7.2.34 MENTAL HEALTH DIVERSION – REFERRAL, ADMISSION, AND DISCHARGE

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Policy Owner:	Behavioral Health Division, Acute & Forensic Services Section Manager
Director Signature:	Signature on File

I. Policy Statement

The California Department of State Hospitals (DSH) requires clear guidelines and procedures for the operation of the Felony Mental Health Diversion (MHD) Program. This policy was created so that the Sonoma County Behavioral Health (SCBH) Felony MHD team can demonstrate compliance with Penal Code (PC) section 1001.36 and Welfare and Institutions Code (WIC) 4361 and serve as a reference for staff.

II. Scope

This policy applies to all Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD) staff assigned to provide Specialty Mental Health Services (SMHS) in the Felony MHD Program.

III. Definitions

A. ACCESS Sonoma County Interdepartmental Multidisciplinary Team (IMDT): ACCESS (Accessing Coordinated Care Empowering Self Sufficiency) Sonoma County IMDT. The ACCESS Sonoma County program identifies the most vulnerable residents, often high utilizers of county services across multiple county departments, and provides holistic, wraparound services using the IMDT approach of care coordination and case management.

B. Department of Health Services, Behavioral Health Division (DHS-BHD): The Sonoma County entity responsible for administering publicly funded behavioral health services.

C. Felony Mental Health Diversion (MHD) Program: DHS-BHD operates a Specialty Mental Health Services (SMHS) outpatient treatment program for individuals participating in the MHD Court. The Program provides SMHS utilizing the Assertive Community Treatment (ACT) model of care.

D. Health Program Manager (HPM): A DHS-BHD staff management position that oversees one or more outpatient treatment programs for clients receiving services within the Sonoma County Behavioral Health (SCBH) network continuum of care.

E. Incompetent to Stand Trial (IST): A legal term that denotes a defendant's lack of capacity to participate in legal proceedings or assist in their own legal defense.

F. Mental Health Diversion (MHD): Pursuant to Penal Code (PC) section 1001.36 and Welfare and Institutions Code (WIC) 4361, allows felony IST defendants to participate in intensive community mental health treatment in lieu of inpatient DSH competency restoration treatment.

G. Pronoun Usage: Throughout this policy, the singular "they/their" is used as a gender-neutral pronoun to promote clarity, readability, and inclusivity.

H. Protected Health Information (PHI): PHI refers to individually identifiable health information that is held or transmitted by a Health Insurance Portability and Accountability Act (HIPAA)-covered entity or its business associate, in any form or medium, whether electronic, on paper, or oral. PHI includes information such as demographic details that relates to:

    1. An individual's past, present, or future physical or mental health condition.

    2. The provision of health care to the individual.

    3. The past, present, or future payment for the provision of health care to the individual.

    4. Identifies the individual or can reasonably be used to identify the individual.

I. Specialty Mental Health Services (SMHS): SMHS include, but are not limited to, the following: Assessment, Plan Development, Rehabilitation Services, Therapy Services, Collateral, Medication Support Services, Targeted Case Management, Crisis Intervention, Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Behavioral Services (TBS). SMHS are provided to Medi-Cal members through Sonoma County MHPs. All the MHPs are part of the Sonoma County Mental Health or Behavioral Health departments. The

MHP may provide services through its own employees or through contracted providers.

J. Warm Handoff: For clients receiving SMHS, a warm handoff refers to the process of smoothly transitioning a patient's care from one provider to another while ensuring that important information is communicated effectively. Providing additional assistance in connecting clients with a new treatment provider during care transitions is considered to be the best practice. This approach helps clients continue vital treatment services, which are instrumental to their recovery. Warm handoff assistance may include:

1. Identifying the first appointment.
2. Conducting telephone consultations.
3. Providing transportation to the first appointment.
4. Introducing the client to the new care team.
5. Facilitating clinical consultation with the new care team.
6. Coordinating ongoing care.

IV. Policy

This policy is to ensure that all program staff assigned to the DHS-BHD MHD Program adhere to the requirements set forth by DSH under Penal Code (PC) Section 1001.36 and Welfare and Institutions Code (WIC) 4361. This policy includes procedural guidelines for the referral, admission, and discharge processes for participants of the MHD Program.

V. Procedures

A. Referral

1. Defense Counsel

   a. The Public Defender's Office or other defense counsel will submit petitions on behalf of their clients to Sonoma County Superior Courts for eligibility determination.

   b. A representative of the Public Defender's Office may consult with the HPM of the MHD Program for potential identification of candidates for MHD Court.

2. Sonoma County Superior Court

a. Sonoma County Superior Court will send referrals to the MHD Program upon successful prima facie showing, and issue an order for completion of MHD evaluation and suitability report.

b. Sonoma County Superior Court will also identify a report due date and issue orders for authorization of the release of PHI.

c. Sonoma County Superior Court will make the final determination of a petitioner's suitability for MHD Court upon review of the completed MHD evaluation and suitability report, if available.

