



COUNTY OF SAN BERNARDINO
STANDARD PRACTICE

NO 9-1.31

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Page 1 of 3

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By: Jeff Wirth, MFT

APPROVED

DEPARTMENT

BEHAVIORAL HEALTH

SUBJECT

ADULT SYSTEM OF CARE, INTENSIVE AND
AGGRESSIVE CASE MANAGEMENT, AND ACSP
COORDINATED SERVICES


Rudy Lopez, Director

I. PURPOSE

To delineate coordination responsibility between the Adult Community Services Program (ACSP) and other Department of Behavioral Health (DBH) providers within the Adult System of Care (an inter-linked network of DBH providers who render services to the Adult population).

II. POLICY

ACSP will serve as coordinator of services for consumers requiring Intensive or Aggressive Case Management and meet the requirements described in Section III.

III. PROCEDURE

A. ACSP will be responsible for the provision of placement services. ACSP will also provide Intensive (ICM) or Aggressive Case Management Services (ACM) as determined by ACSP staff and dependent on patient need. These services include, but are not limited to: evaluation, screening, placement, advocacy, referrals to appropriate services and coordination services for patients who meet the following criteria.

1. State hospital patients: Coordinated Services and ICM services will be provided by ACSP until individuals have achieved stability in the community and are ready to be assumed by a Department of Mental Health Regional clinic.
2. Institutes for Mental Disease (IMDs) patients: As with State hospitals, Coordinated Services and ICM services will be provided by ACSP until individuals have achieved a measure of stability in the community.
3. Interim Assistance: Those individuals who are receiving Interim Assistance from the ACS Program.
4. High Admission & Evaluation (AES) Service Users: Individuals seen and released at The Psychiatric Triage Unit three times within 180 days will be provided Aggressive Case Management services.
5. Inpatient recidivists: Individuals with three inpatient admissions in six months.
6. Patients residing in Augmented Board and Care facilities.

7. Individuals requiring subpayee services.

B. ACSP may provide Coordinated and Intensive Case Management Services for the following individuals:

1. Conservatees (private and LPS) in treatment at DBH clinics.
2. ABC crisis home residents. Coordination responsibilities for crisis home residents will be decided on a case by case basis (i.e., in some cases it will be appropriate for ACSP staff to provide coordination responsibilities and in other cases it would be more appropriate for regional clinic's staff to do so). ACSP will make the appropriate determination in consultation with the regional clinic.
3. Clients residing in the Redlands Housing Project.

C. The responsibility to provide appropriate Case Management and Coordinated Services will remain with the regional DBH clinic (non-ACSP) for the following individuals (as long as they do not meet the criteria spelled out in IIIA & IIIB):

1. Inpatient episode – Outpatient no show- Inpatient episode: Individuals who have been on an inpatient unit, failed to follow-up on a mental health or OADP referral, and are subsequently re-admitted to the unit within a 6 month period of time will be provided case management services by the mental health or OADP service provider, as appropriate.
2. Individuals who have a 50% no-show rate at any DBH clinic.
3. Have three open and closed episodes in one year at the same provider.
4. Are open with various providers at the same time with no services being provided by ACSP.
5. Clients who are open to ACSP and have demonstrated stability (e.g., zero hospital admissions in one year, elimination of drug/alcohol abuse) will be transferred to regional Department of Behavioral Health clinic for follow-up.
6. Clients residing in DBH Sponsored Housing (e.g., The Laurelbrook Housing Project)

D. Placement responsibilities are delineated as follows:

1. Referral & Placement Clinic (R&P): R&P staff are responsible for placing all individuals from the inpatient unit into licensed facilities (unless the patient is going to be returned to his/her B&C) and, in consultation with AES staff, for individuals who are seen and released from AES who require placement.

2. **IMD Clinic:** IMD Clinic staff is responsible for coordinating the placement of individuals being admitted to or being discharged from an IMD facility.
3. **Continuing Care Clinics:** Responsible for placing all individuals receiving ICM, and ACM services. Responsible for the placement of all Conservatees and all individuals on interim assistance approved by ACSP Program Manager II.
4. **Regional Mental Health Service Clinics:** Regional Clinic staff are responsible for placing voluntary individuals (non-Conservatees) into licensed B&C homes (with the exception of ABC homes) and may utilize ACSP staff for consultation.