COUNTY OF SAN BERNARDINO STANDARD PRACTICE	NO 9-1.19	ISSUE
	BY C. Daniels	PAGE 1 OF 3 EFFECTIVE 6/15/94
DEPARTMENT MENTAL HEALTH	APPROVED James McReynolds	
SUBJECT NO SHOW POLICY	James McReynolds, Director	

I. PURPOSE

To establish a standardized policy and procedure for improving participation in treatment services and the reduction of no shows.

II. DEFINITION

A no show is defined as an instance in which a consumer is scheduled for an appointment and does not call, write or otherwise notify the service center and fails to appear for the scheduled appointment.

III. POLICY

A. Consumers will receive written information regarding program guidelines and expectations at the time of admission.

B. A sign will be posted in all service centers stating "Please notify us 24 hours in advance if you are unable to keep your appointment."

C. Follow up on consumers who no show will be made through telephone calls, written notification and, when appropriate, community visits by staff.

D. All consumers will be called 24 hours in advance of their scheduled appointment by the clerical staff to remind them of the appointment.

IV. PROCEDURE

A. ATTENDANCE AGREEMENT

1. At the time of the screening or first face to face contact, clerical staff will give consumers a welcome flyer and an appointment agreement (see Attachments #2 and #3), which, among other things, explains that two consecutive no shows will result in the closure of the consumer's chart. The consumer is to read the flyer, sign the agreement, and be given copies. A completed appointment card (see Attachment #4) is also given to the individual.

2. At the time of screening the clinician explains the no show policy to the consumer.

3. On a first no show, a telephone call is made by the clinician or a letter (see Attachment #5) is sent giving the consumer an opportunity to call and schedule another appointment. If that person fails to reschedule an appointment by the date specified in the letter, the chart will be closed on that date. If the consumer schedules a second appointment and does not show for that appointment, a letter is sent informing the consumer that their chart is being closed, with a copy to the coordinator (see Attachment #6).

B. APPOINTMENT CONFIRMATION

1. The clerk is required to call one time only on the work day before the scheduled appointment.

2. The clerk is to use the list generated by the appointment scheduler for the telephone calls (see Attachment #1). SIMON will be generating the list with telephone numbers the day before it is to be used.

3. After the first no show, all subsequent appointments are to be deleted from the appointment scheduler by the clerical staff.

C. READMISSION

1. If a consumer has had a case closed due to no shows, the consumer must speak face to face with the clinic supervisor and/or the coordination team leader and obtain approval prior to opening a new episode.

D. EXCEPTIONS

Exceptions to this policy are:

1. Ward B referrals, including Children's Acute Care Center.

2. Those consumers who, when requesting services, need to be seen for crisis intervention, or need to be evaluated for a 5150. These consumers are to be seen immediately and then reviewed by the assigned clinician with the coordination team regarding on-going services after the crisis.

3. Minors who miss two consecutive appointments due to the noncompliance of their parents or caretakers. Efforts will be made to contact the parent/caretaker or legal guardian/agency of minors who miss two consecutive appointments to facilitate attendance of treatment before the chart is closed.

4. Minors being served pursuant to AB3632. The clinician shall refer to the AB3632 procedure manual (2.6). Contact must be made with the parent/guardian and, if there is no response, an IEP meeting must be scheduled in order to close the mental health service component of the IEP. If no IEP is scheduled by the school and 90 days lapse without service, the chart can be closed without further contact with school or parent/guardian.

5. Consumers receiving Intensive Case Management from ACSP or case management services from Children's 24-Hour Care staff. The outpatient therapist is to call the consumer's case manager to arrange a home visit as soon as possible.

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Patient Call Log

eport MHS562
an Bernardino
eporting Unit: PHOENIX OUTPATIENT (86301)

ment Date: 14-Jun-1994

Client Name	Client Number	AGE	Phone Number	Appt Time	Staff	Time Called	Confirm	Rescheduled or Comments
xxxxxx, xxxxx	999999	56	999 999 9999	17 00	GAMBOA	__:__	Y N	
xxxxx, xxxxx	999999	42	999 999 9999	11.00	PRINCE	__ __	Y N	
xxxx, xxxxxxx	999999	44	999 999 9999	15:00	HOLZER	__ __	Y N	
xxxxx, xxxxxx	999999	42	999 999 9999	11 00	PRINCE	__:__	Y N	
xxxxxx, xxxxxx	999999	42	999 999 9999	11 00	PRINCE	__ __	Y N	
xxxxx, xxxxx	999999	44	999 999 9999	15 00	HOLZER	__ __	Y N	
xxxxxxx, xxxx	999999	38	999 999 9999	18:30	DALAL	__:__	Y N	
xxxxxxxx, xxxx	999999	38	999 999 9999	17.00	DALAL	__ __	Y N	
xxxxxxxx, xxxxxxxx	999999	42	999 999 9999	11.00	PRINCE	__:__	Y N	
xxxxxxx, xxxx	999999	44		15 00	HOLZER	__:__	Y N	
xxxxxxx, xxxxxx	999999	42	999 999 9999	11:00	PRINCE	__:__	Y N	
xxxxxx, xxxxxxx	999999	44	999 999 9999	17:00	SEKHON	__:__	Y N	
xxxx, xxxx	999999	42	999 999 9999	11:00	PRINCE	__:__	Y N	
xx xxxxxx	999999	52	999 999 9999	16.00	MACDONALD	__ __	Y N	
.x, xxx	999999	52	999 999 9999	15:00	MACDONALD	__:__	Y N	
xxxxxxx, xxxxxx	999999	56		18.30	GAMBOA	__:__	Y N	
xxxx, xxxxxx	999999	38	999 999 9999	17:30	DALAL	__:__	Y N	
xxxxxxx, xxxxxxx	999999	42	999 999 9999	11:00	PRINCE	__:__	Y N	
xxxxxx, xxxxx	999999	38	999 999 9999	17:20	DALAL	__:__	Y N	
xxxxxx, xxxx	999999	56	999 999 9999	17 30	GAMBOA	__:__	Y N	

