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|  <p style="text-align: center;"><b>County of Sacramento</b><br/> <b>Department of Health Services</b><br/> <b>Division of Behavioral Health Services</b><br/> <b>Policy and Procedure</b></p> | Policy Issuer<br>(Unit/Program)        | Access   |
|  | Policy Number                          | 02-03    |
|  | Effective Date                         | 05-01-08 |
|  | Revision Date                          | 01-29-21 |
| Title:<br><b>Urgent Service Requests</b>   | Functional Area:<br><b>Services</b>    |          |
| Approved By:   |  |          |
| Melissa Jacobs, LCSW<br>Division Manager   | Kelli Weaver, LCSW<br>Division Manager |          |

**Background/Context:**

All new Service Requests (SRs) received by the Access Team are screened for urgency during working hours from 8 a.m. to 4:45 p.m., Monday through Friday. Service Requests received outside of these hours are screened the following business day. All urgent referrals will receive a decision and notice within 72 hours following receipt of the request for service or, when applicable, within 14 calendar days of an extension due to missing information.

**Purpose:**

The purpose of this policy and procedure is to provide a process that ensures individuals urgently in need of services, as indicated below, receive immediate attention.

**Definitions:**

A Service Request (SR) is a written or verbal request to the Access Team for mental health services.

**Urgency Indicators**

- Beneficiary’s condition is such that the beneficiary faces an imminent and serious threat to his or her health, including, but not limited to, the potential loss of life, limb, or other major bodily function;
- the normal timeframe for the decision making process would be detrimental to the beneficiary’s life or health or could jeopardize the beneficiary’s ability to regain maximum function.

**Details:**

Screening - All SRs are screened for urgency by an Access Team licensed clinician using the urgency indicators.

Urgent Referrals Processing - Decisions related to urgent requests shall be made in a timely fashion appropriate for the nature of the beneficiary’s condition, not to exceed 72

hours and beneficiary will be directed to the Mental Health Urgent Care Clinic or nearest Emergency Department for face to face assessment. If warranted, a welfare check by law enforcement will be requested.

Access Team clinicians verify medical necessity and level of service need. If indicated, clients are linked to the Mental Health Plan provider most appropriate for level of need.

**Related Policies:**

PP-BHS-Access-02-04 Authorization Requests

PP-BHS-Access-02-02 Access Team Services

**Distribution:**

| Enter<br>X | DL Name             | Enter<br>X | DL Name |
|------------|---------------------|------------|---------|
| X          | Mental Health Staff |            |         |

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