



24/7 Access Line Requirements Procedure

Effective Date 04/29/2019
Revised Date 7/19/2022

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Purpose To outline the 24/7 Access Line procedure for the Department of Behavioral Health (DBH) staff, contract agencies, and Fee-For-Service (FFS) providers, which applies to all behavioral health clients.

24/7 Access Line Regular Business Hours

The 24/7 Access Line staff coverage must be on a rotation ensuring timely response, referral for services, and assessment or screening to callers.

Table 1. MH 24/7 Access Line Staff Responsibilities During Regular Business Hours

Description	Action
Prior to the start of regular business hours	Transfer 24/7 Access Line from after-hours back to the primary DBH telephone line prior to the appropriate start times, as noted below: <ul style="list-style-type: none"> MH Access Unit - Prior to the 7:30 a.m. start time, and SUD Beneficiary Access Line (BAL) - Prior to the 8:00 a.m. start time.
The MH Access Line rings during business hours	The Access Unit staff answers the telephone line and follows the appropriate script.
General inquiry	Staff will provide general information requested or transfer call to applicable staff, if caller is requesting further assistance.
During or at conclusion of call	Staff documents the call in the note section of the call log.

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24/7 Access Line Requirements Procedure, Continued

**24/7 Access
Line Regular
Business
Hours,**
continued

Description	Action
Caller is requesting to file a grievance, second opinion or change of provider	Access Unit staff will write the applicable form that the caller requests on their behalf.
The MH call needs to be transferred to a clinical staff member as more than general information is needed...	Clinical staff accepts transferred call and provides requested referrals and/or resources. The required information must be provided to callers including, but not limited to: <ul style="list-style-type: none"> • How to access MH and/or SUD services; • Information on services to treat urgent condition(s), and • How to use beneficiary problem resolution and state fair hearing processes.
Caller states they have an urgent mental health issue needing attention	Caller will be transferred to the clinical staff and if needed, will be referred to the Community Crisis Response Team (CCRT).
Caller is experiencing a mental breakdown, states they are experiencing suicidal thoughts, etc.	The Access Unit staff will immediately transfer to the clinical staff and then will call 911 with the caller's information for a welfare check advising what the caller is stating on the phone.
Clinical staff manages the call	Clinical staff documents note in call log, including: <ul style="list-style-type: none"> • Date of call; • Name of caller, and • Initial disposition.
At end of business day (5:00 p.m.)	Confirm 24/7 Access Line is transferred to the after-hours staff appropriately.

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24/7 Access Line Requirements Procedure, Continued

24/7 Access
Line Regular
Business
Hours,
continued

Table 2. SUD 24/7 BAL Responsibilities for Licensed Practitioner of the Healing Arts (LPHA) and Alcohol and Other Drug (AOD) Counselors During Regular Business Hours.

Description	Action
The call needs to be transferred to a LPHA or certified AOD Counselor as more than general information is needed	An LPHA or Certified AOD Counselor accepts the incoming call and follows the pre-assessment script, identifies the location of the client and the phone number the clients is calling from (in the event the call is disconnected or the client seems to be in crisis) verifies Medi-Cal eligibility, completes American Society of Addiction Medicine (ASAM) screening to determine appropriate level of care and modality to refer the caller (if necessary).
An ASAM screening is not completed	The LPHA or Certified AOD Counselor provides the following information to the caller: <ul style="list-style-type: none"> • If caller is not willing/able to complete the screening, inform the client to call back when the individual is available to complete screening. • If caller is not ready to enter treatment within 24 hours, inform the caller to call back when the individual is ready to enter treatment. • If caller is living and receiving Medi-Cal benefits outside of San Bernardino County, refer client to the appropriate SUD access line for the county of residence.
An LPHA or Certified AOD Counselor completes a call	The LPHA or Certified AOD Counselor shall manually complete the Call Log Status Report (CLSR) and submits to supervision daily.

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24/7 Access Line Requirements Procedure, Continued

24/7 Access Line Regular Business Hours, continued, continued

Description	Action
Upon end of the business day (5:00 p.m.)	Clerical staff will ensure the 24/7 Access Line is transferred to the after-hours staff appropriately.

24/7 Access Line After-Hours Procedure

Access After Hours for the MH 24/7 Access Line is staffed by DBH staff who have volunteered to provide coverage of the phone lines. The staff follows the same actions as staff during regular business hours with the exception of transferring calls to clinicians, instead transferring to CCRT or law enforcement as appropriate.

Table 3. The following table represents the responsibilities of DBH SUD BAL staff for the 24/7 Access Line after hours.

Description	Action
Starting at 5:00 p.m. Monday-Friday, and all day weekends and County-observed holidays	On-call LPHAs and/or Certified AOD Counselors provide telephone coverage to supply information and available resources, as needed. The caller may be asked for contact information to be contacted by an assessor the next business day.
Calls are received	Follow the appropriate phone script when answering calls.

