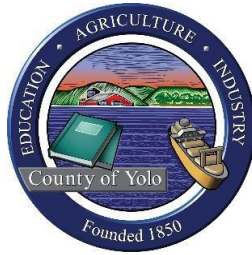


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PRE ADMIT ACCESS LOG	
REASON FOR CONTACT	
<p>THE REASON FOR CONTACT FIELD IS BASED ON CALLER OR CLIENT SELF-REPORT. SEE ADDITIONAL GUIDANCE FOR WHICH CATEGORY TO CHOOSE.</p>	
<p>MH Services</p> <p>Reason for Contact:</p> <p> <input checked="" type="radio"/> MH Services <input type="radio"/> SUD Services <input type="radio"/> Risk/Crisis <input type="radio"/> Other <input type="radio"/> Information Only </p>	<p>Select MH Services when:</p> <p>The client (or representative) is requesting mental health (MH) services.</p> <p><i>(see page 15 for additional information on URGENT conditions)</i></p>
<p>SUD Services</p> <p>Reason for Contact:</p> <p> <input type="radio"/> MH Services <input checked="" type="radio"/> SUD Services <input type="radio"/> Risk/Crisis <input type="radio"/> Other <input type="radio"/> Information Only </p>	<p>Select SUD Services when:</p> <p>The client (or representative) is requesting substance use disorder (SUD) services.</p> <p><i>(see page 15 for additional information on URGENT conditions)</i></p>
<p>Risk/Crisis</p> <p>Reason for Contact:</p> <p> <input type="radio"/> MH Services <input type="radio"/> SUD Services <input checked="" type="radio"/> Risk/Crisis <input type="radio"/> Other <input type="radio"/> Information Only </p>	<p>Select Risk / Crisis when:</p> <ul style="list-style-type: none"> • The caller or client self-identifies the current situation is a crisis • The caller is law enforcement (LE) requesting clinician response • The caller is the hospital, crisis residential program, or emergency department (ED) requesting clinician response

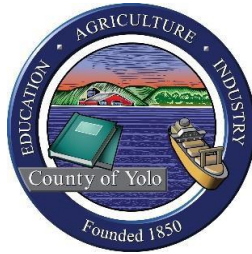


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<p>Information Only</p> <p>Reason for Contact:</p> <p> <input type="radio"/> MH Services <input type="radio"/> SUD Services <input type="radio"/> Risk/Crisis <input type="radio"/> Other <input checked="" type="radio"/> Information Only </p>	<p>Select Information Only:</p> <p>Common examples include when someone is inquiring about:</p> <ul style="list-style-type: none"> • Clinic hours or locations but is <u>not</u> making a service request • Information about how to access mental health or substance use services but is <u>not</u> making a service request • Information about services needed to treat a client’s urgent condition (e.g. crisis services, urgent care clinic) but is <u>not</u> in crisis or requesting urgent services • Information about how to use the beneficiary problem resolution and fair hearing process but is <u>not</u> requesting to utilize the beneficiary problem resolution process (see Other Reason for Contact: Beneficiary Protection Issue) • Info about the types of services offered but is <u>not</u> making a service request
<p>Other</p> <p>Reason for Contact:</p> <p> <input type="radio"/> MH Services <input type="radio"/> SUD Services <input type="radio"/> Risk/Crisis <input checked="" type="radio"/> Other <input type="radio"/> Information Only </p>	<p>Select Other when:</p> <p>The caller or client (or representative) is making a request that will require follow-up from HHSA. See <u>category definitions below</u> for additional guidance on which Other category to select.</p>
<p>Other: Beneficiary Protection Issue</p> <p>Other Contact Purpose:</p> <p> <input checked="" type="radio"/> Beneficiary Protection Issue <input type="radio"/> Request Medication Assistance <input type="radio"/> Cancel/Reschedule Appointment <input type="radio"/> Request Provider Directory <input type="radio"/> Issue Requiring HHSA Follow-up </p>	<p>Select this option if the caller or client:</p> <ul style="list-style-type: none"> • Has a grievance / complaint (REMINDER: do <u>NOT</u> identify in the medical record that the client has a grievance or add details about the grievance). • Is requesting to change providers • Wants to follow-up about an appeal • Has questions about a Notice of Adverse Benefit Determination (NOABD) • Is requesting a second opinion (note: this typically occurs when a client would like to file an appeal and wants a second opinion regarding the outcome of an assessment) <ul style="list-style-type: none"> • On the Access Log Discharge, Select Final Disposition: ACCESS-Referred to HHSA Quality Mgt

