



7.1.13. Responding to Requests for Services

Issue Date: 12/12/2005

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References: Sonoma County's Mental Health Plan (MHP) Contract with the Department of Health Care Services (DHCS), Exhibit A, Attachment 7; Sonoma County's Drug Medi-Cal Organized Delivery System (DMC-ODS) Contract with Department of Health Care Services, Exhibit A, Attachment I; Title 42, Code of Federal Regulations (CFR), Section 438.206; CCR Title 9, Section 1810.405; CCR Title 28 Section 1300.67.2.2(b)(c); BHINs 22-011, 22-065 and 23-041.

Policy Owner: Behavioral Health Division (BHD), Quality Assessment and Performance Improvement (QAPI), Quality Improvement Manager

Director Signature: **Signature on File**

I. Policy Statement

In accordance with federal and state regulations, and the Department of Health Care Services (DHCS) contract agreement requirements, Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD) provides and maintains a 24/7 Access Line for all clients, to ensure appropriate access, tracking, and reporting to DHCS.

II. Scope

This policy applies to all "Covered Persons", which includes all County of Sonoma employees (full-time, part-time, extra help) and all additional persons who are performing services for DHS, with the exception of Community Based Organization (CBO) staff.

III. Definitions

- A. Access Line: 24/7 toll free number for both prospective and current members to call to access services. Oral interpretation services and Text Telephone Relay or Telecommunications Relay Service (TTY/TRS) services must be made available for members, as needed.
- B. Crisis Stabilization Unit (CSU): CSU is a non-Lanterman-Petris-Short (LPS) facility that serves adults and minors who are experiencing a mental health crisis. The facility is open and serves Sonoma County residents 24/7/365.



The CSU is not an inpatient facility and persons are either stabilized within twenty-four hours or referred to an inpatient psychiatric hospital.

- C. Mobile Support Team (MST): MST is a multidisciplinary team that provides crisis response services to Sonoma County residents. The MST operates a call center 24/7/365 and uses a standardized dispatch tool to triage crisis calls to determine the level of need and an appropriate response, e.g., de-escalation by phone, connection to services, deploying the MST field response team for in-person response where the crisis is occurring. The Mobile Support field response team is also 24/7/365 and is able to respond without law enforcement when safe to do so and will provide crisis assessment and planning, warm hand-offs to community resources, transportation, and follow-up.
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IV. Policy

- A. The purpose of this policy is to describe 24/7 Access Line requirements, describe contingency management for increased call volume, ensure a uniform response to phone calls or walk-ins from people who may be requesting or inquiring about services, ensure all requests for services are logged, and to ensure that these potential clients are screened for emergency needs and referred appropriately.
- B. DHS-BHD has a consistent protocol for responding to and logging requests for services.
- C. Requests for service via phone call, walk-in, or treatment referral may come to any mental health office or staff person.
- D. All calls and walk-ins are screened for emergency needs.
- E. When an individual indicates that their request is an emergency, the inquirer is referred to the MST.
- F. Urgent requests are addressed by clinical staff within the required timeliness standards.
- G. All other requests are directed to the 24/7 Access Line.

V. Procedures

- A. Requests for Services via Phone Call:
 - 1. Anyone in the organization who receives a call from a community member requesting or inquiring about services must ask the following questions:

- a. "What is your name?";
 - b. "Are you currently receiving services from the County?";
 - c. "Is this an emergency?"
2. If the caller indicates that the request is an emergency:
 - a. The caller must be transferred from the responder's extension to the MST 24/7 Dispatch Center.
 - i. Before transferring the call to MST, the responder shall request the caller's phone number and inform the caller of the MST Dispatch phone number. The responder shall explain that this is to ensure that in the event that the transfer fails, someone will be able to follow up.
 - ii. If the caller is currently receiving services, the responder will additionally notify the caller's treatment/program team primary case-manager and program manager about the emergency call.
 - b. If the responder is unable to transfer the call or loses the caller, the phone number of the caller shall be given to the MST Dispatch Center.
 - i. The MST Dispatch Center staff shall respond to the call as quickly as possible on the same day and shall assess the emergency for acuity and make the appropriate referrals.
 - c. The MST Dispatch staff shall log the request for service as an Inquiry in the Electronic Health Record.
 - i. If a referral to the Access Team is clinically indicated, MST staff will log an inquiry assigned to the Access Team for follow-up.
3. If the caller indicates that the request is urgent, but not an emergency:
 - a. If the caller is currently receiving services from the county, then that call is transferred to the on-duty case manager of the treatment/program team for follow-up within **48 hours**.
 - i. The on-duty case worker shall document their interaction in a service note within the Electronic Health Record.
 - b. If the caller is not currently receiving services from the county, then that call is transferred to the Access Screening Team for same-day Mental Health (MH) and Substance Use Disorder (SUD) Screening, as appropriate.
 - i. The Screening Team shall log the request for service as an Inquiry in the Electronic Health Record;