3. Health Program Manager (HPM)

a. The HPM for MHD program or designee will perform the initial processing of all referrals received.

i. The HPM will identify whether a referral meets the criteria for Felony IST MHD services and prioritize these referrals by requesting an advancement of report due dates with assigned defense counsel.

ii. The HPM will collect collateral reports and documents from District Attorney's Office and/or Public Defenders Office.

iii. The HPM or designee will enroll referral into ACCESS Sonoma, IMDT and Electronic Health Record (EHR) for data collection and care coordination.

iv. The HPM or designee will enroll referral into SmartCare EHR as an inquiry for DHS-BHD services.

v. The HPM or designee will make inquiries at the next available ACCESS Sonoma IMDT, for care coordination and placement of MHD referrals.

b. The HPM will provide a processed referral to the program evaluator at the soonest possible time for further evaluation.

B. Preadmission and Admission

1. Preadmission Engagement

a. In Custody

i. Upon acceptance into MHD Court, MHD Program staff will begin routine engagement with any client awaiting release at the Main Adult Detention Facility (MADF). Preadmission engagement will include, but is not limited to, the following activities:

(1) Therapeutic services to develop rapport.

(2) Therapeutic intervention to build stress tolerance and develop risk mitigation strategies.

(3) Identification of needs and strengths.

(4) Clinical assessment.

(5) Target case management.

b. Out of Custody

i. While waiting for approval to participate in MHD Court, MHD Program staff may begin engagement services with eligible clients. Preadmission engagement will include, but is not limited to, the following activities:

(1) Therapeutic services to develop rapport.

(2) Therapeutic intervention to build stress tolerance and develop risk mitigation strategies.

(3) Identification of needs and strengths.

(4) Target case management.

(a) Care Coordination.

(b) Crossroads To Hope, housing preview.

2. Admission

a. Enrollment

i. MHD Program staff will seek to enroll clients into outpatient treatment at the soonest available opportunity, using the following guidelines:

(1) In Custody – enrollment to occur on the date of first engagement.

(2) Out of Custody – enrollment to occur within 48 hours of being approved for MHD Court.

ii. MHD Program staff will enroll clients into SmartCare EHR using standard operating procedures.

iii. MHD Program staff will complete each required new admission document as identified in the MHD Opening Documents Checklist.

b. Basic Needs Identification

i. MHD Program staff will discuss the client's basic needs on the day of admission and create a plan that may include:

(1) Providing lunch.

(2) Offering a clothing voucher, when available.

(3) Reviewing housing plan.

(4) Identifying other food resources.

(5) Discussing transportation needs.

(6) Setting up a future appointment to apply for CalFresh or General Assistance benefits.

c. Psychiatry

i. MHD Program staff will schedule the client's first psychiatry appointment on the same day of admission into the MHD Program.

(1) In the event that psychiatry is unavailable, or client admission occurs on a day when psychiatry is unavailable, MHD Program staff will schedule the first psychiatry appointment on the next available day, not to exceed 10 calendar days from the day of admission.

ii. The treating Psychiatrist or Nurse Practitioner will complete the initial medication consent with the client, as outlined in the procedures of BHD Policy No. 7.2.21, *Outpatient Medications Services*.

d. Medication Assessment

i. MHD Program staff will schedule a medication assessment appointment with the MHD Registered Nurse (RN) on the day of admission into MHD Program.

ii. MHD Program staff will work with MHD RN to identify a medication monitoring program that is aligned with the following:

(1) MHD Court recommended treatment plan.

(2) MHD Program phases of treatment.

(3) Medication non-adherence history.

(4) Type of medication prescribed; paying special attention to medications that can be abused or are known to be addictive.

(5) Violence risk history.

iii. MHD Program staff will relay the medication monitoring plan to the other members of the MHD team, consistent with the ACT model of treatment.

iv. The MHD Program RN will adhere to the procedures in BHD Policy No. 7.2.21, *Outpatient Medication Services*.

e. Housing

i. MHD Program staff will use the ACT model of care and make every effort to prevent clients from living in unsheltered situations while in the MHD Program.

ii. MHD Program staff will work with clients to identify a viable housing plan for use during treatment in the MHD Program.

iii. MHD Program staff will assist clients in accessing the identified housing placement on the day of admission to the MHD Program.

iv. MHD Program staff will conduct regular home visits and collaborate with housing providers or other entities to support clients in maintaining their placement.

v. In the event a client loses their housing placement, MHD Program staff will prioritize finding alternative placement to ensure the client does not return to unsheltered living in the community.

f. Transportation

i. MHD Program staff will use county-provided vehicles for the transportation of any client in the MHD Program.

ii. MHD Program staff will provide clients with any clinically appropriate transportation while seeking to foster greater self-sufficiency over the course of the treatment relationship.

iii. MHD Program staff will provide clients with free public transportation passes, to and from any clinical appointment or other approved activity.

