



Information Sheet: Agent Assist

Creating a Client

- First Name: cannot have numerical values, special characters, or spaces
- Last Name: cannot have numerical values or special characters

Anonymous Callers

Details: You may receive calls where the caller prefers to remain anonymous or only provides their first name. Additionally, someone else might be calling on behalf of a potential consumer without knowing their full details.

If the call is for **General Information** or **Emotional Support**, please follow these guidelines:

- Find the consumer named "Info Only" in the required consumer field. First name = Info, Last name = Only
- Do **not** make any updates to the Consumer record
- Record caller details (e.g., first name, phone number) in the Caller Information Section
- If you only know the consumer's first name (they may not be the caller), select "Info Only" as your consumer.
- For call reason of Emotional Support: If an anonymous caller calls multiple times a day and you are absolutely confident they are the same person each time, you can create a potential client and use the same client during each call

If the call is for **Crisis**, **Appointment Scheduling**, or **Clinic Referral**, please follow these guidelines:

- If the client's name is not known:
 - Use first name or Jane or John
 - Use the last name of Unknown with the street name or facility where the client is located (e.g., Jane Unknown Vermont or John Unknown LACUSC)
 - If you have a first name but not the last, enter the first name with Unknown as the last name with the street name or facility where the client is located (e.g., Mary Unknown Wilshire)

Requestor/Referring Party

Details: Currently, there is no logic implemented in the selection of **Referring Party Role**. When selecting the following Referring Party Role, the following fields are required:

- | | |
|--|--|
| <ul style="list-style-type: none"> • APS <ul style="list-style-type: none"> ○ Last Name ○ First Name • Collateral/Family Member <ul style="list-style-type: none"> ○ Last Name ○ First Name • DCFS <ul style="list-style-type: none"> ○ Last Name ○ First Name • DHS Office of Diversion and Reentry <ul style="list-style-type: none"> ○ Last Name ○ First Name • DPSS <ul style="list-style-type: none"> ○ Last Name ○ First Name • Emergency Room <ul style="list-style-type: none"> ○ Last Name ○ First Name ○ Referring Facility/Site School • Health Provider <ul style="list-style-type: none"> ○ Last Name ○ First Name ○ Referring Facility/Site School | <ul style="list-style-type: none"> • Inpatient Facility <ul style="list-style-type: none"> ○ Last Name ○ First Name • Managed Care Plan <ul style="list-style-type: none"> ○ Last Name ○ First Name ○ Managed Care Plan ○ Screener/Transition of Care • Mental Health Provider <ul style="list-style-type: none"> ○ Last Name ○ First Name • Other <ul style="list-style-type: none"> ○ Last Name ○ First Name ○ Type of Role • Probation/Law Enforcement <ul style="list-style-type: none"> ○ Last Name ○ First Name • School <ul style="list-style-type: none"> ○ Last Name ○ First Name ○ Referring Facility/Site School • Self (Client/Individual) <ul style="list-style-type: none"> ○ No additional fields required |
|--|--|



Customer Service Survey

Based on recent feedback, the Customer Service/Agent Survey has now been disabled in the Production Environment. A backlog request has been submitted to have the survey send to the caller rather than the consumer. Please note: In the Notification History, you may see a “Failed” status for the Agent Survey. This is expected and does not indicate a problem. There is no action needed if you see this status.