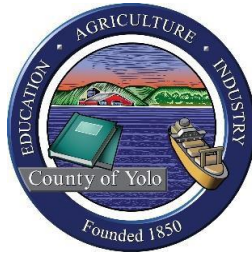


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<p>Other: Request Medication Assistance</p> <p>Other Contact Purpose</p> <ul style="list-style-type: none"> <input type="radio"/> Beneficiary Protection Issue <input checked="" type="radio"/> Request Medication Assistance <input type="radio"/> Cancel/Reschedule Appointment <input type="radio"/> Request Provider Directory <input type="radio"/> Issue Requiring HHSa Follow-up 	<p>Select this option if: The client is currently receiving <i>medication</i> services with HHSa (i.e., client has a MR# and an open HHSa episode) and is requesting assistance with medications, for example:</p> <ul style="list-style-type: none"> • Needs a medication refill • Has questions or concerns about a medication • Is having side effects and would like to speak to a doctor or nurse <ul style="list-style-type: none"> • On the Access Log Discharge, Select Final Disposition: ACCESS-Referred to HHSa Med Support • In the Discharge Remarks / Comments box, clearly state what the client is requesting.
<p>Other: Cancel/Reschedule Appt</p> <p>Other Contact Purpose</p> <ul style="list-style-type: none"> <input type="radio"/> Beneficiary Protection Issue <input type="radio"/> Request Medication Assistance <input checked="" type="radio"/> Cancel/Reschedule Appointment <input type="radio"/> Request Provider Directory <input type="radio"/> Issue Requiring HHSa Follow-up 	<p>Select this option if: The client is currently receiving services with HHSa (i.e., client has a MR# and an open HHSa MH episode) <u>and</u> would like to cancel or reschedule an appointment.</p> <ul style="list-style-type: none"> • On the Access Log Discharge, Select Final Disposition: ACCESS-Referred to HHSa for Follow-Up • In the Discharge Remarks / Comments box, document the appointment date and time they want changed.
<p>Other: Request Provider Directory</p> <p>Other Contact Purpose</p> <ul style="list-style-type: none"> <input type="radio"/> Beneficiary Protection Issue <input type="radio"/> Request Medication Assistance <input type="radio"/> Cancel/Reschedule Appointment <input checked="" type="radio"/> Request Provider Directory <input type="radio"/> Issue Requiring HHSa Follow-up 	<p>Select this option if: The caller or client requests a copy of or wants to know how to access the Provider Directory.</p> <ul style="list-style-type: none"> • On the Access Log Discharge, Select Final Disposition: ACCESS-Referred to HHSa for Follow-Up • If any beneficiary material requires translation into a non-threshold language (English, Spanish, or Russian), Select Final Disposition: ACCESS-Referred to HHSa Quality Mgt • In the Discharge Remarks / Comments box, document what the client is requesting.



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Other: Issues Requiring HHSA Follow-up

Other Contact Purpose

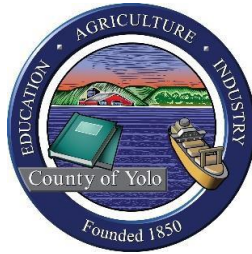
- Beneficiary Protection Issue
- Request Medication Assistance
- Cancel/Reschedule Appointment
- Request Provider Directory
- Issue Requiring HHSA Follow-up

Select this option if:

The client is currently receiving services with HHSA and is requesting follow-up from HHSA staff that does not fit into one of the categories above, for example:

- The client would like to speak to their case manager, therapist, or doctor
 - The client would like to speak to someone in another HHSA Behavioral Health department (e.g., Fiscal / Billing)
- On the **Access Log Discharge**, Select Final Disposition: **ACCESS-Referred to HHSA for Follow-Up**
 - In the **Discharge Remarks / Comments** box, document additional information so that HHSA can appropriately assist the client.

