**BHS Policies and Procedures**

City and County of San Francisco
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San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: **BHS Advanced Access: Timely Access Standard for Outpatient Programs**

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References:

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**Policy:**

"Advanced Access" refers to healthcare activities and approaches that serve to reduce delays in accessing care and increase the quality and continuity of care. BHS outpatient programs are required to implement Advanced Access by providing same-day, walk-in initial appointments for clients, during office hours from Monday through Friday. Outpatient programs shall match daily appointment availability with client demand at the front door. At the initial appointments, clients' needs are assessed, urgent or crisis care is provided when indicated, and follow-up treatment arranged if needed. For follow-up and ongoing care, programs ensure continuity of services/service coverage in circumstances when the primary clinician/case manager is not available.

**Procedures:**

Advanced Access is a requirement for all BHS behavioral health outpatient programs (i.e., civil service and contractor, mental health and substance use disorder provider), including the BHS Behavioral Health Access Center (BHAC). The following are the key principles in implementing Advanced Access for clients seeking treatment at BHS outpatient programs and at BHAC.

1. **Advanced Access to Facilitate Timely Assessment and Behavioral Healthcare:** BHS outpatient behavioral health clinics and programs, including BHAC, constitute an important community safety net, and shall be available to conduct new intakes of clients seeking non-urgent behavioral health services. There cannot be "waitlists" to see clients for intakes as this would not meet the criteria for Advanced Access.

2. **Walk-in Availability:** Under Advanced Access, behavioral health outpatient programs (including BHAC) will offer same-, or next-, day drop-in availability to individuals and clients requesting to be seen, so that they can access non-urgent care on the same, or following, day at the latest.

3. **Phone-In Referrals:** In addition to walk-in clients being seen on the same or following day, outpatient clinics will also offer walk-in times, within 24-48 hours, to clients *calling in by phone*. This 24-48 hours Advanced Access complies with the timely access standards of the California Department of Managed Health Care, that require that clients be offered an appointment date for non-urgent care within 10 business days of their calling in. An intake screening must also be conducted immediately over the phone during the client's first phone call, to assess for acuity risk (suicidality, homicidality or grave disability), and to determine if any immediate crisis intervention is needed. If it is determined during the phone call that crisis intervention is needed, contact will be made with BHS Comprehensive Crisis Services program to provide outreach and crisis intervention in the community.

4. **Timely Access Log:** BHS outpatient programs will make daily entries, into the Avatar Timely Access Log, of clients walking-in seeking services, and phone-in requests for services. The entries into the log include the minimum data elements required to report compliance with Timely Access Standards of the Department of Managed Health Care, as detailed by BHS.

5. **Behavioral Health Access Center (BHAC):** BHAC operates the 24-hour Access Phone-Line for accessing behavioral health services, and sees walk-in clients during its regular office hours. BHAC arranges follow-up treatment and care for clients calling or walking in, who meet medical necessity for specialty mental health services and/or who need substance use disorder treatment. BHAC will also screen for acuity risk (suicidality, homicidality or grave disability) during the initial contact with a client (face-to-face or over the phone), and arrange for urgent care or crisis intervention if needed.

   When responding to phone calls or walk-ins of clients seeking services, BHAC must provide screening assessment and triaging services, immediately or within 24-48 hours of the client request. From this screening interview, BHAC will determine the best level of follow-up behavioral health care to provide for the client. Licensed staff will either authorize the client for the next available mental health Private Provider Network (PPN) clinician or refer them to a BHS mental-health or substance-use-disorder organizational outpatient provider (civil service or contractor).

   In keeping with Advanced Access, BHAC will offer same- or next-day walk-in times for clients to be seen by BHS outpatient *organizational providers*, if an organizational provider is the best level of follow-up care needed by those clients. All BHS outpatient providers will offer regularly-scheduled drop-in hours on a daily basis.

   For clients being authorized by BHAC for follow-up care by a *PPN clinician*, timely access standards of the California Department of Managed Health Care require that the clients be offered non-urgent treatment follow-up appointments within 10 business days of the clients contacting BHAC. The 10-day period may be extended if the licensed health care professional in BHAC, acting within the scope of one's practice and consistent with professionally recognized standards of practice, determines and notes in the record that a longer waiting time will not have a detrimental impact on the health of the client, and may be in their best interest.

