



COUNTY OF SAN BERNARDINO
STANDARD PRACTICE

NO 9-1.10

Revised ISSUE 7/97

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BY C. Ebbe

EFFECTIVE 7/94

DEPARTMENT

~~BEHAVIORAL HEALTH~~

SUBJECT

INITIAL CLIENT SCREENING

APPROVED

James McReynolds
James McReynolds, Director

I. PURPOSE

- A. To establish uniform procedures for screening of possible clients who have no currently open episode in the Department, and to ensure that priority access population members receive appropriate priority and quick access to services.

II. POLICY

- A. All individuals who request outpatient treatment services must be screened face to face within 5 working days.

III. PROCEDURE

A. SCREENING PROCESS

Each outpatient program will be responsible for implementing a screening process whereby every potential client requesting services shall be seen face to face for at least ten minutes to assess the need for services, including membership in the priority access population.

1. REQUIRED FORMS

Each program will use the Outpatient Admission Note form (including the diagnosis) and the Priority Access Screening Criteria form for every client (see attachments). Each client will sign a Consent for Outpatient Treatment form.

The medical record for clients who are screened but who do not receive further services will consist of--Consent for Outpatient Treatment, SIMON registration form, SIMON episode form, Outpatient Admission Note, Priority Access Screening Criteria form, any financial forms normally kept as part of the medical record after a single visit.

2. BILLING

Screening time will be billed, using the Outpatient Admission Note. A diagnosis is required for billing.

3. FINANCIAL INTERVIEW

Prior to the screening, all individuals will be interviewed by a Financial Interviewer.

4 GROUP SCREENING TIMES

Each program must provide group orientation or grouped screening when necessary in order to meet the time frames in this policy.

B. PRIORITY ACCESS SCREENING

The priority access screening criteria will not be used to screen out potential clients. Clinics will provide services to as many non-priority population clients as possible.

Each program will ensure that individuals who have been determined in the screening to meet priority access population criteria will have an intake initiated the day of the screening, if possible, or within five working days from the screening.

C. THE CHART

For clients seen for follow-up services after the screening, the forms listed in III.1 will become part of the ongoing chart. For clients seen only for screening, the chart will consist only of the forms listed in III.1, which will be appropriately organized and forwarded to the Medical Records section for storage.

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PRIORITY ACCESS SCREENING CRITERIA--ADULTS (check all that apply)

- I. A. Diagnosis of major mental disability (includes psychotic disorder, major affective disorders, or a disorder that may lead to a persistent disability such as borderline personality disorder)
- B. Receiving SSI or SSDI entitlements due to mental disorder
- C. Any of the following mental health services histories:
 - two prior psychiatric hospitalizations within the past three years
 - one psychiatric hospitalization lasting longer than eight days
 - one psychiatric hospitalization resulting from a first episode of mental disorder with psychotic features
 - any stay in an IMD and/or State Hospital
 - a major functional impairment lasting more than two years, resulting in utilization of mental health services on an intermittent and/or continuous basis
- D. At least two of the following have occurred due to mental disability on a continuing or intermittent basis or will imminently occur:
 - unemployed, sheltered employment, supportive work situation or markedly limited skills and poor working history
 - difficulty establishing/maintaining a personal social support system
 - requires help in basic living skills such as hygiene, food preparation, money management, or obtaining shelter
 - social behavior resulting in intervention by mental health or judicial system
- II. A. Diagnosis placing client at risk of acute care
- B. A first episode of mental disorder with psychotic features
- C. A mental disorder with symptoms of psychosis, suicidality, or violence
- III. Individual needs brief treatment/services as a result of a natural disaster or severe local emergency

[Clients referred for mental health services under SB485 (PC1370.01) are prioritized separately.]

DETERMINATION OF PRIORITY

- Client meets priority population criteria (I A, B, and D; I A, C, and D; II A and B; II A and C; or III)
- CLIENT DOES NOT MEET PRIORITY POPULATION CRITERIA BUT HAS DIAGNOSIS, SYMPTOMS, AND/OR DYSFUNCTION SUFFICIENT TO JUSTIFY SERVICES AS AVAILABLE

Signature _____ Date _____

PRIORITY ACCESS SCREENING CRITERIA--ADULT
SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 Confidential Patient Info.--see W&I Code 5328
 1-97 PROGRAM _____

NAME:
CHART NO:
DOB:

PRIORITY ACCESS SCREENING CRITERIA--CHILDREN AND ADOLESCENTS (check all that apply)

- I. A. Principal diagnosis is psychiatric disorder (organic disorders included only while child is danger to self or others)
- B. Impairment in at least two of the following due to mental disorder (in context of developmental levels)
 - age appropriate self-care; ability to function autonomously
 - ability to function in the community (e.g., isolated, no friends/peer groups, no capacity to pursue recreational/social interest)
 - ability to carry out usual roles/functions in the family is grossly impaired, and the family is severely disrupted
 - unable to attend school or work, serious diminution in academic/vocational performance, facing imminent expulsion from school/job
- C. At least one of the following
 - psychotic symptoms
 - suicidal risk
 - recent or likely injury to persons or significant damage to property
- D. At risk of being removed from home or already removed

II. At risk of entering Group I above due to emotional disturbance (Client must be at imminent risk of A, B, and C; or A, B, and D)

I. At high risk for developing serious emotional disturbance due to high risk situations (e.g., homeless children or children in abusive families)

IV. Natural Disaster/Emergency Victims (Client needs brief treatment/services as a result of a natural disaster or severe local emergency)

V. Referred for AB3632 services

DETERMINATION OF PRIORITY

- Client meets priority population criteria (I A, B, and C; I A, B, and D; II; III; IV; or V)
- CLIENT DOES NOT MEET PRIORITY POPULATION CRITERIA BUT HAS DIAGNOSIS, SYMPTOMS, AND/OR DYSFUNCTION SUFFICIENT TO JUSTIFY SERVICES AS AVAILABLE

Signature _____ Date _____

**PRIORITY ACCESS SCREENING CRITERIA--
CHILDREN AND ADOLESCENTS
SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**
Confidential Patient Info.--see W&I Code 5328
1-97 white PROGRAM _____

**NAME:
CHART NO:
DOB:**

CROSS REFERENCE LISTING
Screening Process for AB 904 Criteria

9-1.13	Initial Contact Form
6-3.12	Billing and Collection for Treatment Services
10-1.40	Coordinated Care, MediCare Approval Monitoring, Initial and Annual Audits