



**County of Sacramento
 Department of Health Services
 Division of Behavioral Health
 Services
 Policy and Procedure**

Policy Issuer (Unit/Program)	Mental Health Services
Policy Number	04-06
Effective Date	08-14-19
Revision Date	07-22-24

Title: Crisis Residential Referral and Admission	Functional Area: Programs
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Approved By: *Signed version available upon request*

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Background/Context:

Crisis Residential Programs (CRPs) are programs that operate 24 hours per day, seven (7) days per week. They are voluntary residential programs 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 30 days in a structured, home-like setting. Stays longer than 30 days will require documented justification in the County’s Electronic Health Record (EHR) and shall not exceed 60 days. Interventions are concentrated on crisis stabilization and symptom reduction while building interpersonal and independent living skills to successfully transition to community support systems.

Definitions:

Crisis Residential Program (CRP) - a CRP provides psychosocial and risk assessments, nursing assessments, individual and group counseling, medication support and management, peer to peer mentoring, psychoeducation of mental health and co-occurring conditions, relapse prevention skills building, living skills building, discharge planning, and assistance with transition to an outpatient mental health provider.

Crisis Stabilization - a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy.

SmartCare - EHR System for Sacramento County Division of Behavioral Health

Services (BHS).

Purpose:

To outline the referral and admission processes for CRPs.

Details:

Procedure:

I. CRP eligibility criteria:

- A. Sacramento County resident;
- B. 18 years of age and older;
- C. Willing to participate in a self-help program;
- D. Meet medical necessity as defined in accordance with PP-BHS-QM-01-07 Determination for Medical Necessity & Access to Specialty Mental Health Services;
- E. Able to benefit from crisis stabilization treatment and engage in safe behavior; and
- F. Ambulatory; able to independently self-manage all self-care tasks and general medical conditions.

II. CRP exclusionary criteria:

- A. Private insurance;
- B. Active Tuberculosis (TB);
- C. Incontinence;
- D. History/conviction of arson and/or drug trafficking; and
- E. Designation as a registered sex offender.

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 Transition Age Youth (TAY), ages 18-29, or Turning Point Community Programs CRP for adults ages 18 and older.
2. Providers are expected to coordinate with each other to find the best placement for the client being referred within the admission requirements.

C. The referral packet must include the following:

1. Completed Client Data Sheet.
2. Insurance verification.
3. SmartCare ID (if available).
4. Date of the referral.
5. Copy of the 5150 (if applicable).
6. Clinical & Psychiatric Admission and Assessment.
7. Nursing Assessment.
8. Copy of the Medical Assessment
9. Form 602 for Residential Care Facilities completed by a qualified staff. If the referring agency does not employ qualified staff to complete the Form 602, they shall coordinate with the respective CRP to determine if the CRP can complete the [Form 602](#).
10. Copy of any lab results.
11. Last seven (7) days of progress notes from a Crisis Stabilization Unit or outpatient program.
12. Most up-to-date psychiatric/physical health medication list.
13. Copy of negative chest x-ray, TB reading, TB card, or plan for Tine test, including evidence of placement and plan for reading the test. If the referring agency does not have qualified staff to complete the TB requirement, they shall coordinate with the respective CRP to determine if the CRP can complete it.
14. 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 a reason for referral to CRP.

15. Supporting documentation indicating the client meets Sacramento County Medical Necessity requirements.

D. The referring party will provide the following documents:

1. A plan for housing if the client is experiencing homelessness.
2. Application process has been initiated if the client is without social services/medical benefits.
3. Identified natural supports or attempts made for identification.
4. The discharge treatment plan, if applicable, including an updated clinical rationale for the CRP services.
5. A copy of any current risk assessment and safety plan.

IV. Medications:

- A. If applicable, all clients being referred to a CRP from an inpatient psychiatric program must have a discharge medication prescription sent either with the client or called into a pharmacy prior to the client leaving the facility.
- B. Controlled medications will include medications for at least three (3) days. If the CRP requests more than three (3) days of medication, the amount of medication provided will be determined on a case-by-case basis consistent with the referring party's policy and applicable regulation.
- C. All other medications will include a 30-day supply.

V. CRP admission process:

- A. The CRP will provide a response to the referring party within 24 hours from receipt of referral. The response may include one of the following:
 1. Meets admission criteria.
 2. 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.

3. Denied due to exclusionary criteria identified in the referral.
- B. Once the referral packet is identified as complete by the CRP, the CRP will inform the referring party of the disposition no later than one (1) business day, which may include one (1) of the following:
1. A face-to-face interview with the referred client will be scheduled no later than one (1) business day from when the referral packet is identified as complete.
 2. Referral is denied due to exclusionary criteria identified in the referral.
 3. Acceptance to the program.
 4. Each referral shall have a CRP Screening Outcome Summary form completed and a copy forwarded to the referring party.
- C. 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 admission date/time and transportation plan.
 2. Admission, pending bed availability.
 - a. The acceptance is valid for 24 hours. After 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 within two (2) hours. The Screening Outcome Summary Form will include the rationale for denial.
 - b. If the referring party disagrees with the denial, the party shall contact the CRP management to discuss the specific reasons for the denial. The referring party may appeal the decision to the County Contract Monitor. The County Contract Monitor shall consult with both the referring party and the CRP management and provide a response 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 with the new information included. The CRP will share the disposition with the referring party and the County Contract Monitor.

D. Admission - Once a determination is made, admission to the assigned CRP shall be completed.

E. Inquiry - The CRPs will submit an Inquiry via SmartCare to self-admit and link the client to the program.

VI. Transferring referrals between CRP providers.

A. If it is identified during the referral process that the provider has zero (0) beds available or the client may benefit from another CRP, the following process will occur:

1. The CRP intake staff will contact the other CRP to discuss possible transfer of the referral.
2. If the receiving CRP agrees, the referral will be faxed or encrypted/emailed 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 Contract Monitor will be contacted by both CRPs 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 Mental Health Treatment Center (MHTC) Intake Stabilization Unit (ISU) for crisis stabilization and/or acute hospitalization if the client meets Welfare & Institutions (W&I) code 5150 criteria. This process does not cover voluntary admissions. A 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 the 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.

VIII. Extension past thirty (30) day stay at a CRP:

- A. The CRP will inform the CRP County Program Coordinator/Contract Monitor (or designee) when a client needs to remain in the program past thirty (30) days. To ensure determination of stay is in the best interest of the client, the CRP will:
 1. Provide justification in the client's progress note.
 2. Update the Client Plan.
 3. Consult with the Program Coordinator/Contract Monitor, if necessary.
- B. Maximum extended stay is up to thirty (30) additional days.

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 & Access to Specialty Mental Health Services](#)

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Contact Information:

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