medical history, family history, psychiatric / psychological history, financial status / history, educational history, employment history, criminal history / legal status, previous SUD treatment history.

5. **Code Selection During the Assessment Period for Behavioral Health (MH / SUD)**

Services: Providers may use the following ICD-10 codes during the assessment phase of an individual's treatment when a diagnosis has yet to be established:

- a. **All providers** (as appropriate within their scope of practice):
 - i. ICD-10 codes Z55-Z65: persons with potential health hazards related to socioeconomic and psychosocial circumstances
 - ii. Do not require certification as, or supervision of, a Licensed Practitioner of the Healing Arts (LPHA) or Licensed Mental Health Professional (LMHP).
- b. **LPHA / LMHP:**
 - i. Any clinically appropriate ICD-10 code.

- ii. Z03.89 (Encounter for observation for other suspected diseases and conditions ruled out).
- iii. "Other specified" and "Unspecified" disorders, or "factors influencing health status and contact with health services".

6. **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.

6. **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 to 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).

PRIOR VERSIONS: 1/1/13, 1/28/21, 4/5/19 8/8/2017, 11/18/2016, 1/28/2015.
Retires Policy2103 (Prior Version 8/15/2017)
Retires Policy2201 (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, BHIN 22-011
BHIN21-073, BHIN 23-001, BHIN 22-019.