

Category:	<u>Subject:</u> FSP Referral Process
Behavioral Health	<u>Scope:</u> SLO Behavioral Health Department – Mental Health Services
	<u>Effective Date:</u> 8/01/2023

Purpose: Referral process between SLO Behavioral Health Department-Mental Health Services & Youth FSP, FSP TAY, Wilshire Older Adult FSP, Forensics FSP, THMA Adult FSP & TMHA HOT FSP

Procedure:

1. Therapist/Primary adds the relevant referral information to a targeted case management (TCM) Service Note in SmartCare using the Word doc templates provided for the relevant programs/services.
2. Therapist/Primary adds to the targeted case management (TCM) Service Note in SmartCare a co-signature request for their Program Supervisor, Health Information Technician (HIT), the associated Program Supervisor, and the FSP Coordinator (Yesenia Mora).
3. Therapist/Primary sends a SmartCare message to their Program Supervisor and the associated FSP Program Supervisor noting the referral being made.
4. County Health Information Technician (HIT) opens the referral program in SmartCare, status as "requested" and assigns the appropriate FSP Program Supervisor as "assigned staff" to that program.
 - a. HIT adds in the "comments" section the date of the Service Note that has the referral information in it.
 - b. FSP Program Supervisors to assign to the requested referral programs as "assigned staff":

FSP TAY/Youth FSP: Dylan Hunt
Wilshire Older Adult FSP: Traci Autry (Soares)
Forensics FSP: Samantha Parker
TMHA Adult FSP: AJ Folino
TMHA HOT FSP: Miriam Vargas

- c. FSP programs to assign as "requested":

FSP Youth: FCN MHSA Youth Referral (3470)
FSP TAY: FCN MHSA TAY Referral (3472)
Wilshire Older Adult FSP: WCS MHSA Older Adult FSP Refer (3303)
Forensics FSP: SLO (2180) MHSA Adlt FSP Refrl 1399
TMHA Adult FSP: TMHA Adult Referral 3217
TMHA HOT FSP: TMHA MHSA Adult HOT Referral 3249

5. County HIT sends a SmartCare message to the associated FSP Program HIT to inform them that the client has been opened to the Referral program as "requested". (Receiving FSP Program HIT will change the client's Referral program from "requested" to "enrolled", upon acceptance into FSP program.)
6. The associated FSP Program Supervisor adds client to an internal tracking sheet (located at [HOT, Adult, and TAY FSP Waitlists_SHARED.xlsx \(sharepoint.com\)](#) County uses a report in SmartCare to track clients currently on referral/waitlist.

Templates:

Youth FSP Template

Referral Date:

Program Initiating Referral:

Program Receiving Referral:

Contact Person at Receiving Program:

Referral discussed with the contact person? ☐ Yes ☐ No

Reason for Referral (Describe the reason for the referral and complete the tab fully that matches the referral you are making):

Comments/Special Considerations (Describe any additional factors the receiving program should consider, such as current potential for violence or self-injury):

Full-Service Partnership

Youth FSP ☐ Yes ☐ No

- ☐ SED/SMI or 1st psychotic break or parent w/ SMI/drug abuse
- ☐ High user of MH or medical services due to MH symptoms
- ☐ Current/past multiple foster placements or aged/aging out
- ☐ At risk of/removed from home or moving to lower level of care
- ☐ Homeless or risk of homelessness
- ☐ Current/past justice system or law enforcement involvement
- ☐ New to MH; not served in past
- ☐ Co-occurring substance use/abuse issues
- ☐ Serious academic problems/failing grades/ERMHS eligible
- ☐ Exposed to violence; friends or family killed; (family) hxs SMI
- ☐ Underserved/unserved, including uninsured/indigent
- ☐ Member of a minority or disadvantaged group

TAY FSP Template

Referral Date:

Program Initiating Referral:

Program Receiving Referral:

Contact Person at Receiving Program:

Contact Person's Phone:

Referral discussed with the contact person? ☐ Yes ☐ No

Assignment made to contact person/receiving program? ☐ Yes ☐ No

Reason for Referral (Describe the reason for the referral and complete the tab fully that matches the referral you are making):

Comments/Special Considerations (Describe any additional factors the receiving program should consider, such as current potential for violence or self-injury):

