

Urgent and Emergency Conditions Procedure

Effective Date	06/16/2020	DocuSigned by: <i>Dr. Georgina Yoshioka, Interim Director</i>
Revised Date	07/14/2022	<small>7DF8077EFA674B2</small> Georgina Yoshioka, DSW, MBSA, LCSW, Interim Director

Purpose The purpose of this procedure is to provide guidance to Department of Behavioral Health (DBH) and contracted treatment providers on responding to urgent *or* emergency client conditions within the entire behavioral health system of care (Mental Health and Substance Use Disorder and Recovery Services).

Definition(s) **Emergency Medical Condition:** A medical condition manifesting itself by acute symptoms of severity (including severe pain) that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- Placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part.

Emergency Services: Covered and medically necessary inpatient and outpatient services are defined as follows:

- Services provided by a provider qualified to deliver services under this title; and
- Needed to evaluate or stabilize an emergency medical condition.

Psychiatric Emergency: A medical condition that occurs when an average person thinks that someone:

- Is a current danger to self or others because of what seems like a mental illness and/or
- Is immediately unable to provide or utilize food, shelter and clothing because of what seems like a mental illness.

Urgent Condition: A condition perceived by a client as serious, but not life threatening that requires prompt attention. A condition that disrupts normal activities of daily living and requires assessment by a health care provider and if necessary, treatment within 24-96 hours

Note: If there is doubt that an urgent condition exists, seek appropriate supervisory/management/Physician consultation.

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Urgent and Emergency Conditions Procedure, Continued

Urgent Conditions

When client comes in contact in person or by telephone with a DBH or contracted treatment provider with an urgent condition, determination of the client's needs shall be made:

If ...	Then ...
The client indicates their condition is urgent	Licensed clinical or medical staff located at the clinic shall be contacted to assist with assessment of immediate needs
Upon assessment of the client's needs by licensed clinical or medical staff it is determined an urgent condition exists	The Physician or Licensed Practitioner of the Healing Arts (LPHA) will determine necessary action to stabilize the client's urgent condition
The Physician or LPHA determines services are needed to stabilize the client's urgent condition	Services determined necessary by the Physician LPHA will be provided within 24-96 hours.

Note: This is not all-inclusive of potential urgent condition scenarios.

Emergency Medical Condition

When a client comes into contact in person or by telephone with a DBH or contracted treatment provider with an emergency medical condition, a determination of the client's needs shall be made as follows:

If ...	Then ...
The client is conscious and indicates or exhibits medical emergency behavior	<ul style="list-style-type: none"> • Call 911; and • Follow established clinic protocol(s)
If the client is unconscious	<ul style="list-style-type: none"> • Call 911; and • Follow established clinic protocol(s)

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Urgent and Emergency Conditions Procedure, Continued

**Emergency
Medical
Condition,**
continued

If ...	Then ...
<p>The client is physically present at the treatment facility, conscious, and indicates or exhibits behavior they are having a medical emergency and have indicated that the cause of the medical emergency is due to an opioid overdose.</p>	<ul style="list-style-type: none"> • Administer Narcan; • Call 911; and • Follow established clinic protocol(s). <p>Note: For SUD clients, per 42 CFR Part 2, client information may be disclosed to medical personnel, only to the extent (minimum) necessary during a bona fide medical emergency</p>
<p>The client is physically present at the treatment facility, is unconscious and there is credible and/or contextual evidence indicating the lapse in consciousness is caused by an opioid overdose.</p>	<ul style="list-style-type: none"> • Administer Narcan; • Call 911; and • Follow established clinic protocol(s). <p>Note: For SUD clients, per 42 CFR Part 2, client information may be disclosed to medical personnel, only to the extent (minimum) necessary during a bona fide medical emergency.</p>
<p>The client is contacting the provider via telephone, is conscious and indicates or exhibits behaviors they are having a medical emergency and their current location is known.</p> <p>Note: Client's current location may be different than their current address on file.</p>	<p>Call 911 and direct emergency medical services to the client's location.</p> <p>Note: For SUD clients, per 42 CFR Part 2, client information may be disclosed to medical personnel, only to the extent (minimum) necessary during a bona fide medical emergency.</p>

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Urgent and Emergency Conditions Procedure, Continued

Emergency Medical Condition, continued

If ...	Then ...
<p>The client is contacting the provider via telephone, becomes unconscious or there is credible and/or contextual evidence indicating the lapse in consciousness and their current location is known.</p> <p>Note: Client's current location may be different than their current address on file.</p>	<p>Call 911 and direct emergency medical services to the client's location.</p> <p>Note: For SUD clients, per 42 CFR Part 2, client information may be disclosed to medical personnel, only to the extent (minimum) necessary during a bona fide medical emergency.</p>

Note: This is not all-inclusive of potential emergency condition scenarios.

Related Policy or Procedure

DBH Standard Practice Manual and Departmental Forms:

- Clients with Physical Medical Condition Policy (CLP0830)
- Timely Access Policy (QM6041)
- Timely Access Procedure (QM6041-1)
- 24/7 Access Line Requirements Policy (QM6045)
- 24/7 Access Line Requirements Procedure (QM6045-1)
- Assaultive Behavior Plan (ABP) Policy (SFT7009)
- Assaultive Behavior Plan (ABP) Procedure (SFT7009-1)
- Alcohol and Drug Services (ADS) Youth Treatment Policy (SUDRS0212)

Reference(s)

- California Code of Regulations, Title 9, Section 1300.67.2.2
- Code of Federal Regulations, Title 42, Section 438.114
- Code of Federal Regulations, Title 42, Section 438.206
- Department of Health Care Services, Mental Health Substance Use Disorder Services Information Notice No. 18-043, Enclosure 1 – Handbook Template
- Drug Medi-Cal Organized Delivery System Agreement (17-94066)