

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, JSD (Forensics) FSP, THMA Adult FSP & TMHA HOT FSP

Procedure:

1. Clinician/Primary adds the relevant referral information to a targeted case management (TCM) Service Note in SmartCare using the Key Phrases templates provided for the relevant programs/services.
 - a. Clinician/Primary adds to the targeted case management (TCM) Service Note in SmartCare a co-signature request for their Program Supervisor, Health Information Technician (HIT), and the associated FSP Program Supervisor.
 - b. Clinician/Primary sends a SmartCare message to their Program Supervisor, Health Information Technician (HIT), and the associated FSP Program Supervisor noting the referral being made.
2. Clinician/Primary ensures Annual Assessment or CANS completed within 30 days of referral being made.
3. County Health Information Technician (HIT) opens the Engagement 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 Referral Progress Note and name of staff referring.
 - b. FSP Program Supervisors to assign to the requested FSP Engagement programs as "assigned staff":

FSP TAY/Youth FSP: Dylan Hunt

Wilshire Older Adult FSP: Caitlin Baumhefner

JSD FSP: Kat Leonard

TMHA Adult FSP: Anthony "AJ" Folino

TMHA HOT FSP: Miriam Vargas

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

FSP Youth: FCN Youth Engagement MHSA (3468)

FSP TAY: FCN FSP TAY Engagement MHSA (3471)

Wilshire Older Adult FSP: WCS MHSA Older Adult FSP Engage (3302)

JSD FSP: JSD FSP Engagement MHSA (13A1)

TMHA Adult FSP: TMHA MHSA FSP Adult Engagement (3218)

TMHA HOT FSP: TMHA MHSA Adult Homeless FSP Engagement (3268)

4. County HIT sends a SmartCare message to the associated FSP Program HIT to inform them that the client has been opened to the Engagement program as "requested".
5. Once accepted, FSP Supervisor will notify Clinician/Primary, Program Supervisor and clinic HIT for next steps for engagement.
6. FSP Supervisor will notify Clinician/Primary, Program Supervisor, and HIT when Engagement is beginning.
 - a. Receiving FSP Program HIT will change the client's Engagement program from "requested" to "enrolled", upon acceptance email from FSP Supervisor that client has been accepted into Engagement. Note date of acceptance and by whom in Program comment box.
7. When accepted into the program FSP Supervisor will notify Clinician/Primary, Program Supervisor and clinic HIT that case can be transferred.
 - a. Clinician/Primary will enter Transfer Summary progress note.
 - b. Clinic HIT will process transfer, updated flags, and close clinic program 30 days from transfer date.
 - i. The clinic can take the case back within 30 days as a cancelled transfer if FSP Program is not a good fit.
 - c. FSP program HIT will check flags and assign Treatment Team.
 - d. For FCNi FSP programs FCNi HIT will open ICC/IHBS Special Population as of enrollment date.

Templates (Available in SmartCare Key Phrases):

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):

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

Mark All That Apply:

- ___ 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:

Referral discussed with the contact person? ___Yes ___No

Reason for Referral (Describe the reason for the referral):

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

Mark All That Apply:

- ☐ 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

JSD 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

JSD (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

Homeless Outreach Team (HOT) Template

Referral Date:

Program Initiating Referral:

Program Receiving Referral:

Contact Person at Receiving Program:

Contact Person's Phone:

Referral discussed with the contact person: (Answer Yes or No)

Assignment made to contact person/receiving program: (Answer Yes or 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

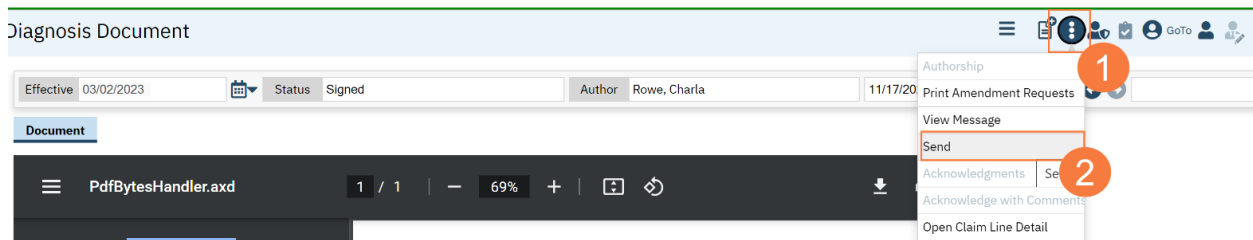
HOT FSP (Indicate with "X" what is applicable)

- ☐ SMI, needs intensive SMHS due to HX/current functioning
- ☐ High user of MH or medical services due to MH symptoms
- ☐ Discharged from IMD within the 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

