



COUNTY OF SANTA CLARA
Behavioral Health Services

BHSD TIMELINESS TOOL

REV. 06/20/24

REVISIONS

Date	Slides	Revisions
06.20.24	NA	Removed login instructions
04.29.24	11	Removed 'Follow Up Appointment Rendered Date' fields
04.29.24	7	Removed 'Follow Up Appointment Rendered Date' fields
04.18.24	2	Updated language for clarity

INTRODUCTION

The BHSD Timeliness Tool form is a recently implemented instrument designed for monitoring client referrals and submitting Client Services Information (CSI) to the state.

Things to Know:

- There should be one BHSD Timeliness Tool per episode.
- The BHSD Timeliness Tool replaces the Referral Disposition and the CSI Assessment forms.
- The BHSD Timeliness Tool can be edited.
- The BHSD Timeliness Tool is a required form that submits required data to the state.
- The BHSD Timeliness Tool was built with event logic – depending on the selection(s) made in one field, other fields may become enabled or disabled.
- To unselect a previously selected radial button, users need to be made aware to use F5 (or Function + F5 depending on their keyboard layout)
- All “Yes”/”No” fields are required. If not applicable, select “No”.
- **PLEASE NOTE:** If the referred client does not show up for the intake which results in not admitting the client into the program, the team will need to complete the BHSD Timeliness Tool under the pre-admit program. This is the same workflow that exists, but instead of the CSI Assessment being completed, the BHSD Timeliness Tool will be completed.

HOW TO ACCESS

After login click on Search, type and select **BHSD Timeliness Tool**

The screenshot shows a search interface with a search bar containing 'BHSD Timeliness' and a link for 'Advanced Client Search'. Below the search bar, a modal window titled 'Here is what I found:' displays filter buttons for 'All 1', 'Clients 0', 'Staff 0', and 'Forms 1'. A table titled 'Forms' contains one entry: 'BHSD Timeliness Tool', which is highlighted with an orange box and an arrow. The table also shows an 'Undock' icon and a 'Menu Option' path: '/ Avatar PM / Client Management / California Required EDI'. A partial 'Logi' table is visible on the right side of the screen.

Undock	Name	Menu Option
	BHSD Timeliness Tool	/ Avatar PM / Client Management / California Required EDI

After selecting the form, enter Client's name in the Search bar, and select client.

Q Test, Rayna

[Advanced Client Search](#)

Here is what I found: ✕

All 1 Clients 1 Staff 0 Forms 0

DX RE

Clients

Info	Client Name / Client ID	Gender	Date Of Birth	Social Security Number
Info	TEST,RAYNA (000055555)	Female	01/01/1990	000-00-0000

Tue

Select your corresponding PROGRAM.

Home > Select Client > Select Episode >

Selected Client : TEST,RAYNA (000055555)

Select Episode

Name: RAYNA TEST
ID: 55555
Sex: Female
Date of Birth: 01/01/1990

Episode ↕	Program ↕	Start ↕	End ↕
7	ySUTS CAMINAR- Pre-Admit	01/19/2023	
6	wMH CRESTWOOD SAN JOSE- PHF	11/29/2022	11/29/2022
5	wMH CRESTWOOD SAN JOSE- PHF	11/15/2022	11/16/2022
4	yMH ALUM ROCK - CRISIS	11/09/2022	
3	SUTS AMT SOUTH COUNTY - Courtesy Dosing	02/01/2022	
2	yMH SENECA - MH	01/02/2022	
1	Screening Program	01/01/2021	

OK

Cancel

BHSD TIMELINESS TOOL FORM

The form is separated into two sections: the General Section and Psychiatric Section. Slides 9 through 14 will walkthrough the General Section. Slides 15 through 17 will walkthrough the Psychiatric Section.

BHSD TIMELINESS TOOL Submit Discard A

Timely Access Data Tool
Psychiatric

Date of First Contact to Request Services *

Referral Source *

Referral Source Reason - Specify if "Other Referred"

Point of Access

Point of Access - Specify if Other

IST Number

First Service Appointment Offer Date

Follow Up Appointment (Required)