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Confidential Information
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SAMPLE

INTRODUCTION TO MENTAL HEALTH SERVICES

Our goal is to serve you in the best manner. In order for you to receive the maximum benefit from therapy, it is important that you cooperate in the development of your treatment goals and plans.

INTAKES: All new or returning clients are required to have an evaluation assessment prior to beginning treatment. This evaluation will consist of face-to-face contacts with a mental health clinician and clerical support staff.

APPOINTMENTS: A commitment to treatment will help you achieve the most benefit over the shortest period of time. All information is strictly confidential, except as outlined in your consent for treatment form (please read carefully).

The type and frequency of therapy will be determined by you and your therapist based upon your needs. Every effort will be made to arrange your appointments for the same date and time from session to session. Please keep appointments and be on time.

If you are unable to keep an appointment you must give a 24 hour advance cancellation notice. Two consecutive no shows will result in the closure of your case.

EMERGENCIES: In an emergency after clinic hours, please call (909) 387-7171. Our clinic hours are Monday through Thursday 8:00 a.m. to 8:00 p.m; and Friday 8:00 a.m. to 5:00 p.m. Our telephone number is (909) _____.

FEES: All fees are based on ability to pay. An annual deductible is determined by the Financial Interviewer. Questions about fees should be direct to the Financial Interviewers' Office at (909) 387-7223, or your therapist. Please keep us informed about any change in your financial situation. If you feel there may be a problem in paying your deductible, please immediately discuss this with your therapist. Failure to pay your annual deductible or negotiate another agreement with the Financial Interviewer may result in treatment being discontinued until your financial obligation is met.

Please submit Medi-Cal stickers or insurance forms at the beginning of each month as requested. Failure to do so may result in your being charged the full cost for services. Once again, we may not continue treatment if financial obligations (Medi-Cal stickers, insurance forms, deductible payments) are not met.

COORDINATION: All mental health service must be approved by the a treatment coordinator. Face-to-face contact is required with the Coordinator once per year. At this time, your desired results and/or goals of treatment will be discussed. Please do not hesitate to ask questions or to get clarification.

_____ _____

Date Client (optional)

_____ _____

Date Therapist (optional)

CLIENT APPOINTMENT AGREEMENT

The Department of Mental Health has a policy requiring that if you miss two consecutive appointments, your chart may be closed. Therefore, it is in your best interest to keep your appointments to prevent a disruption of services. If you are unable to keep any scheduled appointment, you must contact your clinic and cancel at least 24 hours before your appointment.

I _____ , have indicated that I understand the missed appointment policy of the Department of Mental Health.

_____

Client Signature

_____

Witness Signature

San Bernardino County
DEPARTMENT OF MENTAL HEALTH

APPOINTMENT CARD

1. Your appointment is with

_____

2 _____ 3 _____
Day *Date*

☐ A.M
4 _____ ☐ P.M.

If you cannot keep the appointment, please call 387-_____ and ask for your therapist

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SAMPLE

Clinic Address
City, State, Zip

Today's Date

Name
Address
City, State, Zip

Dear _____;

We have attempted to contact you several times since you missed your appointment at _____ (service center) on _____ (appointment date). We are concerned and hope that you will contact us soon about another appointment. If we do not hear from you by (two weeks from today's date), we will assume you are not interested in services from the Department of Mental Health at this time and your chart will be closed.

Sincerely,

Name
Clinic Supervisor

CD:smc

SAMPLE

Clinic Address
City, State, Zip

Today's Date

Name
Address
City, State, Zip

Dear _____;

We have attempted to contact you regarding your clinic appointment . Although we are concerned about you, we must assume you do not feel the need for further services. Your chart is being closed today. If in the future you wish services from the Department of Mental Health, you will need to meet with the clinic supervisor of the service center in order to develop a treatment plan for future services.

Sincerely,

Name
Clinic Supervisor
cc: Coordinator
CD:smc