

To: BHS Providers

Date: June 28, 2018

From: AnnLouise Conlow, BHS Senior MIS Manager

Re: Cerner Community Behavioral Health (CCBH) Access to Services Journal – Required Data Collection

Reminder: July 1, 2018, administrative staff will use the Access to Services Journal in CCBH to report access time metrics. Full client look-up is necessary for the Access to Services Journal and for this reason only administrative staff will be entering data into CCBH. Clinicians and Program Managers will work with their administrative staff for entry into CCBH as noted in the instructions. The Excel spreadsheet capturing access to services metrics will no longer be submitted to the County.

The Access to Services Journal Tip Sheet is provided in this memo and a tutorial along with the Tip Sheet has been posted to the Optum website: <https://www.optumsandiego.com/content/sandiego/en/asj.html>

The Tip Sheet provides direction for specific client information that now needs to be collected in the journal as per new quality review requirements to determine access times. For instance, as noted in the Tip Sheet at Step 3, *Title 9 defines “Urgent (access w/in 48 hours)” as a condition, which without timely intervention is certain to result in an immediate emergency psychiatric condition. Client must be seen within forty-eight (48) hours of initial client contact/referral.* It is important to provide accurate data for access times to be reported to the state.

Please note: Clinical staff will fill out the access to services journal in the updated Excel spreadsheet (See Attached). The Access to Services Log now matches the CCBH Access to Services Journal.

In the event of a system outage, programs should complete the Access to Services Log. Once programs are notified by the Optum Support Desk that the system has been restored, Access to Services Journal entry in CCBH can resume. Enter any paper/Excel log entries that were made during the outage into the Access to Services Journal in CCBH by next business day.

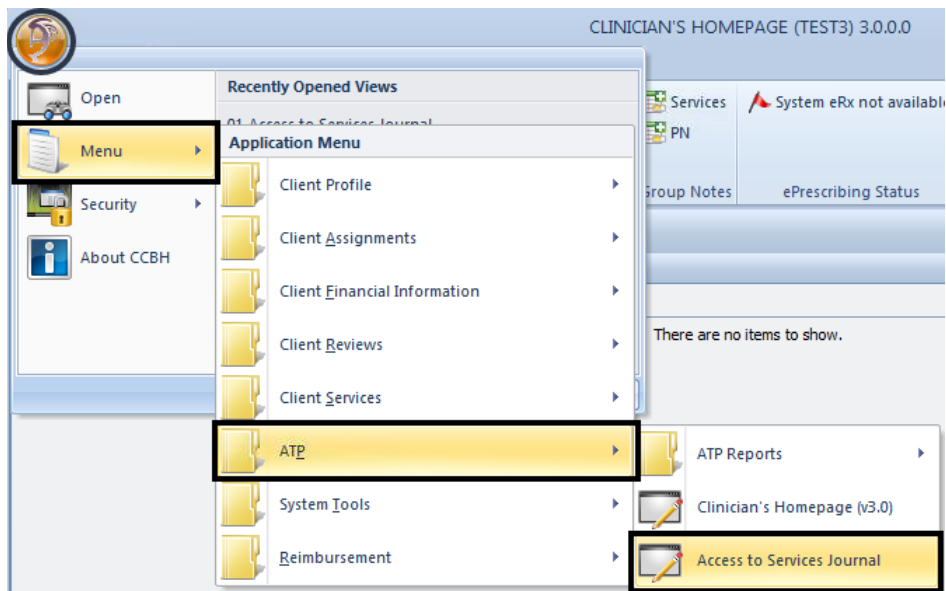
CCBH provides a canned report for programs to review their Access to Services Journal times and to check for data quality.

If you have any questions, please contact QI Matters at QIMatters.HHSA@sdcounty.ca.gov

Behavioral Health Services QUALITY IMPROVEMENT – MIS MEMO

Access to Service Journal

1. Open the Access to Services Journal
 - a. Select the Systems Button → Menu → ATP → Access to Services Journal



2. The date and time of the contact will pre-populate to when the journal was opened. If needed, both can be back dated. It should reflect the first date of contact with the client. If administrative staff are entering from the paper form, be sure to match the date with the original date of contact. Fill in the Unit and Subunit. These are required fields and will need to be filled out before the rest of the journal is completed.