First Follow Up Appointment Offer Date

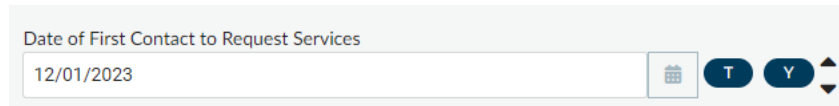
Referred to Out-of-Network Provider *

Referral Closure Reason

- Beneficiary did not accept any offered appointment dates.
- Beneficiary accepted offered appointment date but did not attend initial appointment.
- Beneficiary attended initial appointment but did not complete assessment process.
- Beneficiary attended first service appointment but declined treatment.
- Beneficiary did not meet medical necessity criteria.
- Out of county/presumptive transfer.
- Unable to contact (e.g. deceased or client unresponsive)
- Other

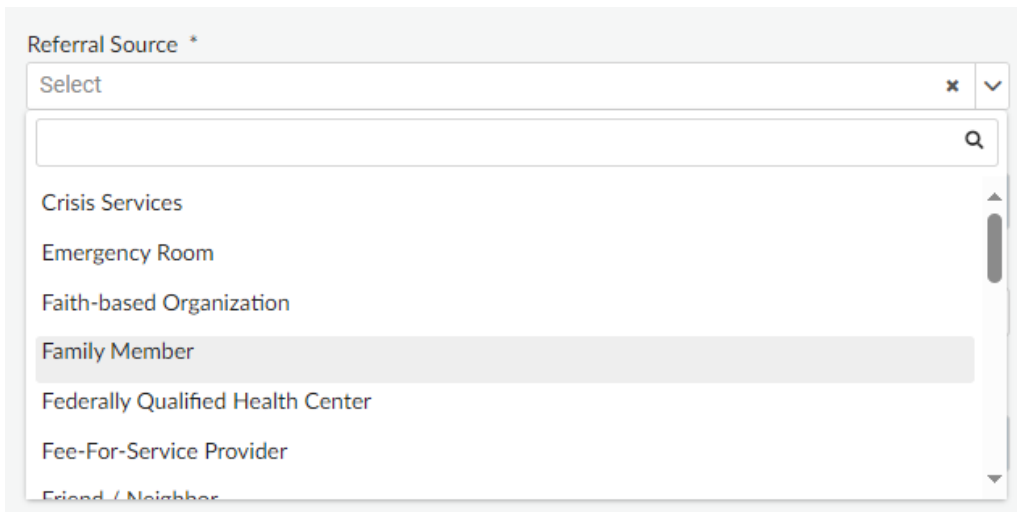
GENERAL SECTION

1. Input the **Date of First Contact to Request Services**. For example, if a family member requests services for the client on December 1, 2023, that date would be considered the initial contact date for service requests.



A screenshot of a web form field labeled "Date of First Contact to Request Services". The input field contains the date "12/01/2023". To the right of the input field are three buttons: a calendar icon, a "T" button, and a "Y" button with a vertical double-headed arrow.

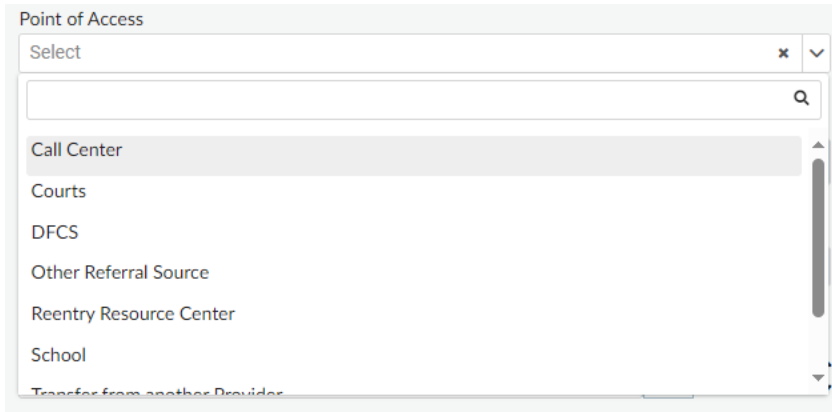
2. Choose the **Referral Source**. For example, if the client's mother is seeking services on the client's behalf, designate "Family Member" as the referral source.



A screenshot of a dropdown menu titled "Referral Source *". The menu is open, showing a list of options. The "Family Member" option is highlighted in grey. The other options are: "Crisis Services", "Emergency Room", "Faith-based Organization", "Federally Qualified Health Center", "Fee-For-Service Provider", and "Friend / Neighbor". A search icon is visible in the top right corner of the dropdown list.

GENERAL SECTION

3. Select the **Point of Access**. For example, if client’s mother contacted the Call Center seeking a referral for her daughter, “Call Center” would be the Point of Access.