Full-Service Partnership

TAY FSP ☐ Yes ☐ No

- ☐ SED/SMI or 1st psychotic break or parent w/ SMI/drug abuse
- ☐ High user of MH or medical services due to MH symptoms
- ☐ Current/past multiple foster placements or aged/aging out
- ☐ D/C from RCL 10+/CFT/IMD/State Hospital, or Probation Camp
- ☐ Homeless or at risk of homelessness
- ☐ Current/past justice system or law enforcement involvement
- ☐ New to MH, not served in past
- ☐ Co-occurring substance use/abuse issues
- ☐ Serious academic problems/failing grades/ERMHS eligible
- ☐ Aging out of ERMHS/Youth MH/CWS/juvenile justice system
- ☐ Exposed to violence; friends or family killed; family hxs SMI
- ☐ Underserved/unserved, including uninsured/indigent
- ☐ Member of a minority or disadvantaged group

Wilshire Older Adult FSP template

Referral Date:

Program Initiating Referral:

Program Receiving Referral:

Contact Person at Receiving Program:

Contact Person's Phone:

Referral discussed with the contact person? ☐ Yes ☐ No

Assignment made to contact person/receiving program? ☐ Yes ☐ No

Reason for Referral (Describe the reason for the referral and complete the tab fully that matches the referral you are making):

Comments/Special Considerations (Describe any additional factors the receiving program should consider, such as current potential for violence or self-injury):

Full-Service Partnership

Older Adult FSP ☐ Yes ☐ No

- ☐ SMI, needs intensive SMHS due to hx/current functioning
- ☐ High user of MH or medical services due to MH symptoms
- ☐ Homeless or at risk of homelessness
- ☐ Home bound and unserved
- ☐ Current/past justice system or law enforcement involvement
- ☐ New to MH; not served in past
- ☐ Co-occurring substance use/abuse issues
- ☐ Underserved/unserved, including uninsured/indigent
- ☐ Member of a minority or disadvantaged group

Forensics FSP Template

Referral Date:

Program Initiating Referral:

Program Receiving Referral:

Contact Person at Receiving Program:

Contact Person's Phone:

Referral discussed with the contact person? ☐ Yes ☐ No

Assignment made to contact person/receiving program? ☐ Yes ☐ No

Reason for Referral (Describe the reason for the referral and complete the tab fully that matches the referral you are making):

Comments/Special Considerations (Describe any additional factors the receiving program should consider, such as current potential for violence or self-injury):

Full-Service Partnership

Forensic FSP ☐ Yes ☐ No

☐ SMI, needs intensive SMHS due to hx/current functioning

☐ High user of MH or medical services due to MH symptoms

☐ Discharged from IMD within past 12 months

☐ Homeless or at risk of homelessness

☐ Current/past justice system or law enforcement involvement

☐ New to MH; not served in past

☐ Co-occurring substance use/abuse issues

☐ Serious vocational problems; at risk of/recently fired

☐ Underserved/unserved, including uninsured/indigent

☐ Member of a minority or disadvantaged group

Adult FSP Template

Referral Date:

Program Initiating Referral:

Program Receiving Referral:

Contact Person at Receiving Program:

Contact Person's Phone:

Referral discussed with the contact person? ☐ Yes ☐ No

Assignment made to contact person/receiving program? ☐ Yes ☐ No

Reason for Referral (Describe the reason for the referral and complete the tab fully that matches the referral you are making):

Comments/Special Considerations (Describe any additional factors the receiving program should consider, such as current potential for violence or self-injury):

Full-Service Partnership

Adult FSP ☐ Yes ☐ No

☐ SMI, needs intensive SMHS due to hx/current functioning

☐ High user of MH or medical services due to MH symptoms

☐ Discharged from IMD within past 12 months

☐ Homeless or at risk of homelessness

☐ Current/past justice system or law enforcement involvement

☐ New to MH; not served in past

☐ Co-occurring substance use/abuse issues

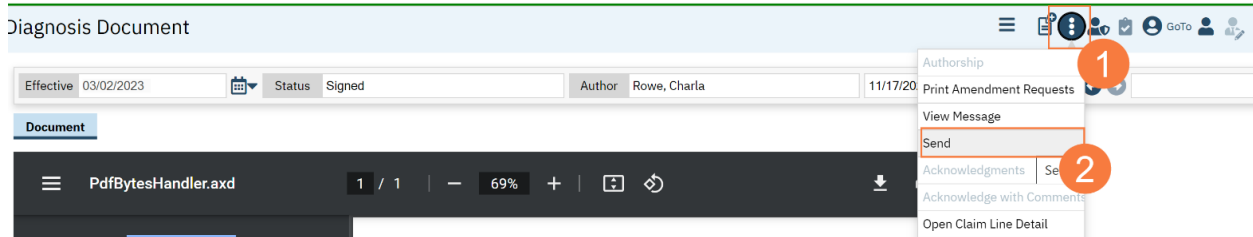
☐ Serious vocational problems; at risk of/recently fired

