

 <p style="text-align: center;"><b>County of Sacramento Department of Health Services Behavioral Health Services Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	Access
	Policy Number	02-02
	Effective Date	06/01/1998
	Revision Date	03/8/2024
Title: <b>Access Team Services</b>		Functional Area: <b>Services</b>
Approved By: <i>Signed version available upon request.</i>		
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**Background/Context:**

The Access Team provides eligible members seeking services through the Sacramento County Mental Health Plan (MHP) with a central method to connect to specialty mental health services (SMHS). Members will receive telephone triage, screening, linkage to the appropriate mental health services, and targeted case management if a referral to the Managed Care Plan is indicated.

**Definitions:**

**SMHS:** Include but are not limited to: Assessment, Plan Development, Recovery Services, Therapy Services, Collateral, Medication Support Services, Targeted Case Management, Crisis Intervention, Intensive Care Coordination, Intensive Home-Based Services, and Therapeutic Behavioral Services. SMHS are provided to Medi-Cal members through the County Mental Health Plan.

**Early and Periodic Screening, Diagnostic, and Treatment (EPSDT):** A program that provides free specialty mental health services to children under age 21 who are enrolled in Medi-Cal. In addition to the SMHS services listed above, youth are eligible for intensive care coordination and Intensive Home-Based Services.

**Assembly Bill (AB) 1299:** AB 1299 (Ridley-Thomas, Chapter 603, Statutes of 2016) established presumptive transfer for children who are dependents. This includes prompt transfer of the responsibility for the provision of, or arranging and payment for SMHS from the county of original jurisdiction to the county in which the foster child resides.

**Targeted Care Coordination:** TCC services are activities provided by a provider to help a member access needed medical, educational, social, prevocational, vocational, recovery, or other necessary community services. The service activities may include communication, consultation, coordination, linkage, and referral; monitoring service delivery to ensure member access to service and the service delivery system; and to continually observe and support of the member progress.

**Inquiry:** Term used in the electronic health record (SmartCare) which is a request for mental health services.

**Pass Through Inquiry:** County authorized staff who are not part of the Access Team have already provided an assessment and consent to the Access Team personnel to quickly process requests for services without any additional steps by the Team.

**MHP:** The Access Team, County Operated programs, and Sacramento County contracted providers responsible for serving adult Medi-Cal members with moderate to severe distress in mental, emotional, or behavioral wellness that meet the medical necessity criteria, and youth who are eligible under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT)\* benefit.

**MCP:** The Medi-Cal Managed Care Plan has a current executed Memorandum of Understanding (MOU) with Sacramento County Behavioral Health Services (BHS). The MCP is responsible for serving adult Medi-Cal members with low to moderate distress in mental, emotional, or behavioral wellness that meet the medical necessity criteria as well as youth who are eligible under the EPSDT\* benefit.

\*The Youth Screening Tools will make the determination if EPSDT linkage should be through MCP or MHP.

**Non-Specialty Mental Health Services (NSMHS):** are delivered via MCP delivery systems. These services are provided to members 21 years and over with mild-to-moderate distress or mild-to-moderate affliction of mental, emotional, or behavioral wellness resulting from mental health disorders. NSMHS may be provided to members under age 21, to the extent otherwise eligible for services through EPSDT, regardless of level of distress or affliction or the presence of a diagnosis, and members of any age with potential mental health conditions not yet diagnosed.

**Senate Bill (SB) 785:** Requires that foster children and youth, children and youth in the Kinship Guardianship Assistance Program, and Adoption Assistance Program receive Specialty Mental Health Services (SMHS) based on their strengths and needs, and consistent with EPSDT requirements. The bill clarifies responsibility for treatment authorizations and transfers the responsibility for the provision of services to the county of residence while keeping the financial responsibility to authorize and pay for services with the county of original jurisdiction.

**Purpose:**

To detail eligibility and to describe the services provided by the Access Team and other entry points to services in Sacramento County.

**Details:**

A. Eligibility

- I. Members must meet the criteria for medical necessity including mental

health distress.

- II. Members under 21 years of age may receive mental health services by either a County Operated mental health program or a Sacramento County contracted provider to provide mental health services. Members 18 to 21 years of age may be served either through a Children's or Adult system provider but are still considered eligible for EPSDT services.
- III. Members shall be enrolled in the Sacramento County Medi-Cal health plan except for the following:
  - a. Members eligible for certain Mental Health Services Act (MHSA), grant or other specially funded programs.
  - b. Members who meet criteria for presumptive transfer.
  - c. Members who will move to or start their Medi-Cal in Sacramento County within the next 30 days. \*
  - d. Members who do not have health insurance and who are not eligible for other health care such as Medicaid, Medicare, or private insurance. Members who meet Medical Necessity and mental health distress criteria per PP-BHS-QM- 01-07 Determination for Medical Necessity and Access to Specialty Mental Health Services. [Determination for Medical Necessity and Target Population \(saccounty.gov\)](#)

\*Members who will start services in Sacramento County are expected to enroll in Medi-Cal within 30 days and remain on Medi-Cal for the duration of services.

