

# Monterey County Behavioral Health Quality Improvement

<b>Re:</b>	Referrals to Crisis Residential Services
<b>Form Reference</b>	Screening Tool for Crisis Residential CR Services
<b>Effective</b>	September 1st, 2021

## TOPIC

In the spirit of continuous quality improvement and in response to the Department of Health Care Services specialty mental health prior authorization requirements, Monterey County Behavioral Health Quality Improvement department has developed the **Screening Tool for Crisis Residential CR Services** to support medical necessity for Crisis Residential Services. This screening tool shall be submitted along with the referral packet to crisis residential providers and is not intended to replace the current referral process.

Crisis Residential Treatment Services are rehabilitative services provided in a non-institutional residential setting which provides a structured program as an alternative to hospitalization for clients experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.

Starting September 1<sup>st</sup> 2021, referrals and/or emergency admissions to crisis residential facilities will now require the addition of **Screening Tool for Crisis Residential CR Services**. This tool is the result of a collaborative effort between Monterey County Behavioral Health and partner crisis residential providers to screen in/out clients who may be eligible for crisis residential services to ensure that clients are appropriately placed in the safest and least restrictive level of care.

This screening tool will also help coordinate the client’s care by informing crisis residential providers of the beneficiary’s symptoms, impairments, and level of functioning that should be addressed as part of the crisis residential treatment plan.

This screening tool should be completed by\* the beneficiary’s case coordinator prior to the authorization/referral of crisis residential services to establish medical necessity.

\*Note: If the client is currently residing at Natividad Medical Center Mental Health Unit (NMC MHU), the NMC MHU Social Worker may complete the Crisis Residential Screening Tool in AVATAR prior to discharge to support MCBH staff in the completion of the referral packet.

## PROCEDURE

1. Start Date: September 1<sup>st</sup>, 2021
2. Client’ case coordinator selects client from AVATAR
3. Search From “Screening Tool for Crisis Residential CR Services”
4. It is recommended that the screening tool be completed within 30 days prior to the client’s referral to Crisis Residential
5. Complete Section 1: To be eligible for crisis residential services, a client:
  - a. Should have a primary mental health diagnosis
  - b. Have severe symptoms and functional impairments as a result of their mental health dx
  - c. Without rehabilitative services available 24 hours a day, seven days a week, the client is likely to decompensate
  - d. Are likely to require hospitalization or re hospitalization

**1. Eligibility Criteria**

a. Individual has an included primary mental health diagnosis.  No  Yes

b. Individual has severe symptoms and severe functional impairments.  No  Yes

c. Without 24/7 services, behaviors will lead to further deterioration in functioning.  No  Yes

d. Individual is at risk for re/hospitalization due to presenting concern.  No  Yes

6. Complete Section 2 :This section asks the clinician to consider:
  - a. What services, if any, has the client’s received in the past 90 days? This is intended to help determine if other levels of intervention have been attempted already.

- b. What services have not been provided to the client, but have been considered options? This is intended to help the clinician consider if any other forms of treatment would be best fit for the individual.

**2. Please check all of the following that apply:**

a. Services provided in the past 90 days, if any

- Outpatient Individual Therapy  
 Outpatient Crisis Intervention  
 Case Management  
 Inpatient Psychiatric Treatment

- Outpatient Group Therapy  
 Day Treatment Intensive/Day Rehab  
 Med Support Services

b. Services not being provided, but have been considered as options to address concerns in the individual's treatment team.

- Outpatient Individual Therapy  
 Day Treatment Intensive  
 Inpatient Psychiatric Treatment

- Outpatient Group Therapy  
 Case Management

- Outpatient Crisis Intervention  
 Med Support Services

**7. Complete Section 3**

- a. In order to be eligible for Crisis residential, the treatment team must conclude that additional services outlined in 2b would not be as effective as Crisis Residential (select "yes"). If there are other services more effective than crisis residential, those interventions should be utilized.

**3. Eligibility - Must answer "yes" to criteria e:**

e. Team has concluded additional services outlined in item 2b would not be as effective as CR

No

Yes

**8. Completed Section 4**

- a. In order to coordinate treatment amongst the client, case coordinator, and crisis residential program, please indicate the current symptoms/behaviors the client is experiencing that crisis residential services would be able to target.

#### 4. Symptoms

Please select symptoms/behaviors client is experiencing (Must select atleast one):

A dramatic change in appetite

Agitation

Auditory Hallucinations

Breathing rapidly (Hyperventilation)

Depersonalization

Derealization

Difficulty sleeping

Dissociative amnesia

Erotomaniac Delusions

Euphoria

Excessive sleeping

Excessive worry

Fatigue and lack of energy

Grandiose Delusions

Homicidal Ideation

Hopelessness and Helplessness

Hypomania

Inability to concentrate/make decisions

Increased heart rate

Insomnia

Irritability

Mania

Nervousness

Nonadherence to medications

Olfactory Hallucinations

Panic

Persecutory Delusions

Psychosis

Referential Delusions

Religious Delusions

Restlessness

Somatic Delusions

#### 9. Complete section 5

- a. Referencing the symptoms selected in section 4, indicate whether the symptoms cause significant impairments
- b. Select the areas of the impairment in the client's life

#### 5. Impairment Criteria

f. These above symptoms cause clinically significant distress and impairment

No

Yes

These symptoms cause clinically significant distress and impairment in the following areas:

Social

Occupational

Activities of Daily Living

Other

#### 10. Complete Section 6 (these are special considerations only)

- a. For Community Care Licensing considerations, indicate if the client has used opioids intravenously in the last 90 days
- b. Indicate if client is currently abusing alcohol or other drugs
- c. Indicate if client is current on probation/parole
- d. Indicate if client has been convicted on a felony

e. Indicate if client is a registered sex offender

**6. Additional Considerations**

**Substance Use**

In the last 90 days, had the client used opioids intravenously

No  Yes

Client is currently abusing alcohol and/or other drugs

No  Yes

Please describe

\_\_\_\_\_

**Legal History**

Client is currently on probation/parole

No  Yes

Client has been convicted of felony

No  Yes

Please describe

\_\_\_\_\_

Client is a registered sex offender

No  Yes

11. Staff Signature and date: this form should be completed by a licensed/licensed eligible clinician since this form is establishing medical necessity for Crisis Residential Services.

Staff Signature \_\_\_\_\_

Signature Date \_\_\_\_\_

Staff signing \_\_\_\_\_

Get Signature

12. Select Final and submit when complete

*Special Considerations: All crisis residential services are voluntary. Screening a client for crisis residential may not always result in a referral to a provider and may be subject to authorization from the mental health plan. Results indicated on this form is intended as a clinical guide to standardize screening practices for this specific a level of care.*

**The following report is available:**

- **152 Crisis Screening Tool by Client-** This will allow the user to print the report of a finalized screening tool to submit as part of the referral packet.