(see page 15 for additional information on URGENT conditions)



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CURRENT STATUS DATE OF LAST STATUS UPDATE, & STATUS UPDATE / REMARKS

THERE ARE ONLY TWO SCENARIOS WHERE THE ACCESS LOG SHOULD NOT BE DISCHARGED:

- 1) There is a **Risk / Crisis** contact that did not result in a resolution allowing for the Access Log to be discharged (e.g., client is pending admission to inpatient psychiatric or crisis residential facility).
- 2) There is a non-crisis **Service Request (MH or SUD)** that requires additional Triage / Follow-Up, including:
 - a) A MH or SUD screening has not been completed.
 - b) *SUD linkage has not been confirmed. Linkage is defined as a confirmed intake appointment, or a provider having the ability to establish contact with the client for follow-up (e.g., client leaves voicemail with provider with a call back number).
**Recommendations: Confirmation with the provider occurs via a 3-way call among Access staff, the client, and the referred to provider, with the client informing the provider of the referral to care through their program. If client has no contact number or the initial 3-way call is unsuccessful, advise client to call or walk-in to any Access Point next business day during business hours.*

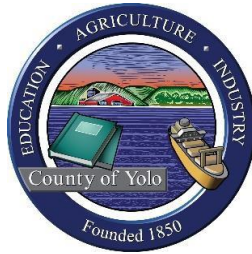
For scenario #1 or #2 above, **all three Status fields** below must be completed to communicate information needed for follow-up. When the Access Log is not discharged, the contact populates to the ACCESS-Requests Pending Discharge widget. This widget is monitored by **CRISIS staff** and **TRIAGE staff** daily until a Final Disposition is reached / the Access Log can be discharged.

Current Status

Current Status (Use only for RISK/CRISIS or SERVICE REQUESTS That cannot be discharged)

Select the option that reflects that last action taken with or on behalf of the client so CRISIS or TRIAGE staff what to do next.

CRISIS Follow-Up Selections	TRIAGE Follow-Up Selections
Crisis-Dispatched LE for Welfare Check	Triage 1-MH screening needed
Crisis-On 5150 hold-awaiting placement	Triage 2-SUD screening needed
Crisis-Pending Medical Clearance	Triage 3-MH and SUD screening needed
Crisis-staff dispatched for screening	Triage 4-screen done, linkage needed
	Triage 5-1st contact made

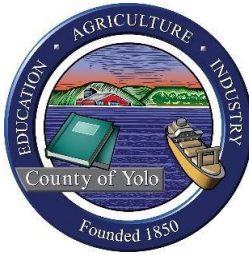


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	<table border="1"> <tr> <td></td> <td>Triage 6-2nd contact made</td> </tr> <tr> <td></td> <td>Triage 7-3rd contact made</td> </tr> <tr> <td></td> <td>Triage 8-letter sent</td> </tr> </table> <p>Triage #s 5-8 (contact attempts) are to be used when Triage staff are attempting to contact the client to complete the screening and referral process. (see below for Access Client engagement procedures)</p>		Triage 6-2nd contact made		Triage 7-3rd contact made		Triage 8-letter sent
	Triage 6-2nd contact made						
	Triage 7-3rd contact made						
	Triage 8-letter sent						
Date of last status update	<p>Update this field <u>every time</u> there is a status update for a client that needs to be communicated to other staff for follow-up.</p> <div style="border: 1px solid #ccc; padding: 5px; width: fit-content;"> Date of last status update <input type="text"/> </div>						
Status Updates / Remarks (free text box)	<p>THIS SECTION IS REQUIRED to be used to document status updates in the two scenarios where the Access Log is not ready to be discharged (i.e., continued CRISIS or TRIAGE follow-up is required). THIS FIELD IS VERY IMPORTANT SO THE NEXT TRIAGE OR CRISIS STAFF KNOWS WHAT NEEDS TO BE DONE NEXT.</p> <p>When writing in this text field, the following guidelines <u>must</u> be followed:</p> <ul style="list-style-type: none"> • DOCUMENTATION SHOULD BE IN CAPS • Include the following information: <ul style="list-style-type: none"> ○ <u>Date</u> of Status Update ○ <u>Time</u> of Status Update ○ <u>Staff Initials</u> providing Status Update ○ <u>Description</u> of Status Update • Do <u>NOT</u> delete any entries that have been previously entered <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p>Status Update/Remarks</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> 07/20/2018 10:00AM SF: FIRST STATUS ENTRY / ACTION TAKEN 07/20/2018 6:00PM AL: SECOND STATUS ENTRY / ACTION TAKEN </div> </div>						
<p>An Access client engagement Policy & Procedure is under development and will be distributed once finalized.</p> <p><i>The Procedure will include: Three (3) phone contact attempts during the first seven (7) days and a mailed letter on the seventh (7th) day if no contact has been made. On the 7th day, the Access Log is discharged with Final Disposition ACCESS-Unable to contact client.</i></p>							