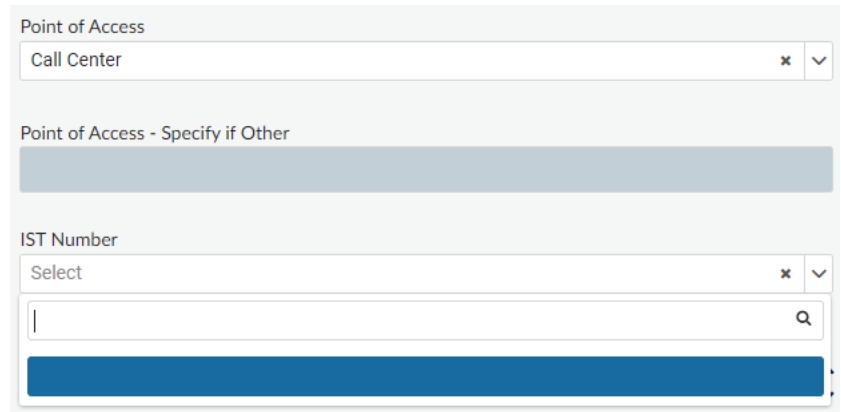
A screenshot of a web form titled "Point of Access". It features a dropdown menu with "Select" as the current selection. Below the dropdown is a search bar with a magnifying glass icon. A list of options is displayed below the search bar, with "Call Center" highlighted in grey. Other options include "Courts", "DFCS", "Other Referral Source", "Reentry Resource Center", "School", and "Transfer from another Provider".

If “Other Referral Source” is selected, please specify.



A screenshot of a web form titled "Point of Access". The dropdown menu shows "Other Referral Source" selected. Below the dropdown is a text input field labeled "Point of Access - Specify if Other" containing the word "Probation".

If applicable select the appropriate Integrated Screening Tool (IST) from the **IST Number** dropdown.



A screenshot of a web form. The "Point of Access" dropdown menu is set to "Call Center". Below it is a text input field labeled "Point of Access - Specify if Other" which is currently empty. Underneath is the "IST Number" dropdown menu, which is set to "Select". Below the "IST Number" dropdown is a search bar with a magnifying glass icon and a blue bar below it.

GENERAL SECTION

4. Enter the earliest offered appointment in the **First Service Appointment Offer Date**.

First Service Appointment Offer Date

12/04/2023

Calendar icon | T | Y | Up/Down arrows

5. Enter the **First Service Appointment Rendered Date**.

First Service Appointment Rendered Date

12/20/2023

Calendar icon | T | Y | Up/Down arrows

6. **Was Access to Services Delayed?** Select “Yes” if first service appointment rendered date was greater than 10 business days (and not including county designated holidays) from date of first contact to request services otherwise select “No”.

- If “Yes”, select the Reason for Delayed Access.
 - Select “Other” if services were unavailable due to a reason not listed and specify the “Delayed Access Reason”

Was Access to Service Delayed? *

Yes No

Reason for Delayed Access? *

Beneficiary choice: Treatment modality unavailable (e.g. evidence based practices modality, therapy modality, etc.)

Beneficiary choice: Preferred Behavioral Health provider unavailable.

Beneficiary choice: Preferred service medium unavailable (e.g. requested in-person services in lieu of telehealth.)

No available provider.

Other

Delayed Access Reason - Specify if Other

Text area with copy icon

GENERAL SECTION





7. Complete the next field, **Follow Up Appointment (Required)**

- Select “Yes” if a follow up appointment was offered.
 - The **First Follow Up Appointment Offer Date** becomes required.
- Select “No” if a follow up appointment was not offered and/or scheduled.

Follow Up Appointment (Required)

Yes No

First Follow Up Appointment Offer Date *

12/18/2023    

8. In the field, **Referred to Out-of-Network Provider**, select “Yes” if client was referred to an out-of network provider. Select “No” if client was not referred to an out-of network provider.

Referred to Out-of-Network Provider *

Yes No

GENERAL SECTION

9. The **Referral Closure Reason** section should not be completed if the initial appointment and assessment were successful (a successful referral is considered as having both “First Service Appointment Rendered” and “First Follow Up Appointment Offer” dates). Further explanation of the Referral Closure Reason in the following slide. Complete the section if any of the below listed closure reasons are applicable:

Referral Closure Reason

- Beneficiary did not accept any offered appointment dates.
- Beneficiary accepted offered appointment date but did not attend initial appointment.
- Beneficiary attended initial appointment but did not complete assessment process.
- Beneficiary attended first service appointment but declined treatment.
- Beneficiary did not meet medical necessity criteria.
- Out of county/presumptive transfer.
- Unable to contact (e.g. deceased or client unresponsive)
- Other

If “Other” is selected , specify the **Delayed Access Reason**.

