



Monterey County Behavioral Health Quality Improvement Memo

Re:	Access Call Center Requirements
Form Reference	CCR Title 9 § 1810.405(f)
Release Date	10/16/2024

Background

The Department of Health Care Services (DHCS) require all California Mental Health Plans to operate a toll free 24/7 Access Line in which individuals may call for assistance in finding mental health and/or substance use services for themselves or for someone they are concerned about, including requests for urgent services and the problem resolution process. DHCS also requires the maintenance of a written log for these requests. The purpose of this memo is to outline the requirements.

Procedure

When an individual calls the 24/7 Access Line, the caller must be provided with:

- Information on how to access mental health and substance use disorder for themselves or someone else.
- Information about urgent requests.
- Information on the problem resolution process.

Additionally, these requests shall be documented and must contain all three of the following:

- Name of caller
- Date of the request
- Initial disposition of the request

This information shall be documented in AVATAR depending on the following:

- Patient Service Representative (PSR): Shall document in the "Call Center PSR" form.
- Clinical Staff (i.e. SWIII, PSW, etc.): Shall document a non-billable (330) note in the Unknown Caller (PATID 815864) chart.
 - If caller is already open in AVATAR, document the contact within the open episode.

Compliance

Quality Improvement conducts monthly test calls to ensure compliance for all clinics during business and after hours, in English and Spanish, for mental health services, substance use services, urgent requests, and the problem resolution process. These outcomes are shared on a monthly basis with Access to Treatment Program Managers, Supervising Patient Service Representative, QI Program Manager and Access Deputy Director.

Definitions

- I. Urgent Service Request: Refers to cases in which a person in care or provider indicates, or MCBH determines, that the standard timeframe could seriously jeopardize the person in care's life or health or ability to attain, maintain, or regain maximum function and the person in care must be seen in 48 hours from the request (i.e. a crisis event would result if the person in care was not seen in 48 hours of the request).
- II. Problem Resolution Request: The problem resolution system contains grievances, standard appeals and expedited appeals for Medi-Cal beneficiaries for Specialty Mental Health Services (SMHS) and Drug-MediCal Organized Delivery System (DMC-ODS).