Behavioral Health Department
Alameda County Health

CRISIS RESIDENTIAL TREATMENT REFERRAL FORM

Please email this form to the corresponding facility email and call to confirm receipt.

Please email this form to the corresponding facility email and call to confirm receipt.

☐ **Amber House, 516 – 31st Street, Oakland, CA 94609. Phone: (510) 379-4394, Fax: (510) 423-0833**
Amberreferrals@bayareacs.org

☐ **Jay Mahler Recovery Center, 15430 Foothill Blvd, San Leandro, CA 94578. Phone: (510) 246-1589 Fax: (510) 357-3614**
JMCreferrals@telecarecorp.com

☐ **Woodroe Place, 22505 Woodroe Avenue, Hayward, CA 94541. Phone: (510) 537-1688, Fax: (510) 265-8815**
Woodroereferrals@bayareacs.org

Referral Date:	**Referring Agency:**
Referring Clinician Name:	**Contact Number:**

CLIENT INFORMATION

Client Name:	**DOB:**	**Age:**
Gender:	**SSN (If no SSN, include PSP):**	
Primary Language:	**Client Phone # (if applicable):**	
Income Source/Amount:	**Insurance:**	**Medi-Cal #:**
Conservator:	**Alameda County Resident:** ☐Yes ☐No	
PC290? (If PC290, only refer to Jay Mahler) ☐Yes ☐No	**Other Legal Status (1370.01, etc):**	
Current Living Situation:		
Outpatient Services Team:	**Outpatient Clinician:**	
Contact Number and Email:		

CLINICAL INFORMATION

Diagnoses (please include primary and secondary):

Substance Use (please include substances used and any withdrawal concerns, signs or symptoms):

Risk Factors: ☐Danger to Self ☐Danger to Others ☐AWOL/AMA Risk ☐Other
Please elaborate on any checked boxes:

Reason for referral (please include description of precipitating events as well as current symptoms):

Please list all current medications (include over the counter medications):

Can client monitor and administer insulin independently? ☐Yes ☐No
Details:

Client receiving methadone or suboxone? ☐Yes ☐No
Details:

Will Client arrive with 7-day supply? ☐Yes ☐No

Behavioral Health Department
Alameda County Health

TB SCREENING/CLEARANCE

Has client ever had TB?	☐Yes	☐No	**PPD test in last 12 mos?**	☐Yes	☐No
PPD Administered Date:		**PPD Read Date:**	**PPD Results**	☐Positive	☐Negative
Has client ever had BCG?	☐Yes	☐No	**Chest X-Ray in last 12 mos?**	☐Yes	☐No
Past exposure to TB?	☐Yes	☐No	**If yes, when and where:**		

SIGNS & SYMPTOMS: Check the appropriate box for any symptom that the client is currently experiencing:

Fatigue; Malaise	☐Yes	☐No	**Unexplained weight loss**	☐Yes	☐No
Anorexia (loss of appetite)	☐Yes	☐No	**Fever (usually at night)**	☐Yes	☐No
Night sweats (drenching)	☐Yes	☐No	**Cough**	☐Yes	☐No
Hemoptysis (spitting blood)	☐Yes	☐No	**Pain in chest**	☐Yes	☐No

If marked yes to any above, please explain:

Other infectious/contagious illnesses (Include signs of lice, bed bugs, scabies, etc.): ☐Yes ☐No

If yes, describe:

PHYSICAL HEALTH STATUS

Medical Diagnoses (Please include treatment protocol and necessary follow-up):

Ambulatory Status: ☐Ambulatory ☐Ambulatory, but unable to use stairs ☐Non-ambulatory/bedridden

***If with assistive device, please indicate:**			**Does client have w/them?**	☐Yes ☐No	☐N/A
			Can client transfer on own?	☐Yes ☐No	☐N/A

