

Warm Hand Off Procedures

On-Call Services

On-call coverage requires specific skills and knowledge including assessment, crisis intervention and knowledge of community resources (including MH, legal services, homeless shelters, and food banks).

The on-call clinician triages all mental health referrals from the medical staff/volunteers at most VFC medical sites. Patients are assessed and may be referred for therapy at the Clinic or to local resources. The duties involved include:

1. Assessing by telehealth video, phone or in person
2. Responding to calls and walk-in patients during scheduled shift
3. Completing the CA Presenting Concerns note in Nextgen
4. Consulting on cases with medical staff and giving them feedback about each patient
5. Triage non-patients who walk in requesting treatment or with inquiries

Procedures

1. During each shift, the on-call worker will be fully available and not schedule any therapy patients. You will sit at or near the charting area of the clinic to be more accessible to staff for questions, and walk through charting areas to voice availability.
2. Providers will call the on-call cell phone or walk over to you for all referrals needing assessment, services, or consultation.
3. Before seeing patients:
 - a. **Review the chart, especially mental health notes, in Nextgen**
 - b. **Look under Patient History to see if they have been seen by MH**
 - c. **Talk to the provider about reason for referral**
 - d. **Call the front desk and ask them to register the patients to see you now**
4. We provide an initial screen of patient, crisis intervention, and referrals. We are also assessing if patient is sincerely interested and able to attend short-term therapy/group or would benefit from a follow up during your next on-call shift to check in.
5. You may start patient contact with “The doctor asked me to speak with you for a few minutes to see if we can help you with _____.” This signals that it is a brief consultation and helps you both focus on the immediate need.
6. When working with interns always have them discuss patient with you before patient leaves to assure all resources were considered and all clinical issues were addressed –

especially risk factors. The intern can excuse themselves from the visit to consult with the preceptor who is also on-call.

7. If patient is interested in treatment (and does not qualify anywhere else) – please call the Coordinator to schedule an intake while patient is still with you. If the Coordinator isn't available – verify patient phone number and TASK the Coordinator. Patients can call x7500 to schedule it themselves but also task the Coordinator. If it is obvious that pt will not call and treatment is imperative – please have Coordinator call patient directly and offer to have them come back during your next shift.
8. If patient seems uninterested or can't commit to coming in – offer patient to do a walk-in appointment during your next shift.
9. Please refer to our case managers based at each clinic. Case managers can follow up on your plan; help the patient access services, and discuss obstacles in moving ahead (use Motivational Interviewing techniques!).

Logistics for On-Call shift:

At the beginning of your shift:

1. Check website to see if you missed any voice mails right before your shift started – or, for Rose, possibly the night before.
2. Please check the **BH After Hours** tasks in your in-box.
3. If you are covering another clinic, make sure that the other phones are properly forwarded to you.
4. If you are covering and it wasn't forwarded right, please call the Front Desk where the phone is and ask them to forward it to you.

At the end of your shift:

1. Forward the phone (if needed)
2. Document your note before you leave if possible.