☐ Underserved/unserved, including uninsured/indigent

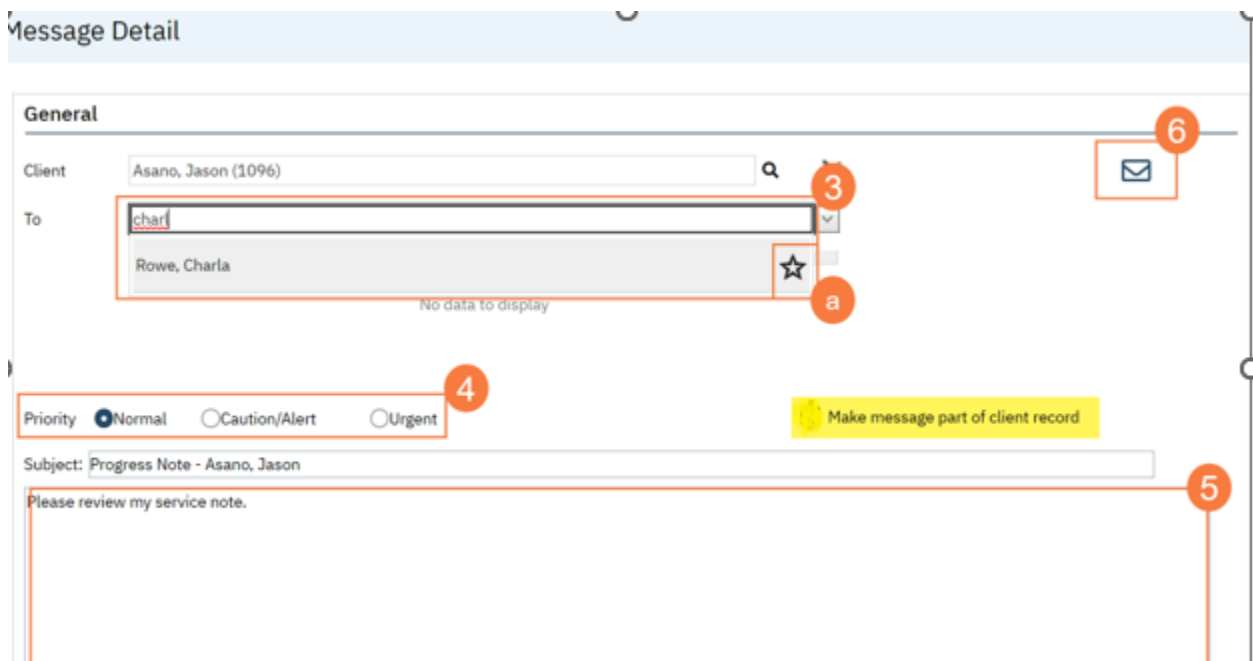
☐ Member of a minority or disadvantaged group

How to send the referral service note in a SmartCare message

1. Open the note you want to send. **Click on the three dots icon** in the upper right side.
2. **Click Send** from the menu.

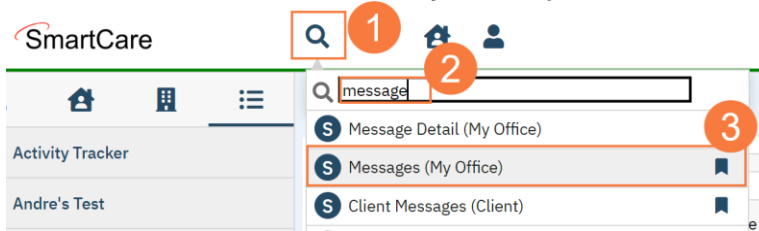


3. **Click in the To box and begin to type the staff member's name.**
 - a. To save this person as a favorite **click the Star icon**.
4. **Click the radial button** to change the priority from Normal if it applies.
5. **Click in the empty box below and type the message.**
6. **Click the mail icon** to send the message.
7. **NOTE: DO NOT CHECK THE BOX TO MAKE MESSAGE PART OF THE CLIENT RECORD**