Delayed Access Reason - Specify if Other *

10. Once a closure reason is selected, the **Closure Date** field becomes enabled and required.

Closure Date

GENERAL SECTION

The **Referral Closure Reason** selections trigger event logic, enabling specific additional fields. Refer to the table below to acquaint yourself with the enabled fields corresponding to each closure reason.

Closure Reason	First Service Appoint. Offer Date	First Follow Up Appoint. Offer Date	Referred to Out-of-Network Provider	Referral Closure Reason—Specify if Other
	Required?	Required?	Required?	Required?
Beneficiary did not accept any offered appointment date.	Y	N	Y – If not applicable, enter “No”	N
Beneficiary accepted offered appointment date but did not attend initial appointment.	Y	N	Y – If not applicable, enter “No”	N
Beneficiary attended initial appointment but did not complete assessment process.	Y	N	Y – If not applicable, enter “No”	N
Beneficiary attended first service appointment but declined treatment.	Y	Y	Y – If not applicable, enter “No”	N
Beneficiary did not meet medical necessity criteria.	Y	N	Y – If not applicable, enter “No”	N
Out of county/presumptive transfer.	N	N	Y – If not applicable, enter “No”	N
Unable to contact (e.g., deceased or client unresponsive).	N	N	Y – If not applicable, enter “No”	N
Other	N	N	Y – If not applicable, enter “No”	Y

PSYCHIATRIC SECTION

11. Enter the **Date of Request for Psychiatric Services**. Next, enter the **First Psychiatric Appointment Offer Date** (required field). Next, enter the **First Psychiatric Appointment Rendered Date**.

Date of Request for Psychiatric Services
12/12/2023

First Psychiatric Appointment Offer Date *
12/13/2023

First Psychiatric Appointment Rendered Date
12/25/2023

12. **Was Access to a Psychiatric Appointment Delayed?**

Was Access to a Psychiatric Appointment Delayed?

Yes No

Reason for Delayed Psychiatric Appointment? *

Beneficiary choice: Treatment modality unavailable (e.g. evidence based practices modality, therapy modality, etc.)

Beneficiary choice: Preferred Behavioral Health provider unavailable.

Beneficiary choice: Preferred service medium unavailable (e.g. requested in-person services in lieu of telehealth.)

No available provider.

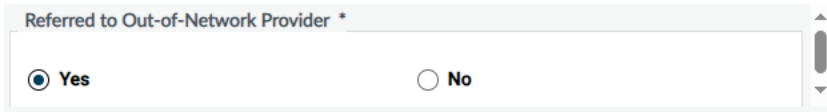
Other

Delayed Access Reason - Specify if Other

- **Was Access to a Psychiatric Appointment Delayed?**
Select “Yes” if first Psychiatric appointment rendered date was greater than 15 business days (and not including county designated holidays) from date of first contact to request services).
- If “Yes”, select the best option in the **Reason for Delayed Psychiatric Appointment**
- If “Other” is selected , specify the **Delayed Access Reason**.
- Select “No” if access was not delayed. Notice that the **Reason for Delayed Psychiatric Appointment Delayed** field remains disabled.

PSYCHIATRIC SECTION

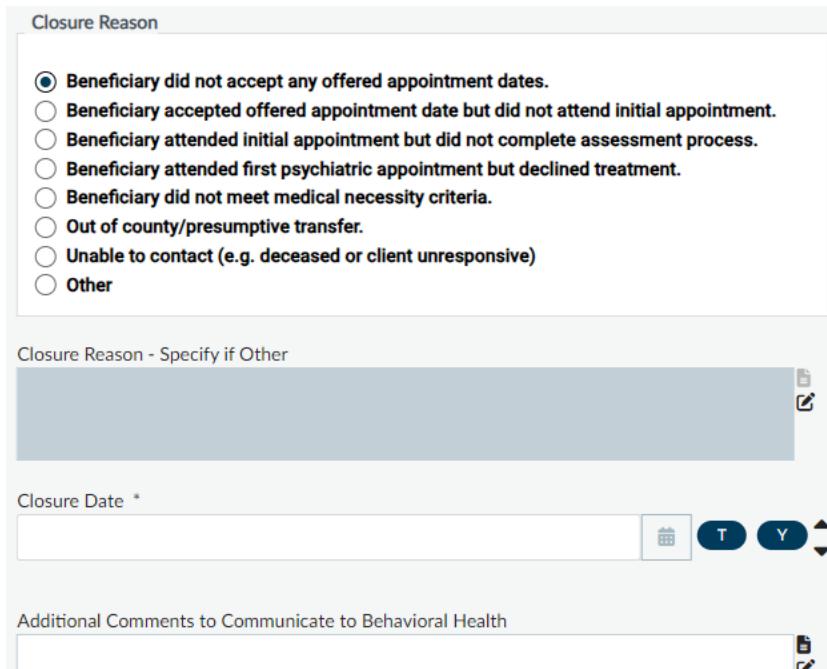
13. In the field, **Referred to Out-of-Network Provider**, select “Yes” if client was referred to an out-of network provider. Select “No” if client was not referred to an out-of network provider.



