

 <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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Title: Crisis Residential Referral and Admission	Functional Area: Programs	
<p>Approved By: <i>Signed version available upon request</i></p> <p>Stephanie Kelly, LMFT Program Manager</p> <p>Kelli Weaver, LCSW Division Manager</p>		

Background/Context:

Crisis Residential Programs (CRPs) are programs that operate twenty-four (24) hours, seven (7) days a week with a primary focus on providing alternatives to acute-care for adults eighteen and older 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 (BHS).
- Crisis Residential Program (CRP): A twenty-four (24) hours, seven (7) days a week, voluntary residential program with a primary focus on providing alternatives to acute-care for adults eighteen and older 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 BHS. 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 living skill building, discharge planning, and assistance with transition to an outpatient mental health provider.

Purpose:

To outline the referral, admission, and extension request 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) and older.
- 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 [Crisis Residential Program Referral Form](#).
- B. The referral form and required attachments are faxed directly to the designated CRP fax line indicated on the referral form.
 1. Referrals can be faxed to Capital Star CRP for TAY youth, ages 18-29, or Turning Point Community Programs CRP for adults ages 18 and older.
 2. Providers are expected to work with each other to find the best placement for the person being referred within the admission requirements.
- 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 referring agency is an inpatient provider, a copy of the Medical Assessment, including a Form 602 for Residential Care Facilities must be completed by qualified staff, and reflect the client's functional capability assessment. If your agency does not employ qualified staff to complete the Form 602, coordinate with the respective CRP to determine if the CRP can complete the Form 602.
 9. Copy of any lab results
 10. Last seven (7) days of progress notes
 - a. A Crisis Stabilization Unit, such as the Sacramento County Mental Health Treatment Center (MHTC) 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 TB reading, TB card, or plan for tine test, including evidence of placement and plan for reading the test. If your agency does not have qualified staff to complete the TB requirement, then coordinate with the respective CRP to determine if the CRP can complete.
 13. The reason for referral must relate to the symptoms of the mental health condition (i.e., increase crisis stabilization skills). 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 experiencing homelessness
 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 any 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 the client or called into a pharmacy prior to the client leaving the 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 basis 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 enter them into the CRP's Pre-Admit episode in Avatar as outlined below in section V (D). All referrals should follow a linier path beginning with a pre-admit admission episode, approve

or decline, pre-admit discharge, admission to appropriate CRP episode and finally a service request to Access.

B. The CRP will 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.

C. 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 CRP Screening Outcome Summary form completed and forward a copy to the referring party.

D. Avatar

1. Pre-Admit Disposition

- a. All referrals will be entered into the CRP's Pre-Admit episode in Avatar within 48 hours.
- b. The date of the referral will be consistent with the date of admission entered in the CRP's Pre-Admit episode in Avatar.
- c. All required fields will be completed.

- d. The disposition of the CRP's Pre-Admit episode will either result in an admission to the CRP or a denial disposition reason. If there is no denial disposition then admission to the CRP will be assumed.
- e. If a referral is denied, the reason for denial will be entered into the CRP's Pre-Admit episode.

2. Admission

- a. Once a determination of admission is made, admission to the assigned CRP should be completed.

3. Service Request Authorization

- a. The CRPs will submit a Service Request to Access for authorization to the assigned program.

E. Upon completion of an interview, 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 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, 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 Program Coordinator/Contract Monitor.

VI. Transferring referrals between CRP providers.

- A. If a referral is identified during the referral process that the provider either can't admit due to having zero (0) beds available or may benefit from another CRP, the following process will occur:
 1. The CRP intake person will contact the other CRP on the established referral line to discuss possible transfer of the referral.
 2. If the receiving CRP is in agreement, the referral will be faxed to the receiving CRP for processing.
 3. If the other CRP is not in agreement with the transfer, the Directors of both programs will discuss the circumstances and determine who will accept the referral if the client otherwise meets admission criteria.
 4. The County Program Coordinator/Contract Monitor will be contacted if an agreement cannot be reached.

VII. Referral process from the CRP to the Sacramento County MHTC ISU:

- A. Clients currently admitted to, and receiving services at, the CRP may be referred to the Sacramento County MHTC 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 County MHTC ISU. The County MHTC 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 MHTC ISU and review the referral over the phone.

2. The CRP will fax a copy of the referral to County MHTC 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 County MHTC 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 MHTC 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.

VII. Requests for extension past thirty (30) day maximum stay at a CRP:

- A. The CRP will complete the [Crisis Residential Program Extension Request form](#) located on the [County BHS website](#).
- B. If using the "Other" option for question 3, "Reason for extension request", the CRP will add additional clarifying information in the text box of the form.
- C. If using the "Other" option for question 4, "How the extension will assist the client", the CRP will add additional clarifying information in the text box of the form.
- D. Once complete, the staff completing the form will add their Name/Title/Date and signature.
- E. A completed form will include checking the box acknowledging that the Client Plan and all documentation reflect the reason for the extension and how the services are supporting the extension.
- F. The CRP will email the completed form encrypted to the CRP County Program Coordinator/Contract Monitor (or designee) a minimum of three (3) days prior to end of the authorized stay period for review and approval. If an authorization is needed without three (3) days of notice then the program shall telephone the CRP County Program Coordinator/Contract Monitor to request verbal authorization and also send the extension approval form by close of business on the following business day.
- G. If approved, the CRP County Program Coordinator/Contract Monitor (or designee) will indicate via checking the box marked "approved" on the request form and adding their name/title/date and signature and return it to the CRP via encrypted email.

- H. If denied, the CRP County Program Coordinator/Contract Monitor (or designee) will indicate via checking the box marked "not-approved" on the request form and adding their name/title/date and signature and return it to the CRP via encrypted email. The CRP Program Coordinator Contract Monitor (or designee) will attempt to contact the staff requesting the extension (or designee) for clarifying information prior to the denial.
- I. The CRP will upload the final Extension Request form into the Collateral Clinical Documents folder of the appropriate CRP episode.

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](#)
- [Crisis Residential Program Extension Request form](#)

Related Policies:

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

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Contact Information:

BHS-DHS@saccounty.net