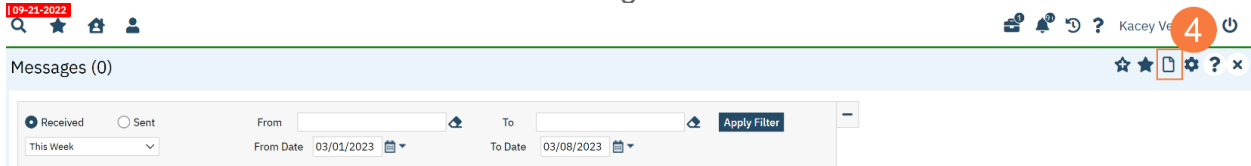


How to send a SmartCare message

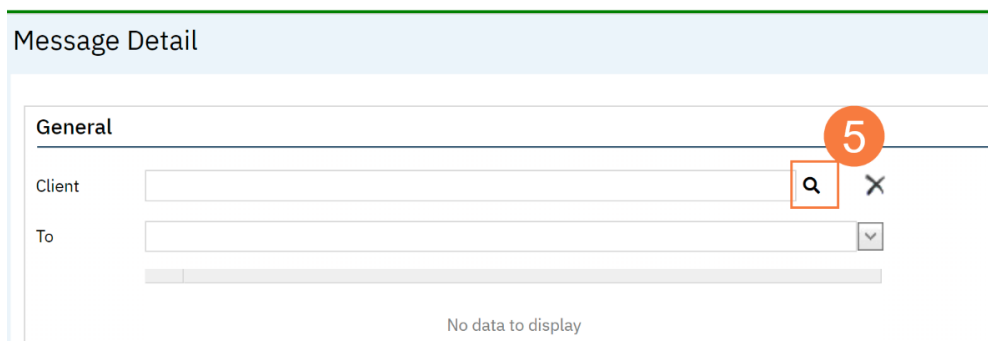
1. Click the Search icon.
2. Type Messages in the search bar.
3. Click to select Messages (My Office).



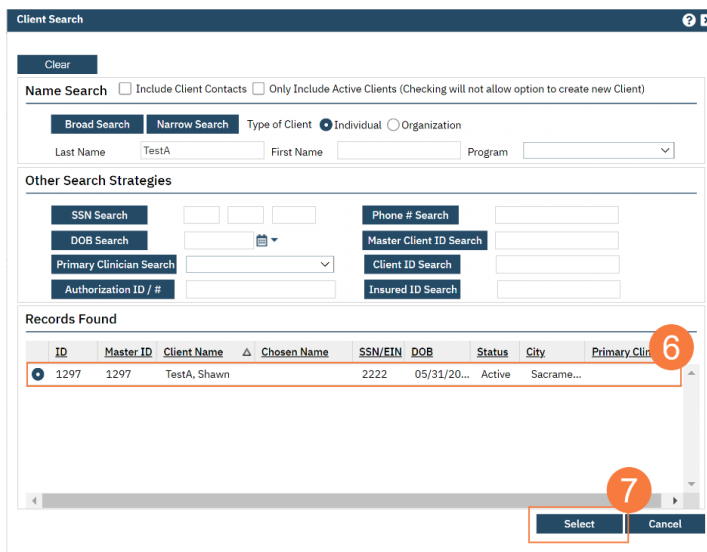
4. Click the New icon to create a new message.



5. Click the Magnifying glass icon next to the Client field and search for the client (if applicable).



6. Enter the search criteria and click the radial button to select the patient.
7. Click Select.



8. Click in the To box and begin to type the staff member's name.
 - a. To save this person as a favorite click the Star icon.
9. Click the radio button to change the priority from Normal if it applies.
10. Click in the Subject field and type an appropriate subject.
11. Click in the empty box below and type the message.
12. Click the mail icon to send the message.
13. **NOTE: DO NOT CHECK THE BOX TO MAKE MESSAGE PART OF THE CLIENT RECORD**

Message Detail

General

Client

TestA, Shawn (1297)

q

x

8

To

x scheduling

Priority

☒ Normal

☐ Caution/Alert

☐ Urgent

9

Subject:

Pt needs to reschedule appt

10

11

Hello,
The client called and is unable to make his appt tomorrow, can you please call and get him rescheduled.

12

Make message part of client record

Revision History

Date:	Section Revised:	Details of Revision:
8-01-2023	Original	