



Team Name: Mental Health Team Lead: Regional Director Mental Health & Spiritual Health Care Approved by: Executive Director- West	Reference Number: CLI.5610.PL.001 Program Area: Mental Health Policy Section: General
Issue Date: May 5 2016 Review Date: Revision Date: January 5 2017	Subject: Referral Process to Community Mental Health Programs

POLICY SUBJECT:

Referral process to Community Mental Health programs.

PURPOSE:

This policy outlines the process for requesting services from the mental health program and ensures the consistent treatment of clients across the Region.

BOARD POLICY REFERENCE:

Executive Limitation (EL-2) Treatment of Clients

POLICY:

Referrals to the Community Mental Health Program will be in writing using the appropriate sub-specialty program referral form. Clients wishing to make a self-referral will be offered assistance to complete the referral form if required.

The referral form is the point of entry for accessing community mental health services including: mental health crisis services; mental health specialty areas, triaging and prioritizing those in greatest need and facilitating movement to alternate services.

DEFINITIONS:

Community Mental Health Program specialties include:

- Child & Adolescent Mental Health
- Adult Mental Health
- Intensive Case Management
- Seniors Services (Mental Health and Medicine)
- Crisis Response Services

IMPORTANT POINTS TO CONSIDER:

Letters from Physicians will continue to be accepted as requests for mental health services until the referral forms are fully integrated into clinic practices.

Individuals may self-refer via phone Access and will be assisted with completing referral forms as needed.

Referral forms are available via mail, fax, and Southern Health-Santé Sud websites to all referral sources within and outside of the region, to service clientele who reside within the Southern Health-Santé Sud region.

PROCEDURE:

- Information required for the referral includes: Date of referral, Name, Date of Birth, Address, Phone numbers, PHIN and MHSC numbers and the details of the request and any supporting documentation to clarify the issues of concern as well as the name of the referral source with contact information. (See form for details).
- Referral documents will be screened, triaged and prioritized by the Mental Health Access worker (and Manager as needed) for the sub-specialty service requested.
- Statistical and demographic information will be recorded at Access.
- A priority rating scale will be used to assist with providing care and best service option based on acuity of the presenting issues.
- Referrals and requests for service will be registered in a mental health program data base and registry.
- Should the client refuse service or is redirected to another service provider/agency, data will be gathered by the Access worker, or other mental health personnel and this will be communicated with the client and referral source.

SUPPORTING DOCUMENTS:

CLI.5610.PL.001.FORM.01	Referral Form-Adult
CLI.5610.PL.001.FORM.01.F	Referral Form-Adult-French
CLI.5610.PL.001.FORM.02	Referral Form-Child and Adolescent
CLI.5610.PL.001.FORM.02.F	Referral Form-Child and Adolescent-French
CLI.5610.PL.001.FORM.03	Referral Form-Crisis Stabilization Unit
CLI.5610.PL.001.FORM.03.F	Referral Form-Crisis Stabilization Unit-French
CLI.5610.PL.001.FORM.04	Referral Form-Seniors Consultation Team
CLI.5610.PL.001.FORM.04.F	Referral Form-Seniors Consultation Team-French