Rancho Los Amigos National Rehabilitation Center
OUTPATIENT SERVICES: MOBILE CLINIC POLICY AND PROCEDURE

SUBJECT:	Referral Process to Behavioral Health Team	Policy No.:	104
		Supersedes:	New
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HFH-RLANRC Mobile Clinic BH Referral Process to Behavioral Health Team Policy and Procedure

PURPOSE:
To establish protocol for the referral of patients to the Behavioral Health team members for psychosocial evaluations.

POLICY STATEMENT:
The purpose of this policy is to describe the process/procedure for referral of patients to members of the Behavioral Health Team for mental health and psychosocial evaluation and to assure that psychosocial consultation services are readily available to clinic staff

PROCEDURE:

I. Behavioral Health Team consists of the Sr. Clinical Social worker, Substance Use Disorder (SUD) counselor, Medical Case Worker, and Community Health Work. Behavioral health team members will be assigned to each Mobile clinic team to ensure each discipline is available to provide needed intervention with patients.
II. Referrals to BH team may be generated in the following manner:
   A. From outside referral sources (Street based teams or other organizations)
      i. External partners will be able to make referrals to mobile clinic teams through the staff analyst or designated intake person who will then assign, depending on the nature of the referral, to the appropriate member of the appropriate mobile clinic team. Referral forms with identifying info will be used to determine nature of the referral to BH team member.
      ii. An intake person or designated person can also assign referrals during morning huddle as outside referrals come in during the day.
      iii. Default team of RN and CHW (another BH member) to do initial screening and engaging. Teams of CSW or SUD counselor and RN may also pair up to do initial screening and engaging as well.
      iv. Once a patient is identified, a verbal referral can be made to appropriate team member followed up with ORCHID order for BH team member can follow up.
      v. Consultation with Sr. CSW should always occur if ever in doubt of which BH team member to hand off referral to.

   B. Internal Referral from mobile clinic teams

i. Client may be referred to BH team after already enrolled in mobile clinic program and after seen by RN or MD
ii. Internal referral can be made directly to CSW who will review and route to appropriate BH team member who will meet with client and complete full assessment
iii. Referral can be made verbally to the team member and must be followed up by ORCHID order for consult. Best practice is to provide a "warm" hand off whenever possible to the team member when making a verbal referral

C. Case finding / Scouting
i. During scouting in the field team may encounter person who needs BH support and will refer CHW/RN pair to do initial screening.
ii. CHW/RN team will complete initial screening of client identified

D. Initial Screening/brief assessment
i. The team of CHW/RN (unless otherwise assigned by intake) completes the initial screening/ brief assessment with patient for those patients assigned during morning huddle unless otherwise assigned by CSW in morning
ii. Initial assessment/brief assessment provides brief overview of issue/concern/needs, demographic info. (Initial screening tool in appendix)
iii. CHW triages to appropriate BH team member for follow *up*
iv. Consultation with Sr. CSW should always occur if ever in doubt of which BH team member to hand off referral to.
v. Sr. CSW reviews and routes to appropriate BH team member for full assessment).
vi. The referral information to the BH team member should include info on indicators for referral, i.e., reason for the referral to that BH team member
vii. Verbal referral can be made followed up with ORCHID order to Social Work
viii. CHW will complete any needed linkage or support with client directly if possible, and continue following if appropriate

E. Full assessment after initial screening
i. After initial screening patient referred to appropriate BH team member (Sr CSW, MCW, SUD, or CHW) for full assessment
ii. Referred team member completes review of chart, other data systems for history and past services and connections
iii. Referred team member engages client and completes comprehensive needs or psychosocial assessment
iv. Development of treatment plan / goals and plan for continued following is completed by BH team member
v. Documentation of assessment, goals, and plan for follow up should be made in ORCHID

F. Continuity of Care
i. Coordination of care with the referring outreach team/treatment team is essential to promote continuity of care. Prior to each initial assessment and/or follow up, designated clinical staff will:

1. Gather referring party (outreach teams, treatment team, family, etc.) perspective regarding presenting problem, triggering events and functioning.
2. Review Patient medical records from all available sources (ORCHID, IBHIS, CHIP, CHAMP, HMIS, etc.).
3. Document record review in ORCHID with summarization of pertinent findings.
4. Offer and facilitate PHI Confidentiality Release forms to patient upon intake to ensure shared communication regarding key supports and treatment teams.
5. BH team should share care coordination information with the rest of the Care Team to contribute to their understanding of overall needs of the patient and assist in their total evaluation and individualized treatment of each patient.
6. The BH team will engage in Case Conferences with fellow mobile clinic teams members (i.e. daily or weekly huddles with mobile clinic teams) and outside external referring groups (i.e. monthly community care coordination meeting or case conferences) in order to continue to promote and facilitate care coordination within the teams, report patients progress of care plan goals and discuss any identified challenges and barriers.

Attachment:

Initial Screening Tool

Initial Screening Tool

Worker Name	Date
Worker Phone Number	Spa
Mobile Clinic	Team
Referral Source	Referral Reason

Patients Name	Date of Birth
Preferred Language	Interpreter Name/ID#:
Physical Presentation	Physical Limitations
Alcohol/Drug Use Yes ☐ No ☐	Mental Health History Yes ☐ No ☐ If **"Yes"** on Mental Health History, assess for Suicide risk: History of Suicidal Behavior?______________ Current or recent SI? _____________ If **"Yes"** to above (initiate and follow SI Protocol)
Comments:	
Source of Income	Financial Issues
Housing Yes ☐ No ☐	Transportation Yes ☐ No ☐
Consent to Behavioral Health Services Yes ☐ No ☐	Presenting Needs/Referred to: