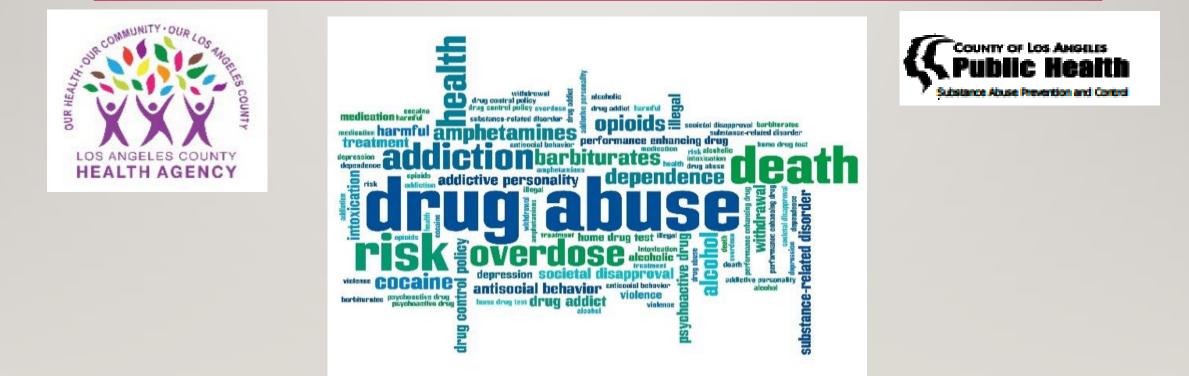
SUBSTANCE ABUSE SERVICE HELPLINE (SASH)



WHO ARE WE?

- The SASH is a toll-free call line that helps connect individuals (youth, young adults, and adults), who are seeking specialty SUD services with appropriate SUD providers throughout Los Angeles County
- Our goal is to work in collaboration with treatment providers and other agencies, such as DMH, in order to expand access to substance abuse services and successfully link clients to services needed in real-time
- Assisting high-risk clients by connecting them with community health workers to help address barriers to accessing care.

QUICK FACTS

- Launched 7/1/2017
- Staffed with RN's, LVN's and Substance Abuse Counselors
- Hours of Operation: 24/7/365
- Phone : 844-804-7500
- Numbers to date: 18,500 calls received
- "Screened and Connected" 5600 calls
- "After Hours" approximately 200 calls/month
- Average length of call: 25-35 minutes 911 calls: 18
- Referrals to Mental Health, Housing, Social Services, 211 and other County Substance Abuse Lines

LET'S TAKE YOU THROUGH A CALL

When a call is received, the SASH agent:

Document in SAGE- AVATAR

OUTPATIENT ADMISSION FORM

ADMISSION (OUTPATIENT) FORM

SASH/CENS Documentation Log

- Confirm Los Angeles County Residency
- Confirm Medi-Cal on website
- Conduct ASAM Continuum Triage
- Select a Provider

Do you have Medi-Cal?

MEDI-CAL WEBSITE

Cov Department of Health Care Services Medi-Cal							
Home Transactions Publications Education Programs References Contact Medi-Cal Custom Status Login Services Ausilable Encodemont Enc							
System Status Login Services Available Enrollment Requirements Home							
C C C C C C C C C C C C C C C C C C C	Login to Medi-Cal WARNING: This is a State of California computer system that is for official use by authorize may not be accessed or used without authorization. Unauthorized or improper use of this sy continuing to use this system you indicate your awareness of and consent to these terms a agree to the conditions stated in this warning.						
TRANSACTIONS	Either your session has expired or you have attempted to bypass the login page. If you have bookmarked a transaction page you must login first. You must validate your User ID and Password to proceed.						
User ID & Password Help Services Available	Learn how to Sign Up for Medi-Cal Internet Transactions. Please enter your User ID: Please enter your Password:						
	Submit Clear Be careful to protect your user ID and password to prevent unauthorized use.						

Name:							
Subscriber ID:							
Service Date: 04/03/2018		Subscriber Birth Date:		Issue Date: 04/03/2018			
Primary Aid Code:	M1			First Special Aid Code:			
Second Special Aid Code:				Third Special Ald Code:			
Subscriber County: 19 - Los Angeles				Medicare ID:			
Trace Number (Eligibility Verification Confirmation (EVC) Number):							
Eligibility Message: SUBSCRIBER LAST NAM G. CNTY CODE: 19. PRMY AID CODE: M1. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (888)839-9909. HCP: LA CARE HLTH PLAN CALL: (888) 839-9909. PCP:							

Are you likely eligible for

Medi-Cal?

MEDI-CAL ELIGIBILITY BRIEF SCREENING QUESTIONS:

- Do you receive, have you previously received, or are you eligible for any of the following: Supplemental Security Income (SSI), CalFresh (food stamps), General Relief (GR), CalWorks, Section 8 housing?
- No?
- What is your combined family income (based on household size)?
- SASH agent checks grid: below 139% of the federal poverty level?
- Yes?
 - CLIENT IS LIKELY ELEGIBLE!

PROGRAM ELEGIBILITY

2018 Federal Poverty Levels (FPL)

FAMILY MEMBERS LIVING IN THE HOME ¹	TOTAL MONTHLY INCOME MAXIMUM ²
□ 1	at or below \$1,397
□ 2	at or below \$1,893
□ 3	at or below \$2,390
□ 4	at or below \$2,887
□ 5	at or below \$3,384
□ 6	at or below \$3,881
□ 7	at or below \$4,377
	at or below \$4,874
□ 9	at or below \$5,371
□ 10	at or below \$5,868
□ 11	at or below \$6,365
□ 12	at or below \$6,861

SCREENING CONTINUED...

• Conduct ASAM

Continuum Triage

• Obtain Level of Care



FINAL SCORING & PROVISIONAL RECOMMENDATION

This individual has met the provisional requirements for: Level 3 - Residential/Inpatient Services.

QUALIFIERS - SUBLEVELS OF CARE

This patient also shows need(s) for the following type(s) of care: Withdrawal Management, Co-Occurring Capable, Co-Occurring Enhanced.

Let's find you a

provider

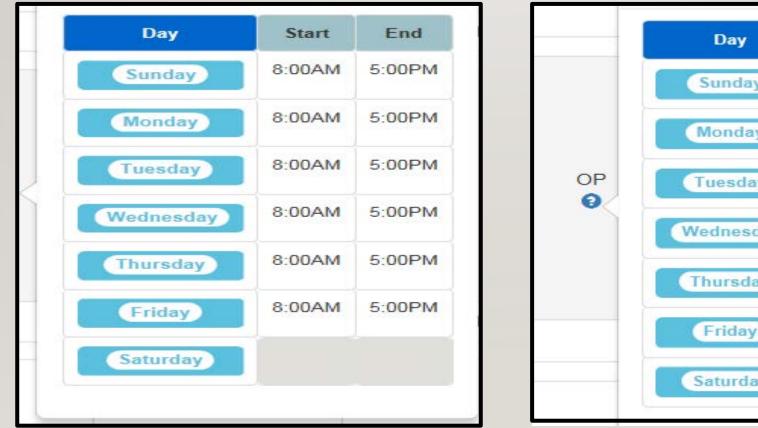
HOW ARE PROVIDERS SELECTED?

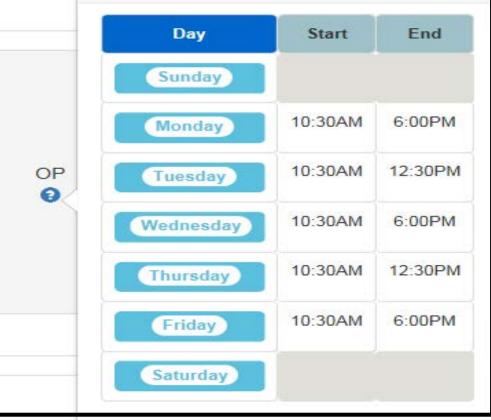
- Client's Level of Care
- Client's preference by City, Provider Agency or Zip Code
- SBAT

SBAT UPDATE?



INTAKE HOURS?





WARM HANDOFF

- During treatment provider intake hours, SASH will attempt up to three
 (3) providers to try and make a warm hand-off and linkage
- After-Hours SASH provides three (3) referrals to all clients based on the criteria of LOC and Client Preference
- SASH agents document which treatment provider(s) clients are referred to

QUALITY AND MONITORING

- Cisco dashboard with low abandonment rate
- New employee training and skills validation process
- Ongoing monitoring and review of calls for quality assurance and continuous improvement
- Learning environment: Team huddles, group review of calls and scenarios, one-on-one coaching
- Be a partner to expand access



QUESTIONS?