



<b>Policy Number:</b>	<b>98-15</b>
<b>Policy Name:</b>	<b>Critical Referrals</b>
<b>Authority:</b>	Divisional
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<b>Attachments:</b>	N/A

**PURPOSE**

To establish a protocol for referring and managing situations of high administrative and clinical complexity that may arise with clients shared between the Health Plan of San Mateo (HPSM) and the Mental Health Plan (MHP). It is understood that not all clinical issues can be easily resolved. It is the intent of this protocol to communicate that the MHP values the involvement and concern of the HPSM. We will make every effort to facilitate the development of mutually acceptable plans for our clients.

**BACKGROUND**

When situations with shared clients come to the attention of the ACCESS Team or of other Mental Health clinical staff, the first step should be to respond as quickly and as completely as possible.

- The local treatment team and coordinator, whether system of care or ACCESS, have the responsibility for appropriate and timely clinical response and communication with the HPSM.
- If the HPSM has made an inquiry or requested assistance with a shared client, the HPSM staff member will be kept informed of the progress and resolution of the situation.

The HPSM should refer the situation to the MHP according to this protocol when:

- the HPSM staff member has serious continuing concerns about the client;
- the HPSM staff member is dissatisfied with the management or progress of the situation; or
- the HPSM staff member has asked a higher HPSM administrator or the HPSM Medical Director to become involved.

The Mental Health staff member should refer the situation according to this protocol when he/she feels that there are sensitive issues that need to be brought to the attention of MHP leadership.

**THE HPSM MAY CHOOSE TO CONTACT MHP MANAGEMENT AT ANY STEP IN THIS PROCESS.**



**Referring a situation to MHP management does not imply that the Mental Health team or staff member is not doing an adequate job - it is an appropriate response aimed at improving client care when the HPSM has concerns with a plan.**

**PROCEDURE/PROTOCOL**

- Critical Referrals should go to the Assistant Director of Mental Health Services; at her discretion, she may take the lead in further communications with the HPSM.
  - In the absence of the Assistant Director of Mental Health Services, Critical Referrals should go first to the Quality Improvement Manager, and in her absence, to the MHP Medical Director.
- MHP leadership will assure that the appropriate team is managing the clinical case, and that the Care Coordinator is fully informed and involved. Steps that may be taken can include:
  - scheduling an interagency case conference;
  - obtaining additional clinical consultation;
  - involving Patients’ Rights Advocacy;
  - making decisions about service authorizations;
  - searching for creative fiscal solutions; and
  - bringing in other county resources.
- The involved MHP manager will request the HPSM to retrospectively review the situation with us, so that we may have a common understanding of where mutual improvements in communication or process can occur.

**SIGNATURES**

Approved: \_\_\_\_\_  
*Signature on File*  
 Beverly Abbott, Director  
 Mental Health Services Division

Approved: \_\_\_\_\_  
*Signature on File*  
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**REVISION HISTORY**

Date of Revision	Type of Revision	Revision Description