

SAN MATEO COUNTY  
MENTAL HEALTH SERVICES DIVISION

DATE: December 24, 1993

MENTAL HEALTH POLICY MH: 93-12

SUBJECT: Client Referrals

AUTHORITY: Divisional; Incompatible Activities Policy,  
San Mateo County Department of Health Services,  
August 1990

AMENDED: May 30, 2002

ATTACHMENT: Self Team Referral

**POLICY**

1. A staff member of San Mateo County Mental Health Services Division may not refer a client to his/her own private practice, unless the staff member has received approval as outlined in this policy under PROCEDURE, A. Violation of this regulation constitutes a conflict of interest.
2. When clinical or other circumstances suggest that the client/family can best be served by a private provider, a referral may be offered. Referrals must be made as outlined in this policy under BACKGROUND, items 2 and 3.
3. This policy notwithstanding, clients with Medi-Cal benefits may not be seen in the private practice of a Mental Health Services staff member.
4. Clients requiring special or unique services may be referred to the ACCESS team for assistance as described in MH Policy 99-07.
5. A staff member already treating a client/family prior to the client entering System of Care, may not continue seeing the client/family in private practice. When this occurs, follow process outlined in PROCEDURE, B.

**BACKGROUND**

Regulations governing incompatible activities issued in August 1990 by San Mateo County Department of Health Services state:

1. No employee shall refer to himself/herself for private care or treatment any County patient, client, or applicant for services by this Department. The only exception to this policy would be for the clinical benefit of the patient, and the referral must be approved by the Director or the Director's designee (i.e., Director of Mental Health Services). Such approval shall be documented in writing in the client's record.
2. A roster shall be kept of all referrals from each unit of the Department to (individual therapists in) the private sector indicating the client's name, to whom referred, and whether the referral was completed. The roster of outside referrals shall periodically be reviewed by the Director or the Director's designee.
3. Whenever possible, a patient or client should be given a choice between three or more qualified providers of service. The qualified providers suggested may not be employees who work within the unit or team of the referring staff.
4. Nothing in MH Policy 93-12 shall supercede any future revision or replacement of County or Health Services Agency policy regarding incompatible activities. When any related County or Health Services Agency policy is revised or formulated it shall be considered an attachment for reference to this Mental Health Services Division Policy.

## PROCEDURE

### A. Self Referral

1. Prior to referral, the case must be brought to the employee's supervisor's attention for approval. The rationale for the referral must be presented at this point and must demonstrate clear clinical benefit to the client. (Request form attached).
2. Pertinent clinical data should be attached to the request memo. This may include the chart (if applicable).
3. When the employee's supervisor denies approval or defers an answer, the employee seeking the referral can:
4. Submit the request for self referral to the Clinical Manager.
5. If approval is not obtained by the Clinical Manager, the request may be submitted to the Director of Mental Health Services. The Director's decision is final.
6. When the supervisor approves the request for referral, the supervisor shall send the written request signed by the supervisor to the Clinical Manager assigned to

the employee's program area; the Clinical Manager will forward the request to the Director of Mental Health Services.

7. All requests must be approved by the Director of Mental Health Services before the case is accepted and seen in a staff member's own private practice.

B. Treatment in Private Practice Prior to Referral to System of Care.

1. On occasion, a client being treated in the private practice of a staff member is referred for System of Care services. (E.g. A child/family in treatment who becomes eligible for 26.5 services through the IEP process).
2. When the client is referred to System of Care, the staff member must disclose the therapeutic relationship with the client/family to his/her supervisor as soon as possible.
3. The staff member may not continue seeing the client/family in private practice.
4. The therapist may be given the option of continuing to see the client as part of his/her county caseload.
5. Where this is not feasible, the therapist will discontinue seeing the client/family and will assist in the orderly transition of the case to a new treatment team/therapist.

Accepted: \_\_\_\_\_  
Gale Bataille, Director  
Mental Health Services Division