- IV. Members must reside in Sacramento County except members living out of the County who meet out of County criteria per [SB 785](#) and [AB 1299](#) (see [PP-BHS-MH-Access-02-05-Out-of-County.pdf \(saccounty.gov\)](#)).

## B. Services Provided

Eligible members may contact an MHP provider for an assessment or the Access Team or their MCP for a screening for mental health services. The following direct contact services are provided by the MHP providers, if applicable:

- I. MHP Provider of Mental Health Services:

The MHP delegates authority to the providers to "ensure that all members have access to the right care, in the right place, at the right time," as outlined by the Department of Health Care Services (DHCS) "No Wrong Door" [BHIN 22-011 No Wrong Door for Mental Health Services Policy \(dhcs.ca.gov\)](#). Available direct contact services can be located at <https://dhs.saccounty.gov/BHS/Pages/GI-BHS-Mental-Health-Access-Team-Brochures.aspx>.

If a member contacts a provider directly, providers shall promote linkage to services and streamline the experience for the member by doing the following:

- Redirect individuals who have private insurance to their insurance carrier.
- Provide the requesting individual with the contact information to the appropriate provider and support them by coordinating with the preferred provider if a member does not meet the target population for services (e.g., an adult over 21 that walks-in to a child provider requesting services for themselves), or if a provider is not accepting new members.
- Complete a mental health assessment for all eligible Medi-Cal members or individuals with no insurance. A referral to or a screening by the Access Team or their MCP is not necessary.
- Accommodate and offer the earliest available appointment if the provider is unable to assess when the member walks into their clinic.
- If a provider is on reprieve and not accepting new clients, providers shall inform the member and offer an updated Provider list for the member to choose from, which consists of providers that are accepting new clients. Steps should be taken to offer support to the member's chosen provider site. Upon acceptance of the new member, the referring provider will take the following steps to coordinate linkage:
  1. Create an Inquiry in SmartCare
  2. Assign the Inquiry to the person associated with the chosen provider site.
  3. The receiving provider will initiate and enter the Timely Access Data Tool (TDAT), which will be completed by the chosen provider site. [PP-BHS-QM-20-04-Timely-Access.pdf \(saccounty.gov\)](#)

C. Access Team Services:

The Access Team screens and refers members for linkage to either SMHS or non-SMHS. The paragraph below outlines the various processes of submitting an inquiry to the Access Team. The Access Team will provide information regarding language accommodation to assist with the inquiry.

**Requesting Services:** Members, their designee, or other interested parties may:

- call 916-875-1055; or
- submit an inquiry through the Access Team online service portal (<https://mentalhealthservicerequest.saccounty.gov/>); or
- send a fax 916-875-1190. Faxed requests should include a completed referral form that can be found here: [Service-Request-Form.pdf](#)

[saccounty.gov](http://saccounty.gov)). All inpatient psychiatric hospital referrals must be faxed to the Access Team. Please note that to receive a timely response, inquiries must include basic information about the member and referring party (first and last name, date of birth, working contact phone number, and agency information for referring party).

Members that wish to bypass contacting Access may walk into providers who are open to taking new referrals, which can be found at this link:

<https://dhs.saccounty.gov/Access>.

**Urgent or Crisis Calls:** At the beginning of the call, all callers are asked if they are currently experiencing a mental health crisis. If a caller identifies that a crisis is occurring, the following protocol takes place:

- The call will be transferred to an Access clinician who is trained to manage a mental health crisis. The clinical team member will continue to assess, attempt to de-escalate, and create a safety plan, if clinically appropriate, over the phone with the caller until the mental health crisis is resolved or the caller(s) is linked to additional assistance or resources.
- If the mental health crisis cannot be resolved, a determination will be made on behalf of the caller to either call 988 for non-life-threatening circumstances or 911 (if the caller is experiencing imminent life-threatening circumstances).
- The Access staff will also offer direct contact options for a face-to-face assessment after the individual has been stabilized at a mental health provider site, in the MHP, at the location where the client chooses to receive services, and who is accepting new clients that week. Callers will be encouraged to reference the webpage for the latest list of locations accepting new clients. If the caller has no access to the internet, the caller may request and be provided information on providers in their geographic area.

**Routine Calls:** When a caller is not experiencing a mental health crisis, they will be given the choice to wait on the line for the next available Access clinician, have an Access clinician call them back to complete a screening or self-refer to a mental health provider in the MHP.

- If the caller chooses a call back, an inquiry is created.
- If the caller opts to self-refer, they will be offered information including the names of providers taking new clients, walk in options, preferred location, and contact information for callers to follow up at their convenience. Callers will be prompted to reference the webpage for the latest updated list of locations accepting new clients. If the caller has no access to the internet, the caller may request a copy of the list of locations accepting new clients.
- Additionally, callers may contact the Access Team if they change their mind

about self-referring and/or for further assistance.

