

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Mental Health Services
	Policy Number	04-06
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	Revision Date	
Title:	Functional Area:	
Crisis Residential Referral and Admission	Programs	
Approved By: <i>Signed version available upon request</i>		
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Background/Context:

Crisis Residential Programs (CRPs) are programs that operate twenty-four hours, seven days a week with a primary focus on providing alternatives to acute-care for adults eighteen to fifty-nine (18-59) years of age experiencing a mental health crisis. CRPs are a short-term residential treatment model providing services for up to thirty (30) days in a structured, home-like setting. Interventions are concentrated on crisis stabilization and symptom reduction while building interpersonal and independent living skills in order to support successful transition to community support systems.

Definitions:

- AVATAR: Electronic Health Record System for Sacramento County Division of Behavioral Health Services (DBHS).
- Crisis Residential Program (CRP): A twenty-four (24) hour, seven (7) day a week residential program with a primary focus on providing alternatives to acute-care for adults eighteen to fifty-nine (18-59) years of age experiencing a mental health crisis. The average length of stay is approximately twenty-one (21) to thirty (30) days and cannot exceed thirty (30) days without notice to and approval from Community Care Licensing and the Sacramento County DBHS. A CRP provides psychosocial and risk assessments, nursing assessments, individual and group counseling, medication support and management, peer to peer mentoring, psycho-education of mental health and co-occurring conditions, relapse prevention skill building, basic skill building for everyday living, discharge planning, and assistance with transition to an outpatient mental health provider. A CRP provides onsite staffing and support to clients twenty-four (24) hours, seven (7) days per week in an unlocked, voluntary setting.

Purpose:

To describe and outline the referral and admission processes for CRPs.

Details:

Procedure:

I. CRP eligibility criteria:

- A. Client willingness to participate in a self-help program.
- B. The client must be eighteen (18) to fifty-nine (59) years of age (exceptions can be made on a case-by-case basis).
- C. The client must be a Sacramento County resident.
- D. The client must meet medical necessity as defined in accordance with [PP-BHS-QM-01-07 Determination for Medical Necessity and Target Population](#).
- E. The client must be able to benefit from crisis stabilization treatment and engage in safe behavior.
- F. The client must be ambulatory.
- G. The client must be able to perform self-care.
- H. The client must be able to independently self-manage all general medical conditions.

II. CRP exclusionary criteria:

- A. The client has private Insurance.
- B. The client has active Tuberculosis (TB).
- C. The client has incontinence.
- D. The client is designated as a registered sex offender.
- E. The client has a history of arson.
- F. The client has a conviction of drug trafficking.

III. CRP referral process:

- A. The referring party completes the CRP referral form.
- B. The referral form and required attachments are faxed directly to the designated CRP fax line indicated on the referral form.
- C. The referral packet must include the following:
 1. Completed Client Data Sheet.
 2. Insurance verification.
 3. Avatar ID (if available).
 4. Date of the referral.
 5. Copy of the 5150 (if applicable).
 6. Admission Clinical & Psychiatric Assessment.
 7. Nursing Assessment.
 8. If inpatient, a copy of the Medical Assessment, including a Form 602 Residential Care Facilities, reflecting the client's functional capability assessment.
 9. Copy of any lab results.
 10. Last seven (7) days of progress notes.
 - a. A Crisis Stabilization Unit, such as the Sacramento County Intake Stabilization Unit (ISU) will provide all progress notes to date if less than seven (7) days.
 11. Most up to date medication list (must include both psychiatric and physical health medications).
 12. Copy of negative Tuberculosis (TB) reading, TB card, or plan for tine test, including evidence of placement and plan for reading the test.
 13. The reason for referral (i.e., increase crisis stabilization skills).

- a. The reason for referral must relate to the symptoms of the mental health condition.
 - b. Lack of housing is not in of itself a reason for a referral to a CRP.
14. Supporting documentation indicating the client meets Sacramento County Target Population requirements.
- D. The referring party will have documented and be able to share with the CRP prior to admission:
1. A plan for housing has been identified if the client is homeless.
 2. Application process has been initiated if the client is without benefits.
 3. Natural supports have been identified or attempted to be identified.
 4. The discharge treatment plan, including an updated clinical rationale for the CRP services.
 5. A copy of the current risk assessment and safety plan.