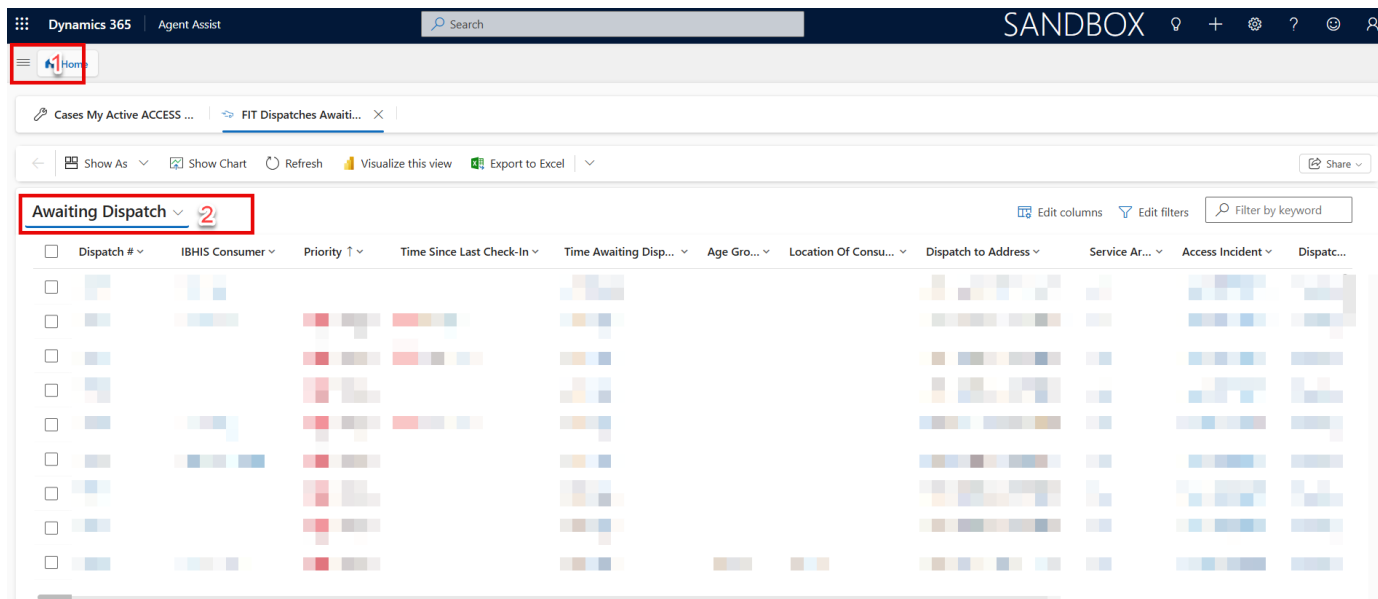
Ambulance Requests

If the request is coming from:

- PMRT for a FIT Dispatch
 - Document in Roundtrip
 - Document on the current FIT Dispatch Call under the **Timeline** of the FIT Dispatch Record
 1. Navigate to Site Map and select **FIT Dispatch**
 2. Change views to ‘**ACCESS All Dispatch Calls**’ View and locate the Dispatch Record
 3. Scroll down to the bottom of the FIT Dispatch Record to document in the **Timeline**

Note: If you receive subsequent calls from FSP, you will also document in the **Timeline** of the FIT Dispatch Record

- FYI - PMRT will also document if any transportation was needed when they close out the call
- Clinic, FSP, etc.
 - Document as a general information call
 - Document in Roundtrip



Bed Management/Gatekeeping

No changes to the current process. Transfer the call to the Gatekeeper (per usual, no documentation needed)

- If you are the Gatekeeper, there are no changes to your current process:
 - For Short-Doyle beds: Follow your current process to document in the ACCESS/FRO and the Census Excel document
 - For FIT beds: Follow your current process to complete an entry via the appropriate Teams channel

Note: No Agent Assist documentation needed for either process



Patients' Rights Grievances

Details: Currently, there is no logic implemented in the selection of **Patients' Rights Type**. When selecting the following Patients Rights Type, the following fields are required:

- If **Self** is selected:
 - In the Person Filing Section, consumer information should be mapped over from the case record for all of the following fields: First Name, MI, Last Name, Contact Phone Number, Email Address, Address, City, State, Zip Code
 - In the Consumer Information Section, consumer information should be mapped over from the case record for all of the following fields: First Name, MI, Last Name, Contact Phone Number, Email Address, Address, City, State, Zip Code, Birth Date, Medi-Cal #
 - In the Filed Against Section complete the name of the Name of Facility/Provider/Program
 - Fill in: What is the complaint?
 - Complete any of the additional fields at your discretion
- If **Family** is selected:
 - In the Person Filing Section, the following information should be mapped over from the case record for all of the following fields: First Name, Last Name, Contact Phone Number.
 - Complete the following fields: Address, City, State, Zip Code
 - In the Consumer Information Section, consumer information should be mapped over from the case record for all of the following fields: First Name, MI, Last Name, Contact Phone Number, Email Address, Address, City, State, Zip Code, Birth Date, Medi-Cal #
 - In the Filed Against Section complete the name of the Name of Facility/Provider/Program
 - Fill in: What is the complaint?
 - Complete any of the additional fields at your discretion
- If **Provider/Practitioner** is selected:
 - In the General Information Section, *Are you a Service Provider* is defaulted to No.
 - Change to Yes, and select a *Service Provider Type*.
 - In the Person Filing Section, the following information should be mapped over from the case record: First Name, Last Name, Contact Phone Number
 - Complete the following fields: Address, City, State, Zip Code
 - In the Consumer Information Section, consumer information should be mapped over from the case record for all of the following fields: First Name, MI, Last Name, Contact Phone Number, Email Address, Address, City, State, Zip Code, Birth Date, Medi-Cal #
 - In the Description of Grievance Section, complete the Provider Resolution and What did you do to resolve fields.
 - In the Filed Against Section complete the name of the Name of Facility/Provider/Program
 - Fill in: What is the complaint?
 - Complete any of the additional fields at your discretion
- If **Conservator** is selected:
 - In the Person Filing Section, the following information should be mapped over from the case record: First Name, Last Name, Contact Phone Number
 - Complete the following fields: Address, City, State, Zip Code
 - In the Consumer Information Section, consumer information should be mapped over from the case record for all of the following fields: First Name, MI, Last Name, Contact Phone Number, Email Address, Address, City, State, Zip Code, Birth Date, Medi-Cal #
 - In the Filed Against Section complete the name of the Name of Facility/Provider/Program
 - Fill in: What is the complaint?
 - Complete any of the additional fields at your discretion



Frequently Asked Questions (FAQ)

How do I handle duplicate clients?

