

PREVENTION SERVICES:

Case Management: Facilitated Referral Services

SERVICE DEFINITION: Case management: Facilitated Referral Services for Prevention (facilitated referral) combines the established concepts of case management and motivational interviewing to identify individuals who are *at risk* of developing a mental, emotional or behavioral disorders and helping them understand the value in accepting a referral, matching them with the best available provider to ensure a good fit and ensuring successful connection with a prevention practitioner.

The facilitated referral includes discussing strategies to deal with economic and logistical barriers and identifying cultural elements needed for a successful connection to a new provider. This service is designed to help a patient or family find and accept an appropriate preventive intervention in their community to prevent or delay the onset of mental, emotional or behavioral disorders, including substance abuse.

Target Population	Individuals, couples, parents, and families, identified as being at-risk for the development of a mental, emotional or behavioral disorder.
Program Requirements	<p>Facilitated referrals are typically made face-to-face during an appointment with the referring practitioner; however, this should be left up to the discretion of the referring practitioner, especially in rural and frontier areas where telemedicine technology may be used.</p> <p>Activities for this service may include:</p> <ul style="list-style-type: none"> • Case identification/risk assessment - the assessment/clinical process that identifies the need for a referral to another service provider. This step requires the provider to have knowledge of evidence-based preventive services available in the local community. • Understanding decision-making – the assessment process that looks at the person or family that is the focus of the referral within a cultural and community context to understand how decisions are made with the individual or family in order to identify how the referral is most likely to be successful • Identification of the referral barriers – the analysis of key barriers to accepting the new service, such as cost, travel impediments, or other logistical issues. This step requires that the provider engage the client/patient in a discussion about the need for this service and why a specific provider will match their needs, including identified cultural factors, and help them address relevant barriers. • Identification of the receiving structure and preparation for receiving the patient - the analysis of the quality of potential referrals and if they can meet the service needs of the patient. • Follow-up- At a subsequent appointment or via an alternative form of communication (e.g. email or telephone) referring professional will

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	<p style="text-align: center;">inquire about the outcome of the referral.</p> <p>Activities in this service should not include referrals to treatment services or extensive on-going case management services that coordinate long-standing treatment, social services, supportive employment or other services.</p>
Provider Requirements	<p>A facilitated referral would be provided in the setting of the professional making the referral, such as a primary care setting, mental health office, or clinic, substance abuse service setting, or Federally Qualified Health Centers (FQHCs).</p>
Staffing Requirements	<p>Education/qualifications required for provider:</p> <ul style="list-style-type: none"> • Licensed state mental health practitioners (MD, PhD, MSW, MSN, Licensed Family Therapist, and Licensed Professional Counselors), licensed state primary care providers (Medical Doctors, Doctors of Osteopathy, Nurse Practitioners, Physicians Assistants, RNs), OR • Certified substance abuse prevention specialists and substance abuse treatment providers and other state licensed health professionals who are trained to deliver a facilitated referral for preventive services. • Paraprofessionals such as Health Promotion Advocates and Health Educators under supervision by any of the above professionals may also provide facilitated referral services. <p>The competencies required to provide this service include:</p> <ul style="list-style-type: none"> • Basic interpersonal and communication skills • Effective listening skills • Ability to create and sustain a therapeutic relationship • Ability to engage in shared decision-making <p>Ongoing provider training may include:</p> <ul style="list-style-type: none"> • How to identify risk factors for MH/SUD • Knowledge of or ability to access data base containing: <ul style="list-style-type: none"> • The types of local preventive services currently • The types of providers offering the services (including evidence of certified training) • The cost of these services • Other relevant cultural and linguistic factors associated with the providers and services • Feedback from those who have received the services
Documentation Requirements	<p>The documentation should include the following:</p> <ul style="list-style-type: none"> • The rationale for making the referral including the identified risk factors to be addressed by the preventive intervention services. • A description of the decision-making dynamics explored with the client including cultural and community factors. • A comprehensive identification of barriers (e.g., cost, transportation, etc) and subsequent strategies developed with the client to surmount the barriers.

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	<ul style="list-style-type: none"> The rationale for making a referral to the specific referral source, including identified qualifications, training, and fit with the client in aspects of culture and other personal preferences to make the referral process a successful one.
Service Exclusion	N/A
Admission/Service Criteria	N/A
Continuing Service Criteria	Typically a facilitated referral could be completed in one session. However, a second session may be required as part of helping the client accept the need for the referral. For example, in a primary care setting, a mother may accept the need for evidence-based (preventive) parent training, but need to have her husband speak with the referring professional before he would accept the referral.
Discharge Criteria	N/A
Service Authorization Period	A facilitated referral is intended as a transitional service. Typically this service would be offered for one session and on occasion two sessions. The referring professional would decide when the referral process had reached the expected outcome or that the client/patient would not accept the referral at this time.
Service Authorization Unit	N/A
Benefit Limits	N/A