Date of Contact	04/18/2018	Time	12:56 PM
Unit	TRAINING UNIT		9900
SubUnit	TRAINING SUBUNIT		9901

3. Fill in the Contact Type (the way in which the program was contacted), Contact Reason, and the Response Type (the urgency). These are required fields and will need to be filled out before the rest of the journal is completed.

Contact Type	Telephone		T
Contact Reason	Mental Health		M
Response Type	Routine		R

Note: Pay close attention to the response codes. If the response code is anything but R – Routine or I – Information, there are specific time requirements for the client to be seen.

Behavioral Health Services QUALITY IMPROVEMENT – MIS MEMO

Title 9 defines **“Emergent (Access w/in 1 hour)”** as a condition in which the client, due to a mental disorder, is an imminent danger to self or others or is immediately unable to provide for or utilize food, shelter or clothing. This situation indicates an immediate need for psychiatric inpatient hospitalization or psychiatric health facility services. Client must be seen within one (1) hour of initial client contact/ referral.

Title 9 defines **“Urgent (access w/in 48 hours)”** as a condition, which without timely intervention is certain to result in an immediate emergency psychiatric condition. Client must be seen within forty-eight (48) hours of initial client contact /referral.

When using response code H – **“D/C from IP (72 hour assess)”** - Patient Discharged from Inpatient Facility, be sure that the inquiry date reflects the actual discharge date of the client, not the date the hospital contacts the provider to let them know the client is being discharged. Client must be seen within 72 hours of discharge date.

When coding a client E= Emergent, U=Urgent or H = D/C from IP, make sure the time requirements are adhered to. To indicate urgency for clients who do not meet the Title 9 definition, please use the Notes box or an internal tracking mechanism.

- Click on the magnifier to search for the client.

The screenshot shows a search form with fields for Client ID, First, Middle, Last, DOB, Age, and Gender. A magnifying glass icon is circled in the Client ID field.

- Search for the client. Feel free to use the filter settings. If the client is in the system, select the client and then select “Ok.”

The screenshot shows the 'Clients Lookup' window with a table of client records. The row for '227.02, FAKE' is highlighted in blue. Below the table are filter options and buttons for 'Find', 'OK', and 'Cancel'.

Sort Name	Case Number	S	E	DOB	SSN	Primary Unit	Primary Sunit	Ext Case #	SAI
123ERROR, TEST		F	9	10/25/2011		9900 9901			7013
1CLIENT, 1TEST		M	1	01/01/1945		9900 9901			10970
226.03, CPPN		F	4	10/02/1917		9900 9901			800001
226.03, MEDS		F	9	10/18/1974		9900 9901			800005
226.03, PREINTAKE		F	4	11/23/1945		9900 9901			800001
226.03, TEST		F	4	09/21/1973		9900 9901		REJIS ##	7013
227.01, TEST		F	5	11/08/1999		9900 9901		REJIS #	7013
227.02, DHP		F	4	11/17/1949		9900 9901			800005
227.02, FAKE		M	5	05/18/1992		9900 9901		REJIS ##	7013

Behavioral Health Services QUALITY IMPROVEMENT – MIS MEMO

- a. **If the client is in CCBH**, most of the demographic information will prepopulate from the latest Demographic Form. Fill in the fields that do not pre-populate to the best of your ability.
- b. **If the client is not in CCBH, and they have requested an appointment**, (this includes if disposition “Made Appointment” or “Declined Appointment” is selected) the client must be added to CCBH before moving forward. After the CCI is added, select the client by inputting their case number in the “Client” field and tabbing out. Fill in the fields that do not pre-populate to the best of your ability.
- c. **If the client is not in CCBH, and they are only calling for information or they are being referred out**, fill in all the fields manually to the best of your ability.