Referred to Out-of-Network Provider *

Yes No

14. Enter the Psychiatry **Closure Reason** and **Closure Date**. If “Other” is selected , specify the **Closure Reason**. Further explanation of the Closure Reason in the following slide.



Closure Reason

- Beneficiary did not accept any offered appointment dates.
- Beneficiary accepted offered appointment date but did not attend initial appointment.
- Beneficiary attended initial appointment but did not complete assessment process.
- Beneficiary attended first psychiatric appointment but declined treatment.
- Beneficiary did not meet medical necessity criteria.
- Out of county/presumptive transfer.
- Unable to contact (e.g. deceased or client unresponsive)
- Other

Closure Reason - Specify if Other

Closure Date *

Additional Comments to Communicate to Behavioral Health

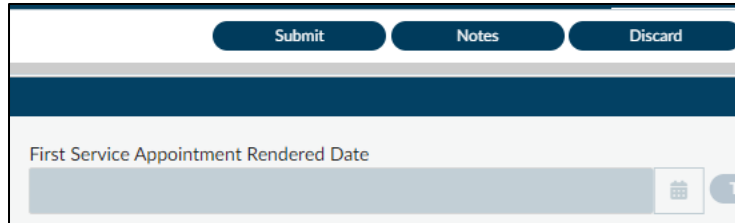
PSYCHIATRIC SECTION

The Psychiatric **Closure Reason** selections trigger event logic, enabling additional fields. Refer to the table below to acquaint yourself with the enabled fields corresponding to each closure reason.

Psychiatry Closure Reason	Referred to Out-of Network Provider	Closure Date	Closure Reason – Specify if Other
	Required?	Required?	Required?
Beneficiary did not accept any offered appointment date.	Y – If not applicable, enter “No”	Y	N
Beneficiary accepted offered appointment date but did not attend initial appointment.	Y – If not applicable, enter “No”	Y	N
Beneficiary attended initial appointment but did not complete assessment process.	Y – If not applicable, enter “No”	Y	N
Beneficiary attended first service appointment but declined treatment.	Y – If not applicable, enter “No”	Y	N
Beneficiary did not meet medical necessity criteria.	Y – If not applicable, enter “No”	Y	N
Out of county/presumptive transfer.	Y – If not applicable, enter “No”	Y	N
Unable to contact (e.g., deceased or client unresponsive).	Y – If not applicable, enter “No”	Y	N
Other	Y – If not applicable, enter “No”	Y	Y

