

 County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure	Policy Issuer (Unit/Program)	BHS-SAC
	Policy Number	02-03
	Effective Date	05-01-08
	Revision Date	6-16-26
Title: Urgent Inquiry Requests		Functional Area: Inquiries
Approved By: Lori Miller, LCSW Division Manager Tory Ross, LMFT Health Program Manager		

Background/Context:

All new Inquiry Requests (IRs) received by the Behavioral Health Services - Screening and Coordination (BHS-SAC) Team are screened for urgency during working hours from 8 a.m. to 4:45 p.m., Monday through Friday. Inquiry Requests received outside of these hours are screened the following business day. All urgent referrals will receive a decision and notice within 48 hours of the inquiry or, when applicable, within 14 calendar days of an extension due to missing information. All urgent or emergent inquiries should be submitted by calling the BHS-SAC team and not through the online or email platform.

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:

Emergent: The request is “**emergent**” if the beneficiary is **actively decompensating**, presenting an imminent threat to the health/life of self or others and/or having suicidal/homicidal ideation. This refers to situations that require **immediate intervention** due to a significant health or safety risk.

Urgent: The request is “**urgent**” if the beneficiary is **at risk of decompensating** if an appointment is not offered within 48 hours. This refers to situations requiring prompt clinical attention, but not necessarily immediate behavioral health intervention.

Inquiry Request (IR): A written or verbal request to the Behavioral Health Services - Screening and Coordination (BHS-SAC) Team for mental health and/or substance use services.

Urgency Indicators

Emergent Call Examples:

- Active suicidal or homicidal ideation **with plan, intent, and means**.
- Severe psychosis with loss of reality testing

- Grave disability (unable to care for basic needs)
- **Substance use with severe withdrawal symptoms** (e.g., nausea and vomiting; sweats; tremors; seizures; tactile, auditory, and/or visual hallucinations; delirium tremens; and/or fever).

Urgent Call Examples:

- Suicidal ideation **without plan or intent**; client able to contract for safety.
- Medication refill needed within 10 days.
- Escalating symptoms (e.g., anxiety, depression, mania)
- Substance Use – **Mild withdrawal symptoms** (e.g., agitation, hopelessness). Co-occurring mental health symptoms worsening.

Details:

Screening and Submittal Process

- All Inquiries are screened for urgency by a BHS-SAC Team clinician.
- These requests shall be called in to the BHS-SAC Call Center at 916-875-1055.
- Upon receipt of the request, a clinician will assess for urgency based on the urgent definition and indicators.
- An urgent request will be confirmed and noted as such at the time of disposition if clinically appropriate.

Urgent Referrals Processing - Urgent calls shall be responded to within 48 hours and scheduled for a face-to-face assessment with the Mental Health Urgent Care Clinic. Emergent calls should be addressed immediately.

BHS-SAC clinicians will assess service needs using the Department of Health Care Services (DHCS) Screening or the Brief Questionnaire Initial Placement (BQulP) tools. If an emergent need is identified, staff will immediately contact emergency services (911 or 988) or direct the client to the nearest hospital or emergency department. For urgent needs, staff will refer the client to the Mental Health Urgent Care Clinic or connect the client with the most appropriate mental health or substance use disorder service provider.

Related Policies:

[PP-BHS-BHS-SAC-02-02-BHS-SAC](#)

[PP-BHS-MH-Access-02-04-Authorization-Requests.pdf](#)

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