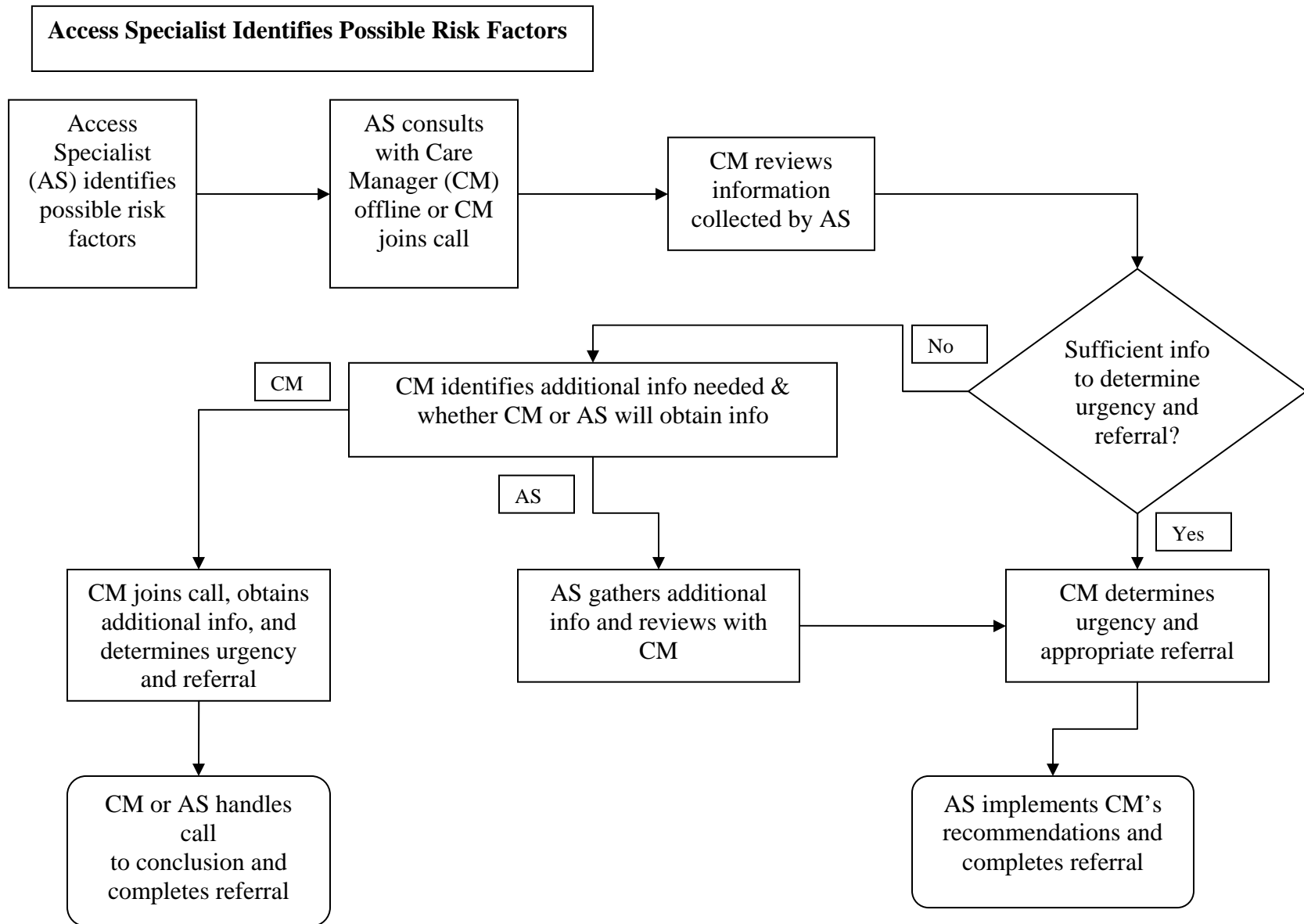
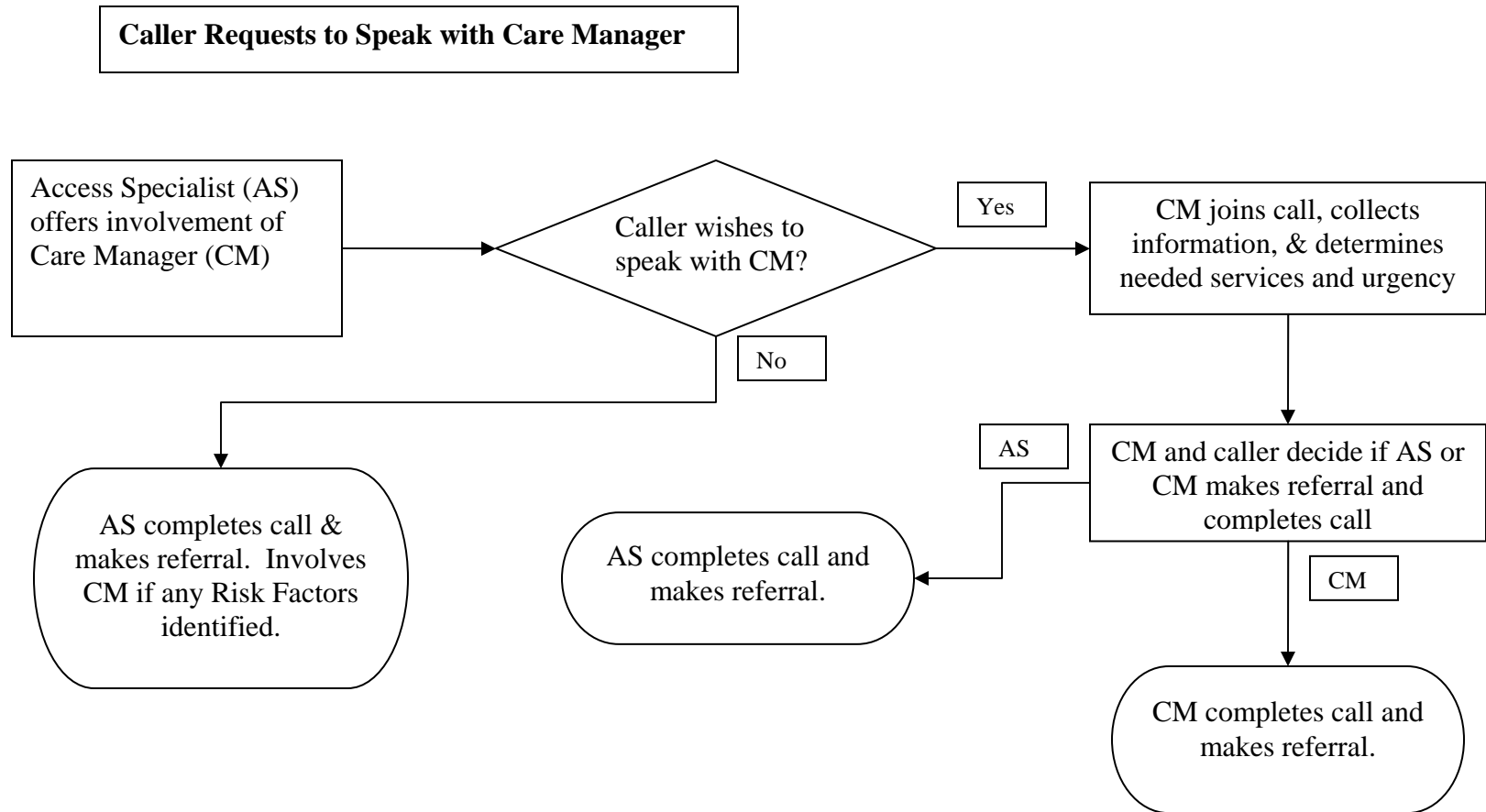