SUBMITTED & EDITING THE BHSD TIMELINESS TOOL

15. Submit the BHSD Timeliness Tool – Once ready to submit, click the **“Submit”** button on the top right of the form.

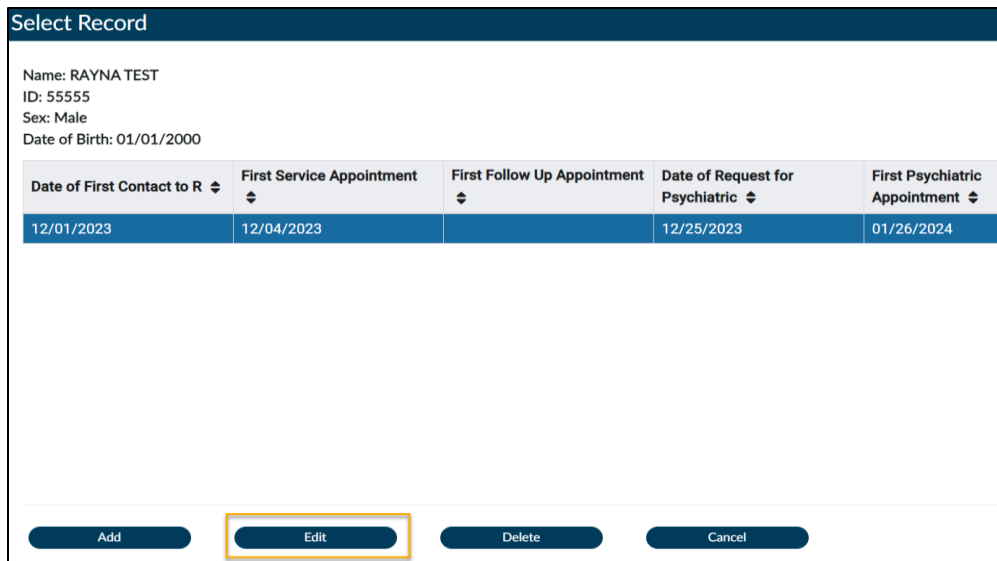


Submit Notes Discard

First Service Appointment Rendered Date

Editing the BHSD Timeliness Tool – If you need to edit a submitted BHSD Timeliness Tool:

- Open the form.
- You will see the pre-display showing the previous entry.
- Select **“Edit”** to edit a previously submitted BHSD Timeliness Tool.
- Then, edit the BHSD Timeliness Tool as needed and submit the form when ready.

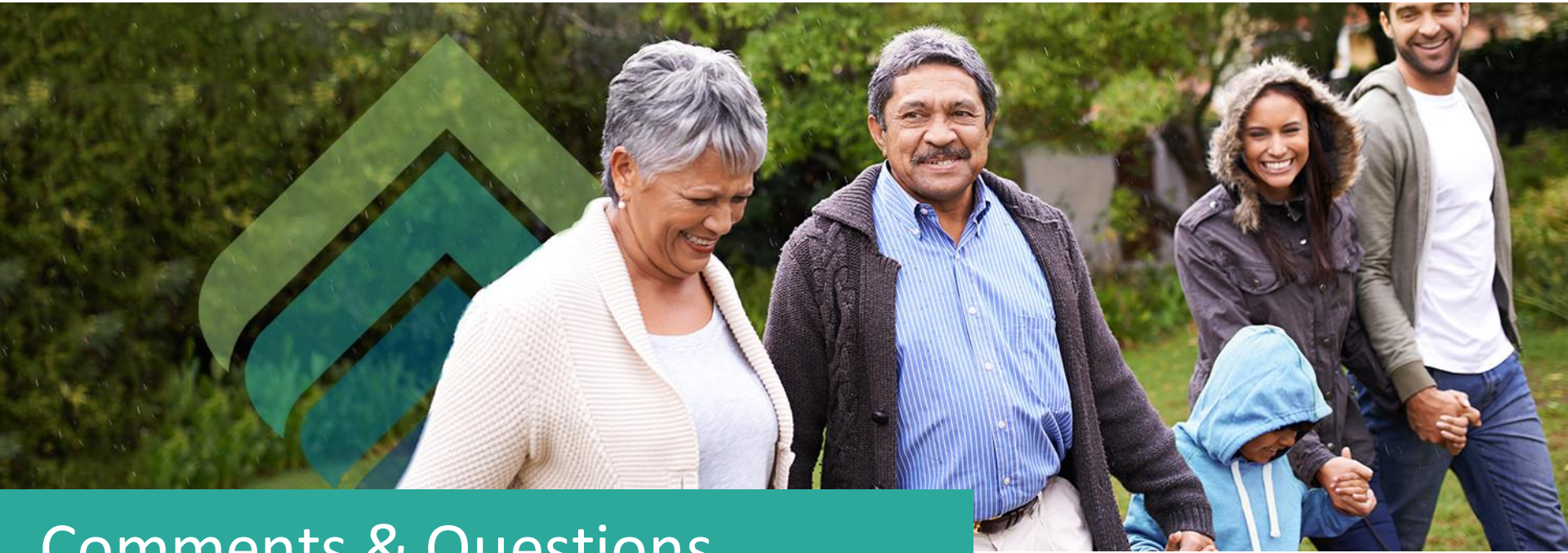


Select Record

Name: RAYNA TEST
ID: 55555
Sex: Male
Date of Birth: 01/01/2000

Date of First Contact to R	First Service Appointment	First Follow Up Appointment	Date of Request for Psychiatric	First Psychiatric Appointment
12/01/2023	12/04/2023		12/25/2023	01/26/2024

Add Edit Delete Cancel



Comments & Questions