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24/7 Access Line Requirements Procedure, Continued

24/7 Access Line After-Hours Procedure, continued

Description	Action								
Depending on the nature of the call	<p>Provide requested referrals and/or resources based on prioritization of individual caller's needs.</p> <table border="1" data-bbox="873 485 1339 1260"> <thead> <tr> <th data-bbox="873 485 1109 520">Detail</th> <th data-bbox="1109 485 1339 520">Action</th> </tr> </thead> <tbody> <tr> <td data-bbox="873 520 1109 688">Caller requesting information on accessing SUD services.</td> <td data-bbox="1109 520 1339 688">Provide information on accessing SUD services.</td> </tr> <tr> <td data-bbox="873 688 1109 1024">Caller is determined to be in need of a screening and is not currently experiencing an urgent condition or medical emergency.</td> <td data-bbox="1109 688 1339 1024">Obtain caller's contact information and inform he/she will be called back the next business day to complete screening process.</td> </tr> <tr> <td data-bbox="873 1024 1109 1260">Caller is filing a grievance or complaint.</td> <td data-bbox="1109 1024 1339 1260">Complete a warm-hand-off to the Access Unit or Patients' Rights depending on grievance.</td> </tr> </tbody> </table>	Detail	Action	Caller requesting information on accessing SUD services.	Provide information on accessing SUD services.	Caller is determined to be in need of a screening and is not currently experiencing an urgent condition or medical emergency.	Obtain caller's contact information and inform he/she will be called back the next business day to complete screening process.	Caller is filing a grievance or complaint.	Complete a warm-hand-off to the Access Unit or Patients' Rights depending on grievance.
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Caller is determined to be in need of a screening and is not currently experiencing an urgent condition or medical emergency.	Obtain caller's contact information and inform he/she will be called back the next business day to complete screening process.								
Caller is filing a grievance or complaint.	Complete a warm-hand-off to the Access Unit or Patients' Rights depending on grievance.								
It is determined the caller has an urgent condition and/or medical emergency	<p>If the caller is sufficiently coherent and feels their life is at risk, instruct caller to call 9-1-1.</p> <p>If the caller is incoherent or non-responsive, DBH staff shall call 9-1-1 for a welfare/safety check.</p> <p>For other urgent situations, provide the caller with appropriate resources:</p> <ul style="list-style-type: none"> • Suicide hotline; • Crisis Community Response Team (CCRT), and • Crisis Walk-In Clinic (CWIC). <p>Contact LPHA on-call for therapeutic intervention, as needed.</p>								

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24/7 Access Line Requirements Procedure, Continued

24/7 Access Line After-Hours Procedure, continued

Description	Action
During but no later than upon conclusion of the call	Document all calls on the CLSR for each incoming call received.
Upon return to the office the next business day	Transfer all information from manual CLSR to the electronic report and properly shred paper copies. This action is to be completed prior to taking/completing any new screenings for the day.
Transferring of all manual CLSR to electronic report is complete	Forward the CLSR to Supervision for distribution/assignment of follow-up calls, etc.

DBH Administrative Staff Responsibilities

The following lists the responsibilities of DBH, Quality Management (QM) and SUD BAL Administrative Staff for the 24/7 Access Line after hours:

- Ensure call logs are maintained for both business and after-hours;
- Review call logs submitted by the after-hours staff;
- Conduct monthly test calls during both business and after-hours, including calls in the County's threshold language(s) and conduct follow-up action accordingly;
- Complete quarterly test call report and submit to the Department of Health Care Services (DHCS);
- Complete monthly grievance report, and
- Complete annual grievance appeals report and submit to DHCS.

Questions

SMH questions regarding this procedure may be directed to the DBH Quality Management Division at:

DBH-QualityManagementDivision@dbh.sbcounty.gov.

SUD questions regarding this procedure may be directed to the DBH Substance Use Disorder and Recovery Services Administration at:

DBH-SUDRSADMIN@dbh.sbcounty.gov

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24/7 Access Line Requirements Procedure, Continued

Related Policy or Procedure

DBH Standard Practice Manual and Departmental Forms:

- Beneficiary Grievance and Appeal Policy (QM6029)
 - Beneficiary Grievance Procedure (QM6029-1)
 - Beneficiary Appeal and State Fair Hearing Procedure (QM6029-2)
 - Beneficiary Expedited Appeal and State Fair Hearing Procedure (QM6029-3)
 - 24/7 Access Line Requirements Policy (QM6043)
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Reference(s)

- California Code of Regulations, Title 9, Chapter 11, §1810.405(d) and 1810.410(e)(1)
[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I10ACFCC0D45311DEB97CF67CD0B99467&originati onContext=documenttoc&transitionType=Default&contextData=\(sc.Default \)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I10ACFCC0D45311DEB97CF67CD0B99467&originati onContext=documenttoc&transitionType=Default&contextData=(sc.Default))
 - California Department of Health Care Services (DHCS) Revenue Agreement for Provision of Specialty Mental Health Services
 - California DHCS Revenue Agreement for Substance Use Disorder Drug Medi-Cal Organized Delivery System
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