 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health Services</b>  <b>Division of Behavioral Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>QM</b>
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	Revision Date	<b>04/01/2021</b>
Title: <b>Division Of Behavioral Health Services – Clinical Pathways</b>	Functional Area: <b>Coordination and Continuity of Care</b>	
Approved By: (Signature on File) <b>Signed version available upon request</b>		
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**BACKGROUND/Content:**

Sacramento County Mental Health Plan (MHP) is dedicated to providing prompt and accurate clinical information within the system of care. The *Clinical Pathways* feature is a function of the Sacramento County MHP Electronic Health Record (EHR), Avatar, in which a beneficiary's Name and Avatar ID are flagged by a designated staff member to alert users to critical beneficiary support information. The intention of this function is to minimize disruption in care, quickly identify needs of a beneficiary, and alert providers throughout the system of changes in a beneficiary's care status and/or needs.

**DEFINITIONS:**

**Safety Plan** - A document detailing warning signs for self harm, coping skills, and prosocial activities that provide healthy alternatives, support people a beneficiary can reach out to for support during crisis, professionals whom the beneficiary can contact when they are in crisis, and ways to make their environment safe.

**Emergency Room Admission** – An emergency department admission for a psychiatric need and the client is still at the emergency department.

**Danger to Self or Others** – Current (within the last 30 days) thoughts, feelings, or behaviors the beneficiary has to harm themselves or others.

**Medical Condition** – A medical condition(s) that are life threatening to the beneficiary or others if not properly managed. Either the beneficiary has indicated the condition and/or it has been diagnosed by a medical provider.

**Acute Psychiatric Inpatient Admission** – A beneficiary is been admitted to an acute psychiatric hospital.

**High Utilizer** – A beneficiary who has experienced three or more acute psychiatric inpatient or emergency department admissions in the prior six months.

**Community Care Plan** – A document detailing a beneficiary's baseline presentation, linkage to an outpatient provider(s), contact information for support persons, and diagnosis and medications related

to psychiatric concerns. This document provides the Emergency Department (via the Triage Navigators), crisis, or other provider, a glimpse of the beneficiary's treatment to help determine acute care and potentially avoid an acute inpatient hospitalization. A beneficiary who is considered a High Utilizer of emergency and/or inpatient services is encouraged to have a Community Care Plan.

**Behavioral Alerts** – These are behaviors that are not as lethal as danger to self or others, but are important for care providers to be aware of. Some examples might include ingesting non-food items, overly sexualized behavior, spitting, hitting, throwing, enuresis or encopresis, head banging, cutting, biting, etc.

**Interpreter** - An interpreter is an individual who has been assessed for professional language skills, demonstrates a high level of proficiency in at least two languages, and has the appropriate training and experience to render a message spoken or signed in one language into a second language and who abides by a code of professional ethics. In addition to the linguistic interpretation of the message given, the interpreter can provide cultural information and a necessary cultural framework for understanding the message. For the purposes of the Clinical Pathway, this will be identified when the beneficiary's primary language is not English.

#### **DETAILS:**

A designated staff member (as described below) may enter a Clinical Pathway alert, when the beneficiary demonstrates adequate criteria and it would benefit the beneficiary's care.

#### **PROCEDURE:**

##### A. Non-Episodic

1. All Clinical Pathway indicators are non-episodic, and therefore relevant information (Safety Plan, Community Care Plan, primary language etc.) is made available to any Avatar user.

##### B. Priority of Pathways

1. To ensure the most critical information is displayed as primary, a priority order has been established as follows:
  - a) Suicide Risk
  - b) Emergency Room Admission
  - c) Danger to Self or Others
  - d) Medical Alert
  - e) Behavioral Alert
  - f) Acute Psychiatric Inpatient Admission – when a beneficiary admits to an acute psychiatric hospital, any previously identified pathway will be overruled while they are admitted to the psychiatric hospital.
  - g) High Utilizer/ 3+ Acute Psychiatric Inpatient stays within the previous six months – when a beneficiary has a Community Care Plan, other Pathways will be overruled to ensure the indicator of the Plan is immediately evident to crisis providers.
  - h) Interpreter Needs









##### C. Action Required

1. When a Pathway is added to a beneficiary's record, certain actions items must be documented:
  - a. Suicide Risk – A Safety Plan must be put into place and added to the non-episodic tab