Physical Impairments			**Capacity for Self-Care**		
Auditory impairment	☐Yes	☐No	**Currently taking meds**	☐Yes	☐No
Visual impairment	☐Yes	☐No	**Can administer own meds**	☐Yes	☐No
Bowel/Bladder impairment	☐Yes	☐No	**If on insulin, able to measure blood sugar and self-administer insulin?**	☐Yes	☐No
If yes, please describe:					
Able to care for any wounds?	☐Yes	☐No	**Bathes/Dresses/Feeds Self**	☐Yes	☐No
Other impairments:			**Able to leave unassisted**	☐Yes	☐No

Mental Status			**Special Diet:**
Confused	☐Yes	☐No	
Able to follow instructions	☐Yes	☐No	**Allergies:**
Able to communicate	☐Yes	☐No	

Print MD/Clinician Name:	**Facility Name:**
MD/Clinician Signature:	**Date:**

INSTRUCTIONS for Completing CRT Referral

Please read through Steps 1 to 5!

1. Please ensure your agency is approved to refer to CRTs (see *CRT Direct Referral Sources*).

2. Check individual is eligible and appropriate for CRT referral (insurance, functioning, etc.):
   *Eligibility criteria: Alameda County resident aged 18 and over who has or is eligible for Alameda County Medi-Cal or HealthPAC. Must meet specialty mental health services necessity
   **Service criteria: living with serious mental illness and is experiencing crisis

Have you talked to your client to make sure they understand what a CRT is and are willing to go?

Are they willing to abstain from substance use (with support) while they are in CRT treatment?

(See CRTs for Clients and CRTs for Providers)

- ✓ Individuals must be able to complete ADLs independently without hands on staff support.
- ✓ Can they administer their own medication? [CRTs will dispense but won't administer meds.]

- ✓ Dementia, TBI, developmental disorder, eating disorder or substance use disorder cannot be the primary diagnosis or treatment need.

3. Complete referral. ***Referral must be completed by a licensed or waivered clinician.****

- Please complete <u>every</u> section of the referral thoroughly and honestly!
- Make sure to include current and past risk factors.
- Please attach MAR (Medication Administration Record) or, if MAR is unavailable, please include current medication list.
- Client will need proof of a PPD (within the last 12 mo.) A chest x-ray is required if client has a known history of a positive PPD.
- Please *limit any notes you provide – include relevant info on referral form.* It is ok to attach a current PPD and the past few days of progress notes (MD notes only if referring from a hospital). You can provide other notes to the CRT that accepts your client *after* they are accepted for admission.
- Check whether your client falls under PC 290 and is a registered sex offender – if yes, you can only refer to Jay Mahler Recovery Center (JMRC).
- If your client cannot go up and down stairs, please do not refer to Amber House; you may refer to Jay Mahler and Woodroe Place.

4. Be ready to follow up.
   Please prepare:

- To facilitate an interview with CRT & client to determine appropriateness for CRT treatment.
- For client to obtain medical clearance if required
- To provide diabetes medication and insulin, if needed
- Take-home doses of methadone, if applicable
- All relevant documentation (labs, notes, etc.)

Additional information required if:

- Seizure disorder:
  - Please provide: Date of last seizure, seizure medication information and outpatient/PCP follow up
  - May need medical clearance or a written letter from MD/PCP that individual is safe to be in CRT facility
- Due to the communal nature of a CRT, for those with symptoms of scabies, lice and bed bugs, additional screening may be needed.
- Pregnant individuals:
  - Please provide any medical documentation, any hx of substance use, outpatient follow up
- Individuals with a cancer diagnosis – Please provide information on treatment needs, outpatient care
- If currently under the influence of alcohol or opioids, if the referral indicates any severe use of alcohol and/or opioids, or if the client has a history of withdrawal symptoms, the client will be assessed for potential withdrawal risk and a medical clearance may be required.