### **Processing Inquiries:**

**Incoming Verbal, Written, or Electronic Inquiries:** Inquiries created by or sent to the Access Team will be screened and designated as urgent or non-urgent, entered into the EHR, and assigned to an Access Team member. Once a priority inquiry is assigned, the Access Team member will make an initial outreach phone call to the identified member and a follow-up phone call. For pass-throughs and non-urgent calls, the Access Team member will initiate a response within three business days. If phone contact is not made, an Access Team member will send an "unable to contact letter" indicating closure of inquiry within 14 calendar days of receiving the initial inquiry.

- a. **Routine Inquiries:** All inquiries will be considered routine unless they have priority indicators, as shown below. Routine inquiries will be processed in the order received. Access Team members are expected to initiate a response to all newly assigned inquiries no later than three business days after receiving the inquiry.
- b. **Priority Inquiries:** Inquiries that have been designated as priority will be processed first. An Access Team member will make every effort to link priority inquiries within three business days of receipt of the inquiry. The Access Team members will use their clinical judgement and make every effort to process a disposition no later than the end of the business day. Priority referrals received after 4 p.m. may be processed the following business day.

The following list of priority indicators includes but is not limited to\*:

- Referrals from Intake Stabilization Unit (ISU).
- Referrals from a psychiatric inpatient unit.
- Referrals from Child Welfare and Probation for dependent youth.
- Members involved in juvenile justice system.
- Members experiencing current suicidal or homicidal ideation that are not designated urgent at the point of contact.
- Members at imminent risk of placement or housing loss due to a mental illness.
- Members experiencing homelessness.
- Members dealing with recent trauma.
- Pregnancy.
- Clinical judgment\*

\*The list of priority indicators is not all-inclusive, consequently, clinical judgment will be utilized when designating a service request as routine or priority.

### **Standardization of Screenings (Adult/Youth/Transition of Care Tools):**

To ensure that all members receive the appropriate level of services, the Access Team utilizes the mandated screening tools provided by DHCS for youth and

adults, and those needing to transition care to another provider.

The Adult and Youth Screening Tools are administered to all members who are not currently receiving mental health services. Please refer to the following for further information on these tools: [PP-BHS-MH-Access-02-08-Screening-and-Transition-of-Care-Tools \(saccounty.gov\)](#). The Access Team will provide linkage according to the results of the screening tools.

#### D. Program Hours of Operation

- I. Access Team staff are available Monday through Friday, during the hours of 8:00 a.m. to 4:45 p.m., for triage, screenings, and linkage to services.
- II. Any individual can call 988 for crisis intervention support or call (888-881-4881) for triage between 4:45 p.m. and 8:00 a.m., on County holidays, and weekends. After hours services are addressed in County policy [PP-BHS-MH-Access-02-01-Mental-Health-Plans-After-Hours-Response.pdf \(saccounty.gov\)](#)

#### E. Service-Related Issue Resolution

- I. If a caller is dissatisfied with any aspect of the interaction with the Access Team, the caller will be referred to the Access Team Mental Health Program Coordinator (MHPC) and/or the Health Program Manager (HPM).
- II. At any time, a member may contact Quality Management Problem Resolution at 916-875-6009. Details about Problem Resolution can be found in this County policy [PP-BHS-QM-03-01-Problem-Resolution](#) and [PP-BHS-MH-Access-02-07-Provision-of-Second-Opinions.pdf \(saccounty.gov\)](#).

#### **Related Policies:**

[PP-BHS-MH-Access-02-01-Mental-Health-Plan-After-Hours-Response](#)  
[PP-BHS-QM-03-01-Problem-Resolution](#)  
[PP-BHS-MH-Access-02-05 Out of County Service Requests for Medi-Cal](#)  
[PP-BHS-MH-Access-02-06-Notices of Action](#)  
[PP-BHS-MH-Access-02-08-Screening-and-Transition-of-Care-Tools \(saccounty.gov\)](#)  
[PP-BHS-QM 01-07 Determination for Medical Necessity and Target Population](#)  
[PP-BHS-MH-Access-02-07 Second Opinion](#)  
[BHIN 22-065](#)

#### **Related Forms:**

Mental Health Access Service Request Form:  
<https://dhs.saccounty.gov/BHS/Documents/Provider-Forms/MH-Forms/Service-Request-Form.pdf>  
[Adult Screening Tool for Medi-Cal Mental Health Services](#)  
[Youth Screening Tool for Medi-Cal Mental Health Services](#)

Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth)

**Distribution:**

<b>Enter X</b>	<b>DL Name</b>	<b>Enter X</b>	<b>DL Name</b>
X	Behavioral Health Staff	X	Behavioral Health Contracted Providers
X	Intranet	X	Internet

**Contact Information:** [BHS-DHS@saccounty.gov](mailto:BHS-DHS@saccounty.gov)