

CONTRA COSTA HEALTH SERVICES
ADULT MENTAL HEALTH DIVISION

REFERRAL FOR MENTAL HEALTH SERVICE: ADULTS

CARE MANAGEMENT UNIT ACCESS LINE
Phone: (888) 678-7277 Fax: (925) 372-4422

PROVIDER'S RETURN FAX:

Date _____

Referring provider (print) _____ Pager _____

Phone _____ Voice mail _____

Practice location _____

Best time/day and method to reach provider: M T W Th F AM PM
 Voice mail Pager CareCoordinator

CareCoordinator (print) _____ Phone _____

Notify the following MD/DO FNP CareCoordinator Notification Fax# _____

Patient name _____ Patient phone _____

Patient home city _____

Type of service requested Medication Case Management Psychotherapy
 Other: _____

Type of management requested Assess and co-manage Assess and assume care

Describe area of concern (Include brief significant medical information, current psychotropic medications, and previous treatment attempted.) PLEASE PRINT LEGIBLY

Disposition (To be completed by Access Line Staff)

Referral to county MH clinic Referral to provider network Other

Disposition made by (print name) _____

ACCESS Staff Phone number _____

Information communicated to referring provider on (date) _____

Mental Health Referrals

Use this form (on reverse) for Referrals, not Consultations

Referrals for Mental Health Service Screening:

Mental Health Services include counseling/psychotherapy, case management, day treatment, and on-going psychiatric services by county psychiatrists. **Use this form (on reverse) or call the Access Unit** for all of these requests in all regions.

County-based psychotherapy is primarily short-term crisis intervention. Patients in need of counseling either brief or long-term are referred to the **Provider Network**, a component of our system comprised of private therapists and organizations that contract with Contra Costa to provide Mental Health Services for patients with Medi-Cal, or to low-fee clinics for those with Basic Health Care. **Use this form or call the Access Unit.** CC HP also maintains its own provider referrals and should be contacted directly.

You may call and/or fax the form on the reverse side. **If you would like feedback regarding the patient's disposition**, please complete the form even if you call in the referral.

Access Unit Phone Number: 888-678-7277

Fax: 925-372-4422

Referral Process-in order of priority/preference:

1. Call to Access Unit by treating physician will be given highest priority. Calls from nurses or care coordinators are acceptable if they have actual clinical knowledge of the patient. If the patient is present, they will be scheduled for an assessment during the call. Please use for all urgent situations. (Crisis situations should be referred to 24th Street in Richmond or PES).
2. Form (on reverse) faxed to Access Unit from treating physician. Patient will be called within 72 hours or three working days. After patient is seen the form will be returned to you with final disposition.
3. Call by patient. Appropriate for those who can manage self-referral. Please ask patient to mention that they have discussed this referral with their primary care provider.