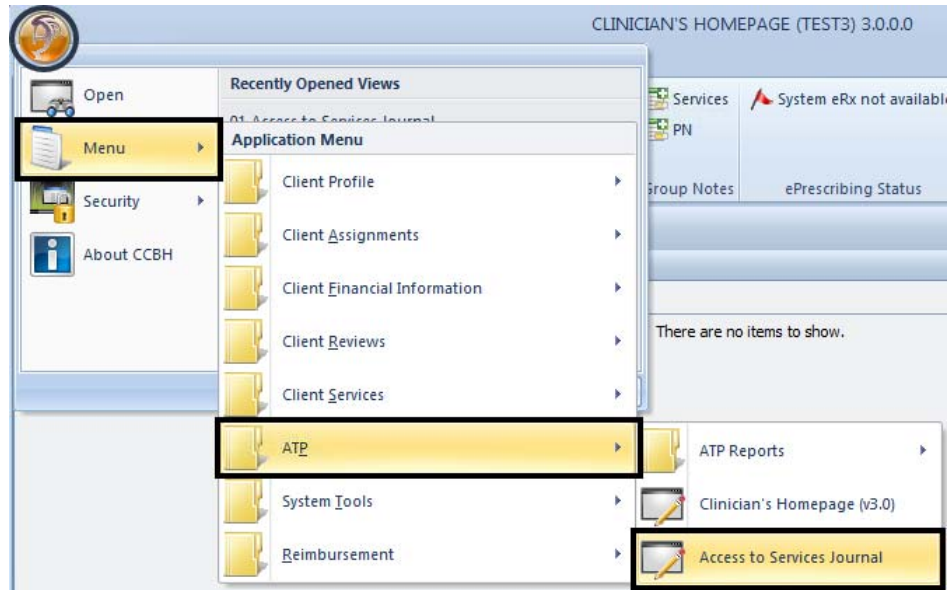


## Access to Service Journal

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.*

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.

4. Click on the magnifier to search for the client.

The screenshot shows a search form with fields for Client, First, Middle, Last, DOB, Age, and Gender. A magnifying glass icon is highlighted over the search button next to the Client field.

5. 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. It contains a table with columns: Sort Name, Case Number, S, E, DOB, SSN, Primary Unit, Primary Surt, Ext Case #, and SAI. The row '227.02, FAKE' is highlighted in cyan. Below the table are radio buttons for 'Active', 'Inactive', and 'All'. There are 'Filters' and 'Alias' buttons, and 'Find', 'OK', and 'Cancel' buttons. The 'OK' button is highlighted with a red box. Below these are input fields for 'First Name Match', 'Ethnicity', 'Primary Unit', 'Primary SubUnit', 'SAI', 'From Age', and 'Thru Age'. There are also radio buttons for 'Male', 'Female', and 'All', and 'Refresh' and 'Clear' buttons.

Sort Name	Case Number	S	E	DOB	SSN	Primary Unit	Primary Surt	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

- 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.

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	

Buttons: Add, Edit, Delete, Show

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.

- a. Service Code 10 - Assessment- Psychosocial will be used for Mental Health Services
- b. Service Code 11- Medication Evaluation will be used for Psychiatric Services

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

Disposition [dropdown] [search] [dropdown]  
 Referred To [dropdown] [search] [dropdown] Date [calendar]  
 Referred From [dropdown] [search] [dropdown] Date [calendar]

- 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.

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

Date of Contact: 04/18/2018 Time: 12:56 PM Contact Type: Telephone  
 Unit: TRAINING UNIT 9900 Contact Reason: Mental Health  
 SubUnit: TRAINING SUBUNIT 9901 Response Type: Routine

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

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

Disposition: Made Appointment  
 Referred To: [dropdown] Date: [calendar]  
 Referred From: [dropdown] Date: [calendar]

Buttons: Save, Clear, Delete, Final Approve, Exit

*Please note: Clinical staff will continue to fill out the access to services journal on paper or Excel. The Access to Services Log has been updated to match the CCBH Access to Services Journal and should be printed for Clinical Staff. 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.*