Client merge requests should be sent to IBHISerrorCorrection@dmh.lacounty.gov

Will I still be able to view IBHIS?

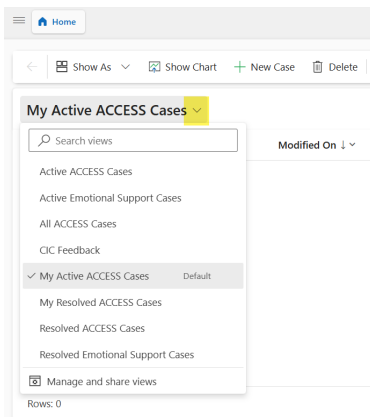
You will still have access to IBHIS to finalize any ACCESS/FRO forms that are in draft. After 01/01/2026, you will have read-only access.

Can I book an appointment for anyone calling in?

No. The current process of who calls into the appointment line and who is able to book an appointment does not change. Currently only Service Areas 2 and 3 are part of the Centralized Scheduling Pilot at go-live.

If a call was disconnected and the caller calls back wanting to speak to the same Agent, how do I find out who was the Agent previously handling the call?

In your Home View, navigate to the drop down arrow (hi-lighted in yellow) to select another View. You may select 'All ACCESS Cases' or prefer to narrow your search to 'Active ACCESS Cases' (meaning the case has not been resolved).



Where do supervisors file DCFS and APS Reports?

Please continue to file DCFS/APS reports in the Non-Disclosure folder.

Can consumer resources be emailed to family/collateral who call on behalf of the consumer and consumer is opted out?

No. At this time, Consumer Resources are only for consumers. The system only allows the Consumer Resources to be sent to the Consumer's email address/mobile number on file.

Will there be a list of Consumer Resources to know what can be sent via email/SMS?

You will be able to see the entire list of Consumer Resources in the live environment.

How to handle multiple requests during the same call? Example: Patients' Rights + Clinic Referral

If there are multiple requests during the same call (e.g., caller is calling to file a formal grievance on current clinic, and also wants to be referred to another clinic), start the call with Call Reason = Patients Rights and complete the Patients' Rights Grievance form first. Then, change call reason to Clinic Referral and continue gathering the needed information to complete a Clinic Referral

How to handle Managed Care Plan (MCP) and Universal Entry Referrals coming into the DMH-Referrals inbox?

MCP and UER referral requests will still follow the current process. Instead of the Provider Directory, you may choose to use the new Provider Directory in Agent Assist, under the Site Map.

For Centralized Scheduling, how do I provide a 1pm 'walk-in' appointment?

There are no more 1pm 'walk-in' appointments. You can only book appointments that are available in the Agent Assist System.



If I receive a call for an ESL agent and I have already started documentation, what do I do next?

Instructions for Transferring a Call and Case to Another ESL Agent

Save the case. Using VCC, transfer the call to another ESL agent (detailed transfer protocol is in the ERD/Knowledge Articles for all agents to follow) Since you have already started the documentation, transfer over the case you have started to the ESL agent.

To transfer the case, follow the following steps:

1. Click **Assign** (in the ribbon bar)
2. Under Assign To, select **User or team**
3. In the **User or team** field, select your co-worker's name.
 - a. Note: You may only transfer the case to another ACCESS Agent. Cases cannot be transferred to the Substance Abuse Line.
4. Click **Assign**. The case will now appear in the ESL Agent's Home View under **"My Active ACCESS Cases"**

The screenshot shows the Agent Assist interface with a modal dialog box titled "Assign to Team or User". The dialog box contains the following elements:

- A close button (X) in the top right corner.
- Text: "You have selected 1 item. To whom would you like to assign it?"
- A dropdown menu labeled "Assign To" with the selected option "User or team".
- A search field labeled "User or team" with a magnifying glass icon.
- Two buttons at the bottom: "Assign" and "Cancel".

The background interface shows a case titled "Emotional Support 8/20/2025 9:01 AM" with various tabs and fields. The "Assign" button in the ribbon bar is highlighted with a red box and labeled "1". The "User or team" dropdown menu is highlighted with a red box and labeled "2". The search field is highlighted with a red box and labeled "3". The "Assign" button in the dialog box is highlighted with a red box and labeled "4".



Information Sheet: Field Dispatch

Responsible Team

After-hours Dispatching: When assigning Responsible Team, complete your current process to select any team. Once the call is Assigned to a Team, navigate to the Fit Dispatch view and change your view to the '**ACCESS All Dispatch Calls**' to locate the call. Update the **Responsible Team** field.