(1) MHD Program staff will work with clients to complete the monthly bus pass form for the City of Santa Rosa.

g. Initiating Treatment Service Delivery

i. MHD Program staff will complete the Consent of Treatment form with the client and any other required documents to complete intake.

ii. MHD Program staff will also thoroughly discuss confidentiality limits:

(1) Mandated reporting of known or suspected child abuse or neglect.

(2) Mandated reporting of known or suspected elder or dependent adult abuse or neglect.

(3) Mandated reporting of physical injuries arising from assault, battery, or firearm.

(4) Psychotherapists Duty to Warn.

(5) Specific to forensic populations including the MHD Program, staff are responsible to notify the Sonoma County Superior Court of any known criminal behavior, alcohol use, or drug use.

iii. MHD Program staff will review the MHD Court contract with the client (otherwise known as terms or conditions) upon admission into MHD Program.

iv. MHD Program staff will complete and review the approved recommended treatment plan with clients within 30 days of admission as outlined under Procedures in the BHD Policy No. 7.2.32, Mental Health Diversion – Identification, Referral, and Evaluation.

v. MHD Program staff will provide clients with a follow-up clinical appointment prior to concluding admission activities, in order to resume treatment.

(1) If clinically appropriate, the first session should include, but not be limited to:

(a) Rapport development.

(b) Goal identification.

(c) Processing initial experiences.

(d) Resolving questions to reduce anxiety, fear, or apprehension.

(e) Reviewing core treatment supports/stages of treatment.

vi. MHD Program staff will hold no fewer than one weekly case conference with members of the MHD Program multidisciplinary team to discuss and evaluate the effectiveness of treatment interventions.

h. Mental Health Diversion Court

i. MHD Program staff will notify clients of their next scheduled court appearance for MHD Court and identify any transportation needs.

ii. MHD Program staff will complete a MHD treatment progress report prior to each scheduled court appearance for clients in the MHD program.

C. Discharge Planning and Readmissions

1. Planned Discharges

a. MHD Program staff will commence discharge planning with clients 30 - 60 days prior to the completion of MHD Court.

i. MHD Program staff will routinely engage with clients to discuss their individual aftercare needs, including assisting clients with identifying and accessing housing supports.

ii. MHD Program staff will assist in coordinating the transition of a client to the appropriate level of care based on both client input and the results of the most recently completed assessment.

b. Warm Handoff

i. MHD Program staff will facilitate and participate in a warm handoff with the client and their new treatment provider, unless declined by client or deemed clinically inappropriate.

c. Continuity of Care

i. Clients will continue to receive all appropriate clinical services from Program staff upon completion of MHD Court and during the transition to the next provider. Clinical services include, but are not limited to, the following:

(1) Psychiatry.

(2) Nursing Assessment and Medication Monitoring.

(3) Individual and Group Therapy.

(4) Rehabilitative Counseling.

(5) Targeted Case Management.

(6) Peer Recovery.

2. Unplanned Discharges

    a. Engagement and Notification

        i. MHD Program staff will make a minimum of two (2) attempts to engage clients by contacting the client or the family prior to proceeding with an unplanned discharge.

        ii. MHD Program staff will also notify the client in writing of any engagement attempts or missed appointments, and will refer to the procedures in DHS-BHD Policy No. 7.1.12, *Coordination of Care*.

3. Readmissions

    a. Readmission

        i. Clients who are seeking readmission after successful discharge and transition from outpatient services in the MHD program must be rereferred following previously identified referral process.

        ii. Clients who were discharged from the MHD Program as a result of non-engagement, may be reopened within 30 days from the date of the last attempt to engage client in services, as noted in the Coordination of Care policy.

            (1) The goal for readmission under this section is to provide continuity of care and assist clients in transitioning to the appropriate level of care.

            (2) Clients who have a new pending petition for MHD Court are not to be readmitted under this section and must go through the previously identified referral process.

4. Documentation

    a. MHD Program staff will document all activities and efforts to coordinate care in the client's medical record. Discharge activities to include, but not be limited to:

        i. Engagement attempts.

        ii. Discharge coordination and consultation.

        iii. Missed appointments.

(1) In person.

(2) Telephone.

(3) Telehealth.

iv. Readmission requests and outcomes.

v. Warm Handoff activities.

VI. Forms

A. Mental Health Diversion – Core Treatment Supports/Stages

B. Mental Health Diversion – Opening Documents Checklist

C. Mental Health Diversion – Treatment Progress Report

VII. Attachments

None