IV. Medications:

- A. All clients being referred to a CRP from a licensed/secured inpatient psychiatric program who are receiving medications from the referring party must have a discharge medication prescription sent either with client or called into a pharmacy prior to the client leaving facility.
- B. Psychotropic medications will include medications for at least three (3) days. If there are circumstances when the CRP requests more than three (3) days of medication, the amount of the of medication provided will be determined on a case by case consistent with the referring party's policy, applicable regulation, and appropriate to the client's needs.
- C. All other medications will include thirty (30) days of medication(s).

V. CRP admission process:

- A. The CRP will review all referrals and provide a response to the referring party within twenty-four (24) hours from receipt of referral. The response may include one of the following:
 1. The referral is incomplete and more information is needed to further process the referral.
 - a. The referring party will have three (3) days to submit the identified missing information. If the referring party is unable to provide the missing information within the timeframe, the referral may be denied due to insufficient information.
 2. The referral meets admission criteria.
 3. Denied. Referral is denied due to exclusionary criteria identified in the referral.
- B. Once the referral packet is identified as complete by the CRP, the CRP will complete the following:
 1. Inform the referring party of the disposition no later than one (1) business day, which may include one (1) of the following:
 - a. A face-to-face interview with the referred client that will be scheduled as soon as possible, and no later than one (1) business day from when the referral packet is identified as complete.
 - b. Denied. Referral is denied due to exclusionary criteria identified in the referral.

- c. Each referral shall have a Crisis Residential Program Screening Outcome Summary form completed and forward a copy to the referring party.
- C. If an interview is completed, the CRP will provide a disposition to the referring party, which may include one of the following:
 - 1. Admission, bed available.
 - a. If the disposition is "Admission, bed available," the CRP and referring party will coordinate to identify the following:
 - i. Admission date and time.
 - ii. The transportation plan.
 - 2. Admission, pending bed availability.
 - a. The acceptance is valid for one business day (24 hours). After twenty-four (24) hours, a new referral must be submitted.
 - 3. Denied.
 - a. If the disposition is "Denied" following an interview, the CRP will communicate the disposition to the referring party immediately, but no later than two (2) hours after the interview.
 - b. If the decision is not made immediately, the CRP will communicate the disposition of the referral as soon as possible. The Screening Outcome Summary Form will include the rationale for denial.
 - c. If the referring party disagrees with the denial, then the party shall contact the CRP management to discuss the specific reasons for the denial. If after discussion at this level there continues to be disagreement of the denial, the referring party may appeal the decision to the County Contract Monitor for review. The County Contract Monitor shall consult with both the referring party and the CRP management and respond to both parties with one of the following outcomes no later than the end of the business day:
 - i. The denial stands.
 - ii. Identification of new information; therefore, the CRP will review the referral again with the new information included. The CRP will then share the disposition with both the referral party and the County Contract Monitor.

VI. Referral process from the CRP to the Mental Health Treatment Center (MHTC) ISU:

- A. Clients currently admitted to, and receiving services at, the CRP may be referred to the Sacramento County ISU for crisis stabilization and/or acute hospitalization if the client meets W&I code 5150 criteria. This process does not cover voluntary admissions. A Welfare & Institutions (W&I) 5150 assessment and certification must be completed to initiate a referral to the MHTC. The County ISU will work with the CRP in accommodating the referral, although there may be situations where the CRP may be asked to take the client to the nearest emergency department. The process for referring a client from the CRP to the County MHTC ISU is as follows:
 - 1. The CRP will call the County ISU and review the referral over the phone.
 - 2. The CRP will fax a copy of the referral to County ISU at (916) 875-0192.
 - 3. The County ISU clinician will review the Field Assessment Screening Tool (FAST) form and if there are any medical issues, the ISU will consult with the nurse/MD.
 - 4. The County ISU clinician will inform the Administrator on Duty (AOD) of the disposition (acceptance/denial).

5. The County ISU will inform the CRP of the disposition (acceptance/denial).
6. If the referral is accepted, the referral will be prioritized, based on bed capacity.

References:

- [Crisis Residential Program Referral Form](#)
- [California Code of Regulations \(CCR\), Title 22, Division 6, Chapter 2. Social Rehabilitation Facilities](#)
- [Welfare and Institutions Code, Sections 5150 and 5848.5](#)

Related Policies:

- [Quality Management Policy QM-01-07- Determination for Medical Necessity and Target Population](#)

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