

TITLE: Client Scheduling & Triage	PAGE: Page 1 of 2
DEPT./SECTION Behavioral Health/Services	NUMBER: YCHC-BHS-7.04
AFFECTS: Patients and Staff/PROVIDERS	DATE CREATED: 3/1/2016 DATE APPROVED: 3/29/17 DATE REVISED:

Policy:

BHS team members and YCHC Staff will assess and document client service needs, then use that information to prioritize the scheduling of clients.

Purpose:

To ensure all calls, referrals, or other methods of requests for client services are triaged to identify the most appropriate type (and level) of services to be scheduled for clients.

Procedure:

1. When a request or referral for client services is received, BHS staff will determine the following:
 - A. Whether the referral is for an existing client seeking a routine follow-up appointment with their assigned provider.
 - B. If it is for any other type of behavioral health service at which point they will schedule an Intake appointment.

2. When the clinic receptionist has a request for an appointment, they will Triage to determine if the caller is in crisis (and needs to speak with a clinician immediately) or not in crisis. Additionally, the team member shall ask if the client has previously received behavioral health services at the YCHC.

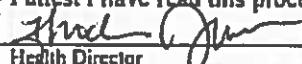
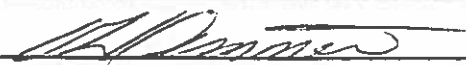
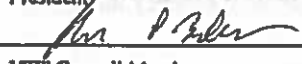
3. If the receptionist receives a call for they will Triage to determine high risk/need.

4. For crisis or high risk clinical situations, the following process must be followed as appropriate to the situation regardless of level of staff person taking the call:
 - A. If the request is deemed to be an emergency in which the person or another person may be in imminent danger or harm:
 - 1) If the BH provider is available an emergent visit is scheduled and facilitated by BHS staff.
 - 2) If the BH provider is not available and in accordance with the *Clients at Risk for Suicide Policy (YCHC-BHS-7.11)*, persons calling clinic who are in crisis will be:
 - a) Offered an emergency BHS staff or medical provider visit if available.
 - b) Offered the crisis line phone numbers.
 - c) Offered to have 911 phoned for them.
 - 3) BHS staff will assist with the assessment and disposition of emergent cases in collaboration with: on-call medical provider or with BH Provider when the client is determined medically stable.

5. For routine and non-emergent appointments:
 - A. Providers and Reception staff can schedule patients.
 - B. The BHS staff will schedule the client accordingly or obtain/confirm an available appointment time with the BH provider as necessary.
 - C. Transferring patient to a voice mail is discouraged, efforts will be made to schedule in the moment or connect with a BHS member directly.

1st Reading: 12-14-16

2nd Reading: 2-7-17

I attest I have read this procedure, understand and agree to abide by it.	
	<u>3-29-17</u>
Health Director	Date
CERTIFICATION:	
I, hereby certify that I, Victoria L. Demmert, am President of the Yakutat Tlingit Tribal Council, consisting of 5 duly elected members, and that this <i>Client Scheduling & Triage</i> Policy was considered and <u>passed</u> by the council on <u>2-7-17</u> and that the vote was <u>4</u> For, and <u>0</u> Against, <u>1</u> Absent and that the forgoing resolution has not been rescinded or amended in any way.	
	<u>2-7-2017</u>
President	Date
	<u>3-29-17</u>
YTT Council Member	Date