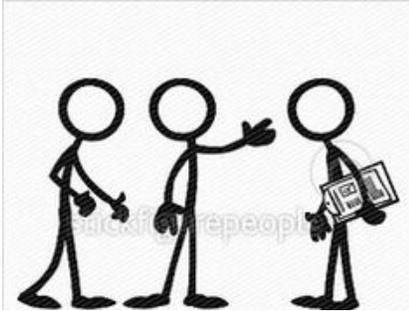




## Behavioral Health Services offers:

- Psycho education and workshops
- Individual, couples, family, and group therapy; crisis intervention
- Case management (e.g. coordinating with DMH, **referrals to psychiatry**, transportation, etc.)
- Substance abuse screening, assessment, prevention and outpatient treatment

## 3 Ways to BEHAVIORAL HEALTH SERVICES:



### 1. The Warm Hand Off

during the medical visit, the PCP determines a face to face with BHS would be beneficial; calls BHS, and tasks to **BHS Workgroup**. The MA puts on BHS clinician's schedule as "triage" and asks the Front Desk to check in. BHS triages/screens patient for risks (e.g. suicide, homicide, abuse) and documents in Order Management.

### 2. Tasking Non-Urgent

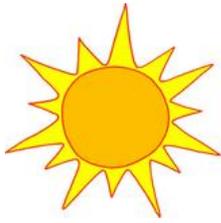
**Referrals to BHS Workgroup** – medical providers who determine the patient can benefit from Behavioral Health Services and have spoken to the patient about the referral can task the referral to the BHS Workgroup. The patient and PCP will hear back from the Patient Care Coordinator within a week to schedule an appt. If a patient /PCP have not heard, or cannot see the outcome of a referral, please contact the Director at ext. 1180.

### 3. Open Access

Specific hours are posted for existing patients of the clinic to access BHS services without an appointment. Services provided during open access are primarily an initial screening or comprehensive assessment. PCPs may recommend BHS to patients who are not able to commit to an appointment at the time of their medical visit. Patients can be given a flyer of Open Access availability. PCPs should still task a referral to BHS Workgroup and state "patient was provided BHS Open Access hours"



**BEHAVIORAL HEALTH SERVICES**



**THE WARM HAND OFF...**



A "warm hand off" is when a primary care provider introduces a patient to a behavioral health clinician at the time of the patient's medical visit. This can promote trust and increase the likelihood that the patient will follow up with BHS. A "warm hand off" can also serve as a triage assessment based on the Patient Stress Questionnaire and for urgent referrals based on suicidal ideation, homicidal ideation, or other crises.

**STEP 1**

Patient completes  
**Patient Stress Questionnaire**



**STEP 2**

**MA:**

- a. Scores the PSQ,
- b. enters PHQ 9 and AUDIT in NextGen
- c. Gives to PROVIDER to interpret
- d. Calls BHS for Warm Hand Off

**PHQ-9 and GAD-7:** 0-4 = Mild; 5-14 = Moderate; 15+ = Severe **Refer to BHS if 15+**

There no score for the **pain question**

**PC-PTSD:** any 3 of 4 warrants further assessment for trauma. **Refer to BHS if 3-4**

**AUDIT:** 8 or more indicates potential risk for

**STEP 3**

**PCP Refers to BHS:**

- a. Can call for **WARM HAND OFF**
- b. Must task all referrals to **BHS Workgroup**



**STEP 4**

**BHS Clinician will:**

- a. Assesses for suicide, homicide, substance abuse, psychosis, or other crises
- b. Schedule patient for further assessment
- c. Offer Open Access hours for non-urgent intakes
- d. Follow up with PCP