

**COUNTY OF HUMBOLDT  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BEHAVIORAL HEALTH**

POLICY NO. : <b>1001.100</b>	POLICY TITLE: <b>REQUEST FOR ACCESS TO BEHAVIORAL HEALTH SERVICES</b>	EFFECTIVE DATE: 7/28/14
PROGRAM:	CHILDREN AND FAMILY SERVICES	REVISION DATES: 8/10/15, 12/09/2019
AFFECTS:	ALL CHILDREN'S BEHAVIORAL HEALTH SERVICES	REVIEW DATES: 7/8/15,8/14/17

**POLICY** Department of Health and Human Services (DHHS) - Children and Family Services (CFS) Behavioral Health (DHHS-BH) will provide access to services for all individuals who meet medical necessity criteria for Specialty Mental Health. All requests from clients, who do not have an open episode, to access services or receive information are tracked, completed and monitored.

**DEFINITION(S)** Beacon Health Strategies: Partnership Health Plan's Managed Behavioral Health Organization

Level I: Highest level of acuity.  
Level II: Moderate level of acuity.  
Level III: Lowest level of acuity.

Requestor: A DHHS-BH client who does not have an open episode and requests SMHS or information about SMHS.

**PROCEDURE**

1. The Request to Access Services (RAS) Log will be maintained in all areas of CFS BH access as outlined in the RAS Phone Log Training Manual.
2. Access staff will track all telephone, written and walk-in requests for service or information by gathering the following information:
  - 2.1. Requestor's Name
  - 2.2. Client's name if different than requestor
  - 2.3. Phone number ( if unknown, this field will be left blank)
  - 2.4. Date of Birth
  - 2.5. Address Including zip code
  - 2.6. Date/Time of Request
  - 2.7. Acuity level: Routine, Urgent or Information
  - 2.8. Language Line
  - 2.9. Name of Staff taking request
  - 2.10. Type of Request
  - 2.11. Crisis request for an open client
  - 2.12. Disposition/Service Provided
  - 2.13. First Appointment Offered
  - 2.14. Referrals Given
3. During Regular Business Hours:
  - 3.1. Requests will normally be received through the front office reception staff. If the requestor identifies that the situation is routine or a request for information, the request will be logged for follow up by a clinician within five days. Requests that are urgent will be responded to by a clinician within the same day and crisis requests will

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be transferred immediately to Crisis staff (at Same Day Services or Crisis Stabilization Unit) [An 1104 Crisis Intervention Via Phone Contact will be completed. The 1104 is given to the Children's Mobile Response Team \(C-MRT\) staff.](#)

- 3.1.1. For information only requests, the following items will be sent:
- Guide to Medi-Cal Services
  - Current Provider List
  - Information about Department of Health and Human Services Behavioral Health Brochure
- 3.2. After assessing the acuity of the situation, clinical access staff will complete a [1073 Telephone Screening](#) form in non-emergent situations. If the service needs are appropriate based on the phone screen, a scheduled comprehensive assessment will be made with the first available clinician. Urgent situations require an offer of an appointment within 5 days. Other appropriate referrals are made as required.
- 3.3. Routine and urgent requests received by C&FS will be referred to the Access staff. Crisis requests will be referred by the Access staff to the Children's Mobile Response Team or to the Crisis staff (at SDS or CSU) at Wood Street.
- 3.4. When additional follow up is not required, the entry should be marked as complete.
4. After Hours Requests to C&FS
- 4.1 Requesters with non-urgent concerns are prompted to leave a voicemail message.
- 4.2 Requesters with urgent concerns are prompted to contact the provided crisis line number, 445-7715 or toll free 1-888-849-5728.
- 4.3 Crisis line staff document the request in the RAS Log for follow-up by CFS and C-MRT staff as applicable.
5. Standard Response Time for Requests for Access to Service:
- 5.1. All urgent requests will be responded to within the same day
- 5.2. All routine and information request requests will be responded to within five business days.
- 5.3. Crisis request will be responded to immediately.
6. Beneficiaries are provided telephone screening by DHHS-BH or by Beacon Health Strategies. Beneficiaries are able to initiate their request for service with either entity. Beneficiaries will receive referrals to services that meet their needs based on Medical Necessity Criteria.
- 6.1. Beneficiaries who meet criteria for Specialty Mental Health services Level I (highest level of acuity) will be referred to DHHS CFS Behavioral Health.
- 6.2. Beneficiaries who meet criteria for Specialty Mental Health services Level II will be referred to an Organizational Provider.
- 6.3. Beneficiaries who meet criteria for Specialty Mental Health services Level III will be referred to Beacon Health Strategies.
- 6.4. In situations where an Organization Provider is not available or otherwise not appropriate a beneficiary meeting Level II criteria may be referred to Beacon Health Strategies or DHHS-BH CFS.
- 6.5. Referrals to Organization Providers are made by obtaining an authorization to release confidential information executed by the client/parent or guardian and faxing the assessment to the Organizational Provider. The client is informed that the Organizational Provider will contact them directly. If the client is referred to an Organizational Provider at the time of phone screen, they are given the phone number of the Organizational Provider to initiate the referral for services themselves.
- 6.6. Referrals to Beacon Health Strategies are made by obtaining an authorization to release confidential information executed by the client/parent or guardian and faxing
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the screening to Beacon. In the event access staff does not have in person contact with the family, they will verbally confirm that the family agrees to have the screening information sent to Beacon and document this agreement on the screening form and in the RAS log. Clients may be given the Beacon referral number 1-855-765-9703 to initiate the referral for services themselves.

- 6.7. CFS access staff will keep on file the completed telephone screenings for any referrals made to Organizational Providers or Beacon Health Strategies and will share them with said entities as needed and with an authorization to release confidential information executed by the client/parent or guardian or proper verbal consent as noted above.
- 6.8. CFS access staff will document referrals made to Beacon Health Strategies and Organizational Providers and monitor linkage to the referral source for the purpose of improving continuity of care and quality of services.
- 6.9. Any additional assessment and/or treatment information will be shared with Beacon Health Strategies with a properly executed authorization to release confidential information, as needed for continuity of care.

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FORMS/ATTACHMENTS    [RAS Phone Log Training Manual](#)  
[Avatar Bulletin 15-A008](#)  
[1096- Assessment](#)  
[Child 5-17 Beacon Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary](#)  
[1104 Crisis Intervention via Phone Contact](#)  
[1073 Telephone Screening](#)

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REFERENCE            [Avatar User Manual](#)  
[Request for Access to Behavioral Health Services 0100.600](#)

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