- ii. The Access Team case managers will follow-up within **48 hours** of the request and document the interaction within the Electronic Health Record.
 - 4. If the caller indicates that the request is not an emergency and not urgent, then the client shall be given the 24/7 Automatic Call Distribution (ACD) line phone number and be transferred to the ACD line.
 - a. The responder shall inform the caller that the ACD Line phone number is answered **24 hours a day, 7 days a week**.
 - b. The Access Team staff will log the request for service as an Inquiry in the Electronic Health Record.
 - c. The Access Screening Team will respond to the request for service by the next business day to initiate MH and SUD screening and referrals.
- B. Requests for Service via Walk-In
- 1. Any office in the organization which receives a walk-in from a community member requesting or inquiring about services must ask the following questions:
 - a. "What is your name?";
 - b. "Are you currently receiving services from the County?";
 - c. "Is this an emergency?"
 - 2. If the individual indicates that the request is an emergency:
 - a. If the individual is currently receiving services from the County, then that office will contact the on-duty case manager of the treatment/program team to respond.
 - i. The on-duty case manager shall attempt to de-escalate the crisis situation;
 - ii. If a larger intervention is needed, the on-duty case-manager will involve the Treatment/Program Team Specialist or Program Manager for further steps;
 - iii. The Specialist/Program Manager may additionally involve CSU staff (on-site at the CSU or by phone consultation off-site), guards (if on-site at CSU or the Adult Medication Clinic), or law enforcement;
 - iv. The crisis response will be documented in a service note within the Electronic Health Record.

- b. If the individual is not currently receiving services from the County, then that office will contact the on-duty case-manager of the Treatment/Program Team on-site (and if there is no Treatment/Program Team on-site, that office will contact MST for support).
 - i. The on-duty case manager shall attempt to de-escalate the crisis situation;
 - ii. If a larger intervention is needed, the on-duty case-manager will involve the Treatment/Program Team Specialist or Manager for further steps;
 - iii. The Specialist/Manager may additionally involve CSU staff, guards, or law enforcement;
 - iv. The crisis response will be logged as a Crisis Inquiry within the Electronic Health Record.
- 3. If the individual indicates that the request is urgent, but not an emergency:
 - a. If the individual is currently receiving services from the county, then that office will contact the on-duty case worker of the Treatment/Program Team for urgent response.
 - i. The on-duty case worker shall document their interaction in a service note within the Electronic Health Record.
 - b. If the individual is not currently receiving services from the county and the program of walk-in is authorized to perform screening functions, then the on-duty case manager from that office will perform the service screening.
 - i. The on-duty case manager shall log the request for services as an Inquiry in the Electronic Health Record, for follow-up by that specific program.
 - c. If the individual is not currently receiving services from the county and the program of walk-in is not authorized to perform screening functions, then the on-duty case manager from that office will walk the individual over to the Access Screening Team for same-day MH and SUD Screening hours, as appropriate.
 - i. The Screening Team shall log the request for service as an Inquiry in the Electronic Health Record;
 - ii. The Access Team case managers will follow-up **within 48 hours** of the request and document the interaction within the Electronic Health Record.

4. If the individual indicates that the request is not an emergency, and not urgent, then the client shall be directed to the Access Team lobby or ACD Line phone number for follow-up.
 - a. The responder shall inform the individual that the ACD Line phone number is answered **24 hours a day**;
 - b. The Access Team staff will log the request for service as an Inquiry in the Electronic Health Record;
 - c. The Access Screening Team will respond to the request for service by the next business day to initiate MH and SUD screening and referrals.

C. Requests for Service via Emailed/Faxed Community Referral

1. Any office in the organization may receive a community referral via email/fax.
2. If the referred individual is already receiving services from DHS-BHD, then forward the referral to the current Treatment/Program Team for follow-up.
 - a. The Treatment/Program Team shall document follow-up activities in a service note within the Electronic Health Record.
3. If the referred individual is not currently receiving services from DHS-BHD, then forward the referral to the Access Team for follow-up.
 - a. The Access Team shall log the referral as an Inquiry within the Electronic Health Record and commence care-coordination activities with the referring entity.

D. Logging Requests for Service

1. All requests for service are logged as an Inquiry within the Electronic Health Record and include at minimum:
 - a. The date of the request;
 - b. The name of the person for whom service is requested;
 - c. Medi-Cal eligibility information;
 - d. The caller's preferred language and any need for interpreter services;
 - e. The preferred pronouns of the person for whom service is requested;
 - f. The initial disposition of the request.

E. Increased Call-Volume Contingency Plan

1. The Access ACD Line is configured to have multiple agents logged onto the call system simultaneously.

- a. Agents indicate language attributes when signing on as active.
2. The ACD queue assigns calls to agents in order of availability and language capacity.
 - a. If an agent is already engaged in on the phone, the ACD queue will assign the incoming call to the next agent logged in.
3. In the event that call volume exceeds available agents, the CSU and MST Dispatch Center both operate 24/7 and can log-on to receive additional call volume upon notification from the ACD line agents.

VI. Forms

None.

VII. Attachments

None.