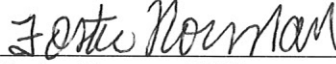


## COBB COUNTY COMMUNITY SERVICES BOARD

<b>Policy # 8001</b>	<b>Access to Services</b>	<b>Service Delivery</b>
<b>Origination Date: February 2004</b>		
<b>Revision Date: January 23, 2006; May 30, 2007; June 10, 2008; June 10, 2009, October 3, 2012, October 30, 2014, August 7, 2018, September 6, 2018, December 12, 2018, August 1, 2019</b>		
<b>Reviewed Date: March 2005, June 10, 2010, July 7, 2016</b>		
<b>Approved:</b>  Foster Norman, CEO		

### **POLICY:**

It is the policy of the Board that access to services happens in a timely manner. The Board supports the philosophy of person-centered care, with the responsibility for treatment being shared by individuals served and staff. As timely access to services and the need to be flexible are keys to providing better care, the Board, has enacted a philosophy of providing care as soon after the initial request as possible. Thus, it is the position of the Board that individuals seeking outpatient services is based on urgency and;

- a) must receive an assessment on the same day as the service is requested,
- b) shall receive a “face to face” service with a clinician within 3 to 5 days following the assessment for the purpose of treatment initiation,
- c) and shall receive a “face to face” service with a psychiatrist/Advanced Practice Registered Nurse within 5 to 7 days following the assessment for the purpose of a psychiatric evaluation.
- d) “Face to face” services means in person or by telehealth.
- e) No employee will be allowed to refuse treatment to a client based upon race, national origin, sex, religion, age, sexual orientation or disability.

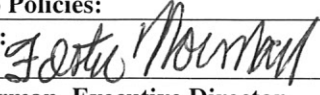
For ongoing outpatient treatment individuals shall be scheduled using rapid and timely response within 5 days of the request for an appointment.

Additionally an individual may enter the CSB system in any number of ways with there being “no wrong door”.

Individuals in a crisis will be seen within one hour of presentation and individuals requiring urgent services shall be assessed the same day with appropriate interventions following the above policy guidance.

Pregnant women and IV drug users are considered priority populations and must be seen for assessment on the day of presentation with service initiation following the above policy guidance.

For day, residential or specialty services, care shall be initiated within 1 week of the request.

<b>Procedures # 8001 - 01</b>	<b>Access to Services</b>	<b>Service Delivery</b>
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<b>Reviewed Date: March 2005, June 10, 2010, July 7, 2016</b>		
<b>Related to Policies:</b>		
<b>Approved:</b> 		
<b>Foster Norman, Executive Director</b>		

**I. CALL CENTER**

- a. The Call Center shall develop scripts for staff to respond to callers in a uniform and consistent manner.
- b. The Call Center shall answer the phone within 30 seconds or six (6) rings. The phone system utilized will rotate through Call Center staff in an attempt to find an available staff person.
- c. The Call Center shall have a contingency plan for those times when all Call Center staff are busy. The phone system will automatically go to the contingencies.
- d. All staff answering calls on behalf of the Call Center shall be trained to use the Agency’s Electronic Medical Record, operational use of the phone system, Agency resources and services, community resources and motivational interviewing.
- e. Call Center staff will address the caller’s issues and concerns to include scheduling initial assessment, on-going treatment, and prescriber appointments, arranging for crisis services and making after care appointments.

**II. CALL FOR SERVICES/OPEN ACCESS**

- a. For a routine level of care the Call Center shall inform caller of Open Access availability and recommend a time to show at the clinic using the block schedule strategy.
- b. Upon presentation at the clinic, Front Desk staff shall complete all required paperwork.
- c. The individual upon presentation shall be seen within the two (2) hour block for which he/she was scheduled.
- d. For Crisis Services the individual will be directed to the Behavioral Health Crisis Center (BHCC) immediately for evaluation and intervention.
- e. For an urgent level of care the individual may walk into either the BHCC or an outpatient clinic and shall receive an assessment within two (2) hours.

**III. PRESCRIBER SCHEDULING FOR ON-GOING CLIENTS**

- a. The Call Center shall utilize the daily/weekly schedule for each prescriber to make appointments for new and established evaluation and management services.
- b. Appointment will be made for a block of time (i.e. 9 am – 1 pm) rather than individual times.
- c. The number of appointments per hour will be three (3) for stable established clients, and two for unstable established clients. For new management or psychiatric diagnostic evaluations, one forty minute slot shall be scheduled.
- d. Prescriber schedules shall be developed to ensure there are blocked times to handle walk-ins that were not screened by the Call Center.