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ACCESS LOG PRE ADMIT / DISCHARGE

FINAL DISPOSITION

This field is **very important**. It determines who will be alerted to follow-up and contact the client, if needed. The disposition sections with #s listed below are in the order in which they should be prioritized for selection. For example, if #1 does not apply, go to #2, etc...

REMINDER TO ALL ACCESS POINTS: Only select Final Dispositions that start with ACCESS.

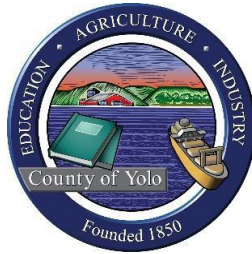
IMPORTANT: Until notified otherwise...

All **non-crisis CHILD (age 0-17) MH Service Requests** should be referred to HHSА Children’s Services to complete the screening:

- Discharge the Access Log using **ACCESS-Refer to HHSА Child for Assess, and**
- Complete the Discharge Remarks / Comments box.

All **non-crisis CHILD (age 0-17) SUD Service Requests** should be referred to Communicare to complete the screening:

- Discharge the Access Log using **ACCESS-Referred to Outside Provider, and**
- Select Communicare SUD in the Referral Info section, **and**
- Follow warm-handoff procedure (*3-way call*) as with other SUD referrals, **and**
- Complete the Discharge Remarks / Comments box.



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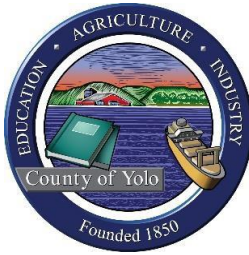
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(#1) INPATIENT & CRISIS RESIDENTIAL ADMISSIONS

Select one of these Final Dispositions when there has been Risk/Crisis Access Log entry and there has been confirmation that the client has been admitted into the appropriate facility.
(the facility where the client is admitted must be captured in the Referral Info section under ACCESS Log Final Disposition, under Mental Health Referral or Admission – see page 11)

ACCESS-Admitted to IP Psych Facility	Select this disposition when there has confirmation that the client was admitted into an Inpatient Psychiatric Facility.
ACCESS-Admitted to Crisis Residential	Select this disposition when there has confirmation that the client was admitted into a Crisis Residential Facility.
<p>In the Discharge Remarks / Comments box:</p> <ul style="list-style-type: none"> • Identify what facility accepted the client, <u>and</u> • The name of the facility staff person who confirmed the admission. 	



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(#2) REFERRALS TO HHSA SPECIALTY MENTAL HEALTH SERVICES (ADULT, CHILD, MED SUPPORT)

Select one of these Final Dispositions when a referral is made to HHSA for Specialty Mental Health Services (SMHS), regardless of whether there are additional referrals. These Dispositions populate to widgets that are monitored daily by HHSA staff. *(if client will also be referred to a SUD Services, that will be captured Referral Info section under ACCESS Log Final Disposition – see page 11)*