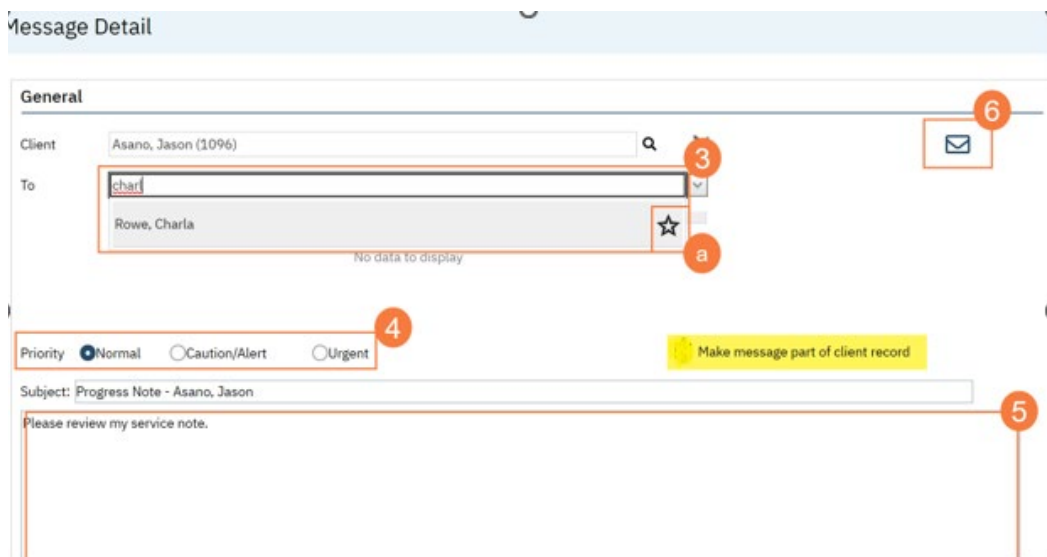
For Clinician/Primary

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.



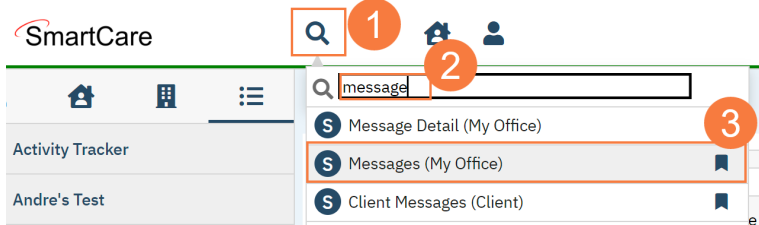
3. **Click in the To box and begin to type the staff member's name.**
 - a. To save this person as a favorite **click the Star icon.**
4. **Click the radial button** to change the priority from Normal if it applies.
5. **Click in the empty box below and type the message.**
6. **Click the mail icon** to send the message.
7. **Mark box to "Make message part of client record."**



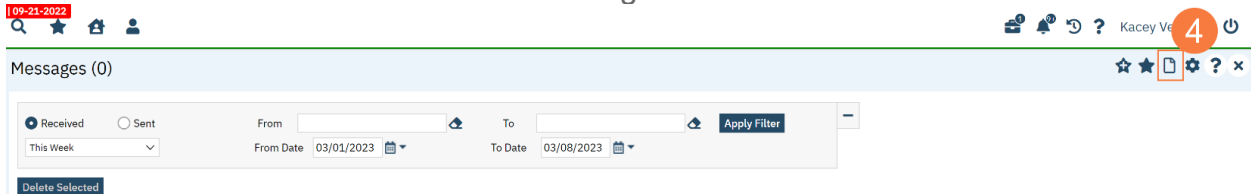
For HIT

How to send a SmartCare message

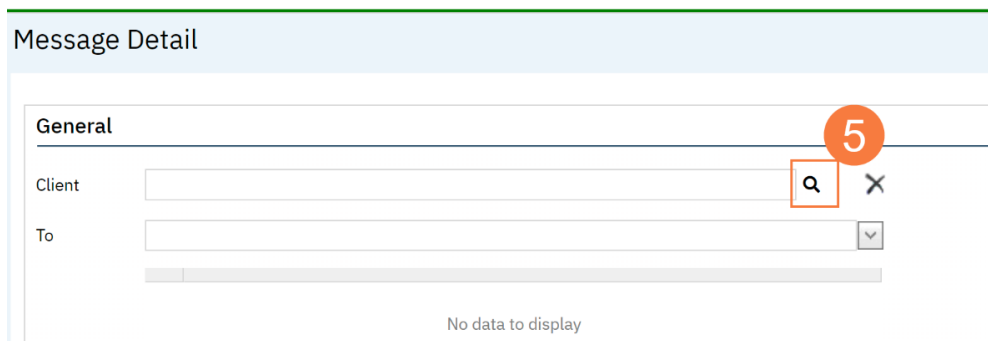
1. Click the Search icon.
2. Type Messages in the search bar.
3. Click to select Messages (My Office).



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.

Client Search

Clear

Name Search ☐ Include Client Contacts ☐ Only Include Active Clients (Checking will not allow option to create new Client)

Broad Search **Narrow Search** Type of Client ☒ Individual ☐ Organization

Last Name TestA First Name Program

Other Search Strategies

SSN Search Phone # Search

DOB Search Master Client ID Search

Primary Clinician Search Client ID Search

Authorization ID / # Insured ID Search

Records Found

ID	Master ID	Client Name	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clin
1297	1297	TestA, Shawn		2222	05/31/20...	Active	Sacrame...	

Select Cancel

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. Mark box to "Make message part of client record."

Message Detail

General

Client TestA, Shawn (1297)

To

☒ scheduling

Priority ☒ Normal ☐ Caution/Alert ☐ Urgent

Subject: Pt needs to reschedule appt

Hello,

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

Revision History

Date:	Section Revised:	Details of Revision:
8-01-2023	Original	
10-12-2023	Procedure and Messages	In step 2 add HIT to message, In step 6 add section for FCNi FSP programs Special Population clarify Message instructions
9-16-2024	Procedure and Templates	In step 1 add that Key Phrases has templates. In step 2 remove FSP Coordinator, no longer a role. Update templates for Youth and TAY, note that templates are in Key Phrases. Updated program names and contacts in step
4/16/2025	Procedure Added HOT Template	Updated FSP program coordinators and program names for consolidation of referral/engagement programs. Clarify steps. Update to make messages part of client record. Missing HOT template/updated