- b. Emergency Room Admission – Outreach attempts and care coordination must be documented in the beneficiary’s record.
  - c. Danger to Self or Others – A Safety Plan must be put into place and added to the non-episodic tab
  - d. Medical Alert – Coordination with beneficiary’s medical provider must be documented
  - e. Behavioral Alert – A Safety Plan must be put into place and added to the non-episodic tab
  - f. Acute Psychiatric Inpatient Admission – Document care coordination between the hospital and linked provider(s)
  - g. High Utilizer/ 3+ Acute Psychiatric Inpatient stays within the previous six months – A Community Care Plan document must be added to the non-episodic tab of the client’s record
  - h. Interpreter Needs – The beneficiary’s primary language must be identified in the non-episodic tab
- D. Responsibility and Workflow Requirements of Staff Involved with Clinical Pathways Entry
- 1. Staff must only enter Pathways for determinations they are able to make within their scope of practice
  - 2. Staff must immediately discontinue the Pathway when it no longer applies
  - 3. At a minimum, staff must run a monthly report to ensure only current Pathways are in place and any outstanding Pathways are appropriately discontinued
- E. Reason for Discontinued Use
- a. Suicide Risk – Discontinued when the beneficiary is no longer at risk and/or a clinical assessment determines the risk is no longer present
  - b. Emergency Room Admission – Discontinued when beneficiary discharges from the emergency room
  - c. Danger to Self or Others – Discontinued when the beneficiary and/or others are no longer at risk and/or a clinical assessment determines the risk is no longer present
  - d. Medical Alert – Discontinued when the medical condition is no longer present
  - e. Behavioral Alert – Discontinued when the beneficiary is no longer at risk and/or a clinical assessment determines the behavior is no longer present
  - f. Acute Psychiatric Inpatient Admission – Discontinued when beneficiary discharges from an inpatient psychiatric hospital
  - g. High Utilizer/ 3+ Actue Psychiatric Inpatient stays within the previous six months – Discontinued when there are more than six months since last acute psychiatric hospital admission
  - h. Interpreter Needs – This would never be discontinued unless the beneficiary indicates it is no longer needed
- F. Privacy
- 1. All elements of Clinical Pathway information are subject to the Health Insurance Portability and Accountability Act (HIPAA).
  - 2. Due to the confidentiality standards of Substance Use Disorder information as detailed in Code of Federal Regulations, 42 Part 2, the Clinical Pathways function will not be available for Substance Use and Prevention Services.

G. Colors and Icons

To make the beneficiary's needs and care level easy to identify and distinguish, the following colors and icons will display in Avatar when a beneficiary is entered into a Care Pathway:

Pathway	Color	Icon
Suicide Risk	Red	
Emergency Room Admission	Red	
Danger to Self or Others	Red	
Medical Alert	Yellow	
Behavioral Alert	Yellow	
Acute Psychiatric Inpatient Admission	Blue	
High Utilizer/ 3+ Acute Psychiatric Inpatient stays within the previous six months	Green	
Interpreter Needs	Purple	

**REFERENCE(S)/ATTACHMENTS:**

- Title 42, Code of Federal Regulations
- California Administrative Code Title 9
- Attachment I - Clinical Pathways Cheat Sheet

**RELATED POLICIES:**

- CCES 01-02 Procedure for Access to Interpreter
- QM 00-03 Avatar Account Management and Password Protection

**DISTRIBUTION:**









Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff	X	Children's Contract Providers
X	Mental Health Treatment Center	X	Alcohol and Drug Services
X	Adult Contract Providers	X	County Counsel
X	Cultural Competence		
X	County Compliance Oversight Committee	X	County of Sacramento Privacy & Compliance Officer

**CONTACT INFORMATION:**

Quality Management Information  
[QMInformation@SacCounty.net](mailto:QMInformation@SacCounty.net)

# Attachment I

## Clinical Pathways Cheat Sheet

Pathway	Color	Icon	Action Required	Reason for Discontinued Use
Suicide Risk	Red		A Safety Plan must be put into place and added to the non-episodic tab	Discontinued when the beneficiary is no longer at risk and/or a clinical assessment determines the risk is no longer present
Emergency Room Admission	Red		Outreach attempts and care coordination must be documented in the beneficiary's record	Discontinued when beneficiary discharges from the emergency room
Danger to Self or Others	Red		A Safety Plan must be put into place and added to the non-episodic tab	Discontinued when the beneficiary and/or others are no longer at risk and/or a clinical assessment determines the risk is no longer present
Medical Alert	Yellow		Coordination with beneficiary's medical provider must be documented in the record	Discontinued when the medical condition is no longer present
Behavioral Alert	Yellow		A Safety Plan must be put into place and added to the non-episodic tab	Discontinued when the beneficiary is no longer at risk and/or a clinical assessment determines the risk is no longer present
Acute Psychiatric Inpatient Admission	Blue		Document care coordination between the hospital and linked provider(s)	Discontinued when beneficiary discharges from an inpatient psychiatric hospital
High Utilizer/ 3+ Acute Psychiatric Inpatient stays within the previous six months	Green		A Community Care Plan document must be added to the non-episodic tab	Discontinued when there are more than six months since last acute psychiatric hospital admission
Interpreter Needs	Purple		The beneficiary's primary language must be identified in the non-episodic tab	This would never be discontinued unless the beneficiary indicates it is no longer needed