ACCESS-Referred to HHSA Adult	<p>Select this disposition when it is determined that an ADULT (age 18+) who is <u>not in crisis</u> meets or possibly meets criteria for specialty mental health services (SMHS). This will initiate the process for scheduling the client for a full intake assessment with the County.</p> <p>In the Discharge Remarks / Comments box, state what the client is requesting and any actions taken to refer / link the client to the service(s).</p>
ACCESS-Referred to HHSA Child	<p>Select this disposition when it is determined that a CHILD (age 0-17) who is <u>not in crisis</u> needs to be assessed for specialty mental health services (SMHS).</p> <p>In the Discharge Remarks / Comments box, state what the client is requesting and any actions taken to refer / link the client to the service(s).</p>
ACCESS-Referred to HHSA Med Support	<p>Select this disposition when the client is currently receiving <u>medication</u> services with HHSA (i.e., client has a MR# and an open HHSA MH episode) and is requesting assistance with medications, for example:</p> <ul style="list-style-type: none"> • Needs a medication refill • Has questions or concerns about a medication • Is having side effects from a medication and would like to speak to a doctor or nurse <p>In the Discharge Remarks / Comments box, clearly state what the client is requesting.</p>



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(#3) ACCESS-Referred to Outside Provider

This Final Disposition does not populate to a widget that is monitored by staff.

These referrals must be captured in the Referral Info section under ACCESS Log Final Disposition – see page 11

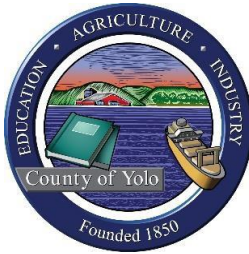
ACCESS-Referred to Outside Provider

Select this disposition when the client:

- Is not referred to HHSa for Specialty Mental Health Services

but...

- Is referred to any SUD Services and/or
- Is referred to any non-specialty (mild-moderate) MH Provider.



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Complete the **Referral Info/Inpatient/Crisis Residential Admission** section whenever there is:

- *A referral to SUD Services
- *A referral to non-specialty (mild-moderate) MH Services
- *An admission to an inpatient psychiatric facility
- *An admission to a crisis residential facility

Check: SUD Facilities Referrals were made to

- Communicare SUD
- Camino Mens Facility-Residential
- CORE Medical NTP-Sacramento
- Turning Point
- Yolo Wayfarer Center-Walter's House
- Progress House Res-Camino
- Progress House Res-Garden Valley
- Progress House Res-Coloma Mens
- Community Recovery Resources Res-Auburn
- CORE Medical NTP-W Sac
- Bi-Valley Medical
- MedMark Fairfield
- MedMark Sacramento

Mental Health Referral or Admission

- Communicare
- Beacon
- North American Mental Health
- North Valley Behavioral Health
- Woodland Memorial
- Safe Harbor Crisis House
- Sutter Center for Psychiatry
- Heritage Oaks
- Sierra Vista
- PCP

Other Referral

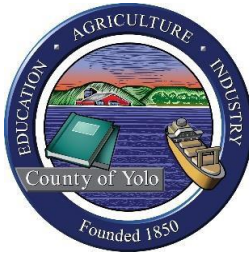
IMPORTANT: If the client is being referred to a **SUD Residential program**, it is very important that you select the appropriate program from the list. This referral populates to a QM widget and requires a time-bound response from QM.

- *Only select PCP if the client is being referred to their Primary Care Provider (PCP) to receive MH services (not for a medical visit).
- *Under "Other Referral", input additional referrals made (e.g., housing shelter, eligibility, other social services).

In the **Discharge Remarks / Comments** box, state any actions taken to refer / link the client to services.

- 1) Include the name of the **provider agency** and the **staff person** you spoke with for coordination and linkage.
- 2) Add details on coordination provided, including **intake date scheduled** and warm-hand off details.