Client: FAKE, TEST Name Not Provided
 First: TEST Middle: Last: FAKE
 DOB: 10/11/1999 Age: 18 Gender: Male M
 Phone: 999-999-9999 Alt. Phone:
 Race: Chinese D Pref. Language: Unknown / Not Reported U
 Ethnicity: Not Hispanic 1 Benefit Type: MediCal MC

6. If an appointment is requested (this includes if disposition “Made Appointment” or “Declined Appointment” is selected), select Add in the service portion.

Service ID	Service Description	First Available Appointment	Access Days	Scheduled Appointment
			0	

7. Add the service by utilizing the magnifier. Enter in the First Appointment Available (if the client accepts it or not). If the client schedules an appointment, enter in the date of the appointment scheduled. *If an appointment was offered, but not accepted, leave Appointment Scheduled blank.* Access days will be calculated between the Date of Contact and the First Appointment Available. Select Save.

Add Access to Services Journal Service

Service: ASSESSMENT - PSYCHOSOCIAL 10 10
 First Appointment Available: 04/26/2018
 Access Days: 8
 Appointment Scheduled: 04/26/2018

- a. Service Code 10 - Assessment- Psychosocial will be used for Mental Health Services

Behavioral Health Services QUALITY IMPROVEMENT – MIS MEMO

b. Service Code 11- Medication Evaluation will be used for Psychiatric Services

8. Select the Disposition, and Referred To/Referred From as applicable. Referred to/Referred from may become required fields based on the Disposition selection.

This screenshot shows a portion of a software interface. It includes a 'Disposition' dropdown menu with a search icon, a 'Notes' text area, and two rows for 'Referred To' and 'Referred From'. Each row contains a dropdown menu with a search icon and a date field with a calendar icon.

9. Enter any notes needed in the Notes box. These are informational comments that are all encompassing to the program or trend related explanations. **Any access times over 5 (CYF) or 8 (AOA) days for Mental Health Assessments and over 30 days for Psychiatric Assessments must be addressed in Notes Box.** Also, any applicable comments used for individual clients may be placed here. (For example, outlining multiple attempts made to contact individual/family.) Also note in this field if a client/caregiver elects to remain on the wait list even though they were offered a referral to another program.

10. Select Final Approve. No signature/password is necessary.

This screenshot shows a complete client record form. At the top, it includes fields for Date of Contact (04/18/2018), Time (12:56 PM), Contact Type (Telephone), Unit (TRAINING UNIT), SubUnit (TRAINING SUBUNIT), Contact Reason (Mental Health), and Response Type (Routine). Below this is a client information section with fields for Client Name (FAKE, TEST), DOB (10/11/1999), Age (18), Gender (Male), Race (Chinese), Ethnicity (Not Hispanic), and Benefit Type (MediCal). A table of services is displayed below, with one row highlighted: Service ID 10, Service Description ASSESSMENT - PSYCHOSOCIAL 10, First Available Appointment 04/26/2018, Access Days 8, and Scheduled Appointment 04/26/2018. At the bottom, there are fields for Disposition (Made Appointment), Referred To, Referred From, and a Notes text area. A 'Final Approve' button is highlighted with a red box in the bottom right corner.

Service ID	Service Description	First Available Appointment	Access Days	Scheduled Appointment
10	ASSESSMENT - PSYCHOSOCIAL 10	04/26/2018	8	04/26/2018

Please note: Clinical staff will continue to fill out the access to services journal in the Excel spreadsheet. The Access to Services Log has been updated to match the CCBH Access to Services Journal.

**Behavioral Health Services
QUALITY IMPROVEMENT – MIS MEMO**

In the event of a system outage, programs should complete the Access to Services Log. Once programs are notified by the Optum Support Desk that the system has been restored, Access to Services Journal entry in CCBH can resume. Enter any paper/Excel log entries that were made during the outage into the Access to Services Journal in CCBH by next business day.