Care Manager Access Center Workflow





**A. Risk Indicators**

- *Report of harm to someone- done or intent/ threats/plan*
- *SA use reported/ slurred speech/ bodily sensations (itching skin, crawling, etc)*
- *Confusion/ reports of hallucinations (seeing, hearing, feeling things) /reports of inability to care for self*
- *Signs of Caller distress: crying, yelling, anger, says they are feeling anxious, says they are feeling panic, reports that they are feeling hopelessness, fearful*
- *Lethargic, unresponsive, unable to comprehend questions,*
- *Bizarre or unusual responses or significant inconsistencies in history as related by family and patient*
- *Property destruction*
- *Medical distress*

**B. Clinician Options with Access Center Calls**

- *Warm transfer caller to Emergency Services (mobile crisis response indicated)*
- *Access Specialist—Care Manager off-line consultation.*
- *Care Manager joins Access Specialist, speaks with caller, & makes determination. Access Specialist completes call and links caller to services*
- *Care Manager joins call and manages call to completion*
- *Call 911(critical medical or other life-threatening situation)*

**C. Guidelines for Care Manager Involvement with Access Center Calls**

- *Care Manager participates any time Access Specialists or caller requests; Care Manager will not decline*
- *Care Manager evaluates information and makes clinical decisions*
- *Care Manager directs outcomes and procedures*
- *Care Manager and caller determine whether Care Manager or Access Specialist completes call*