6. **Risk Triage:** All clients who walk-in (or call-in) must be screened and, if necessary, triaged for risk and acuity. If there are a large number of clients dropping into a clinic on a particular day, the triaging of clients need not entail full comprehensive assessments, in order that all clients in the waiting room can be accommodated to be seen that same day. In such a situation, shorter screening or initial risk assessment interviews can be conducted to determine and document each of the clients' status in critical psychosocial domains, and to determine the need and necessity for behavioral health services, including urgent or crisis care, for all of the clients who have dropped in during that day.

7. **Full assessment and intake:** As sufficient capacity is available during walk-in times, clients dropping in may receive immediate fuller and longer assessments, and also more complete intake enrollment into services for clients meeting medical necessity for mental health services or needing substance abuse treatment.

8. **Welcoming and Engagement:** The welcoming of, and engagement with, clients must begin at the very first contact. Each new client walking in to seek services must receive one-to-one face-to-face interview (screening and risk assessment), and extended welcome and respect. Clients calling in will also be made to feel welcomed.

9. **Prioritizing the Most Acute Clients:** If demand for services is more than can be accommodated at any intake time period, the most acute clients must be prioritized and their care expedited to avoid further decompensation. This includes prioritizing for sooner comprehensive assessment, medication evaluation, assignment of clinical case manager, and commencement of follow-up care and treatment, those who have relatively higher acuity, risk, severity, and persistence of behavioral health illness. For substance use disorder outpatient programs, the priority clients are pregnant women and needle users. Acute clients may be linked to psychiatric emergency services or be outreached by BHS Comprehensive Crisis Services program.

10. **Medication Evaluations:** Outpatient programs that provide medication support services must have the ability to prioritize medication support for acute or urgent care clients. This may mean rescheduling more stable clients to free up sooner medication evaluation appointment slots for more acute clients, using client-no-show times made available on medical staff's schedules, psychiatrists covering for each other's clients if needed, or any other internal mechanism developed by a particular clinic to meet this need. Medication support, in general, should be provided in a timely manner. Interim psychiatric assessment or medication support is also offered on a drop-in basis for registered clients with an urgent or immediate need for such services.

11. **Engagement in Treatment:** Clients should begin to be engaged in follow-up and ongoing treatment in a timely manner. There should ideally be no waitlist for commencement of ongoing clinical treatment. A clinical case manager should be assigned as soon as possible. There is flexibility, however, in that this may mean immediate assignment to a treatment group, harm reduction group, or other type of group, for clients who are relatively more stable who can be managed adequately by such group modality of care. As a matter of principle, follow-up treatment, for clients meeting medical necessity, should take place shortly after the

initial intake assessment, and this could be in a support group setting. Creative strategies should be developed to immediately provide efficient, less intensive, and effective services to relatively more-stable clients (i.e., via groups, or quick problem-focused interventions).

12. **Clients referred from Psychiatric Inpatient Units:** BHS clinics will accept referrals from Zuckerberg San Francisco General Hospital and private-hospital psychiatric inpatient units. These clients are most acute and need urgent engagement response immediately to prevent re-hospitalization. All outpatient programs will have a system of assigning a Case Manager, and/or offer an appointment with a clinician, immediately when a hospital inpatient discharge social worker calls to refer a client for outpatient follow-up services. Outpatient programs shall arrange to see the client for follow-up within 5 business days of the client's psychiatric hospitalization discharge.

13. **Continuity of Follow-Up Services and Treatment Services:** Outpatient clinics ensure the availability of follow-up services and ongoing treatment services in circumstances when the primary clinician/case manager is unavailable (e.g., staff member is out of office on leave). Programs meet this goal through a range of processes including communication (e.g., voicemail scripts that announce the absence and direct callers to another staff member), assignment of case responsibility (e.g., clinical supervisor provides services) and mechanisms to cover urgent and time-sensitive issues (e.g., an "Officer of the Day" who can meet with a drop-in client).

**Contact Person:**

Director, Adult & Older-Adult System-of-Care

Director, Children, Youth & Families System-of-Care

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