5. If client is accepted, please be ready to provide or arrange for transportation to the CRT.
   Please ensure that clients bring with them:

- All medications (case management team may be responsible for getting medication from pharmacy if needed)
- Assistive devices (ex. walker)

FYI…PHARMACY of preference for each CRT (they deliver):

Amber House CRT	Jay Mahler Recovery Center	Woodroe Place CRT
Midtown Pharmacy - Alameda	Pharmerica – Union City	Clayworth Pharmacy - Hayward
510-864-4199	800-552-5520	510-537-9402

Notes

MEDICAL NECESSITY:

This is not a complete list but please keep in mind some elements of Medical Necessity Criteria that are required for initial authorizations to a CRT Program:

1. The individual being referred must have symptoms consistent with a Medi-Cal covered DSM/ICD diagnosis for Specialty Mental Health Services and can reasonably be expected to respond to CRT therapeutic interventions on a voluntary basis.
2. The individual cannot have medical conditions or symptom etiology due to a non-Specialty Mental Health diagnosis that would prevent beneficial utilization of services (e.g. dementia, TBI, etc.)
3. The individual cannot have a medical issue that can only be treated at a medical/surgical setting or that requires nursing care. All medical issues must be treatable at an outpatient level of care.
4. The request for CRT is not being pursued to address a primary issue of homelessness or lack of identified disposition.

MEDICAL CONSIDERATIONS:

- Dementia, TBI, developmental disorder, eating disorder or substance use disorder cannot be the primary diagnosis or treatment need.
- Individuals experiencing incontinence must be able to manage their own care and ADLs independently without hands-on staff support (verbal prompts ok).
- If the referred individual has an unsteady gait or uses an assistive device, s/he will need to come to the program with the assistive device. Also, the individual must be able to perform all ADLs independently (e.g. bathing, clothing, feeding, transfer if in a wheelchair) without any hands-on assistance from others.
- Individuals with visual impairments must be able to manage ADLs independently including feeding oneself.
- A chest x-ray is needed if there is a known hx of a positive PPD.
- The referral process will include asking the referred individual about symptoms of COVID. At JMRC, all referrals are provided a COVID test on site.
- An MD signature is not required for community referrals. However, a licensed (or licensed-eligible) clinician should complete the referral form.
- For people on methadone, take-home doses of methadone need to be coordinated with the methadone clinic prior to admission.
- The CRTs do not have on-site physical health providers. Please note that clients will not be started on physical health medications while at the CRT. Current medications will be continued.

SUBSTANCE USE:

- If currently under the influence of alcohol or opioids, if the referral indicates any severe use of alcohol and/or opioids, or if the client has a history of withdrawal symptoms, the client will be assessed for potential withdrawal risk and a medical clearance may be required.
- For individuals under the influence of meth of other stimulants or THC, a program might request a visual assessment or phone interview to determine appropriateness for CRT treatment.

❖ Please be aware that CRTs have to prioritize certain referrals (such as hospital stepdowns and discharges from jail or locked facilities)

❖ Please understand that if you do not hear back after a referral, it could be for any number of reasons, including:

- There are no beds currently available
- The referral was incomplete
- The referred individual was not eligible for services
- CRT was unable to open encrypted email due to issue such as password requirement*
- CRT is inundated with referrals and has not been able to respond

**If your encryption system is not working for the CRT, the CRT can send you an encrypted email from their system to which you can reply with the referral and any other information*

What can I do if I do not hear back about my referral?

1. **Double-check individual is eligible and appropriate for services & that referral is complete – if you find errors, and the individual is still eligible and appropriate for CRT, please resubmit corrected referral**
2. **Email and/or call CRT program(s)**
3. If you are having trouble reaching someone or getting a response from a program, please contact **Helene Hoenig** at (510) 567-8278 or Helene.hoenig@acgov.org

ALAMEDA COUNTY CRISIS RESIDENTIAL TREATMENT CONTACTS	
Name/Address	Email/Phone/Fax
Amber House 516 31st Street, Oakland, CA 94609	Amberreferrals@bayareacs.org Phone: 510-379-4394 Fax: 510-423-0833
Jay Mahler Recovery Center 15430 Foothill Blvd, San Leandro, CA 94578	JMCreferrals@telecarecorp.com Referral Line: (510) 246-1589 Fax: (510) 357-3614
Woodroe Place 22505 Woodroe Avenue, Hayward, CA 94541	Woodroereferrals@bayareacs.org Phone: (510) 823-0596 Fax: (510) 265-8815