**Use the same format as the Pre-Admit Access Log Status Update / Remarks comment box (see page 6).*

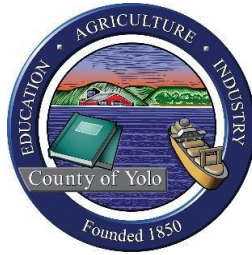


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<p>(#4) ACCESS-Referred to HHS Quality Mgt</p> <p>This Final Disposition populates to a widget that is monitored daily by HHS Quality Management staff.</p>	
<p>ACCESS-Referred to HHS Quality Mgt</p>	<p>Select this disposition when the caller or client:</p> <ul style="list-style-type: none"> • Has a grievance / complaint (REMINDER: do <u>NOT</u> identify in the medical record that the client has a grievance or add details about the grievance). • Is requesting to change providers • Wants to follow-up about an appeal • Has questions about a Notice of Adverse Benefit Determination (NOABD) letter they received • Is requesting a second opinion (<i>note: this typically occurs when a client would like to file an appeal and is requesting a second opinion regarding the outcome of an assessment or regarding their diagnosis</i>) • Is requesting beneficiary materials that need to be translated into non-threshold languages (Yolo threshold languages: English, Spanish, Russian).
<p>(#5) ACCESS-Referred to HHS for Follow-Up</p> <p>This Final Disposition populates to a widget that is monitored daily by HHS support staff.</p>	
<p>ACCESS-Referred to HHS for Follow-Up</p>	<p>Select this disposition when the caller or client:</p> <ul style="list-style-type: none"> • Would like to cancel or reschedule an appointment they have with HHS • Would like a copy of the Provider Directory mailed to them • Would like to speak to their HHS case manager, therapist, or doctor or someone else on the HHS Behavioral Health department (e.g., fiscal / billing) <p>Because this is a broad category, it is <u>important</u> to clearly state what the client is requesting in the Discharge Remarks / Comments box so support staff know how to appropriately follow-up (e.g., the date / time of their appointment, the name of practitioner, etc.). If during business hours, you may transfer caller to HHS directly.</p>



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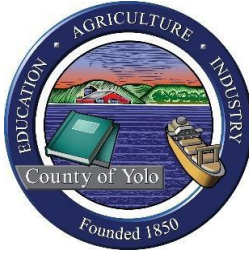
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(#6) Other ACCESS-Related Dispositions

NOTE: These Final Dispositions do not populate to a widget that is monitored by staff; therefore no follow-up action will be identified.

ACCESS-No Further Action Required	Select this disposition when the client or caller – who is <u>not in need of Crisis services</u> – requested information, the Access Point staff was able to provide that information, and no further action is required.
ACCESS-Refused Services	Select this disposition when a client – who is <u>not in need of Crisis services</u> – requested MH or SUD services but then refused services at some point during the Access screening and referral process.
ACCESS-Unable to contact client	Select this disposition when a client – who is <u>not in need of Crisis services</u> – requested MH or SUD services and was unable to be contacted to complete the screening and referral process. <i>NOTE: An Access Log client engagement Policy & Procedure is under development and will be distributed once finalized. The Procedure will include: Three (3) phone contact attempts during the first seven (7) days and a mailed letter on the seventh (7th) day if no contact has been made. On the 7th day, the Access Log is discharged with Final Disposition ACCESS-Unable to contact client.</i>
ACCESS-Reason Not Available	Select this disposition if you cannot find a disposition that starts with ACCESS that meets your needs. Be sure to clearly document what happened in the Discharge Remarks/Comments text field.



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ACCESS POINT STAFF: DO NOT COMPLETE THIS FIELD.

▼ **HHS Action-Non Access Point Staff**

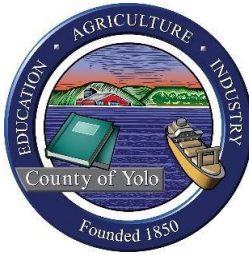
ACCESS POINT STAFF DO NOT COMPLETE THIS SECTION

COMPLETE FOLLOWING FIELDS TO REMOVE FROM NOTIFICATION WIDGET

Action Taken by Agency

Completed by

This field will be completed once final determination is made within Yolo County HHS.



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URGENCY DETERMINATION

If the client is receiving or in need of MH or SUD services and has an urgent request related to their MH or SUD condition, select YES.

▼ Urgency Determination

Is this an urgent condition (as determined by clinical practitioner)?

Yes No

An URGENT Condition is defined as: A situation that, without timely intervention, is highly likely to result in an immediate emergency psychiatric condition.

The time standard for Urgent Care Appointments: Within 48 hours if the service does not require a pre-authorization; within 96 hours if the service requires pre-authorization.

THANK YOU FOR HELPING TO ENSURE TIMELY ACCESS TO BEHAVIORAL HEALTH SERVICES FOR YOLO COUNTY BENEFICIARIES AND RESIDENTS!

For any questions, please email HHSAQualityManagement@YoloCounty.org