State of South Carolina
Department of Mental Health

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Mark Binkley
Interim State Director

August 2, 2019

The Honorable John Taliaferro (Jay) West, Subcommittee Chair
South Carolina House of Representatives
Legislative Oversight Committee
Healthcare and Regulatory Subcommittee
Post Office Box 11867
Columbia, South Carolina 29211

Re: July 22, 2019 Letter

Dear Chairman West:

Thank you for your letter of July 22, 2019 transmitting a number of requests for information following the July 8, 2019 Subcommittee hearing.

Attached is the Department's response to those requests. Please let me know if you or other members have any questions about the information provided.

Sincerely,

Mark W. Binkley, JD
Interim State Director of Mental Health

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Answers to Questions from July 22, 2019 Letter of Subcommittee
South Carolina House of Representatives
Legislative Oversight Committee
Healthcare and Regulatory Subcommittee

Budget and Expenditures

- **Provide DMH personnel expenditures, inclusive of contract personnel. Refer to slide 5 of the July 8, 2019, budget presentation.**
  See Attachment 1.

- **Provide the personnel and operating expenditure charts on slide 5, shading the portion of each bar attributable to one-time funds.**
  See Attachment 1.

Billing and Collections

- **How many patients opt to pay by credit card upon leaving a facility?**
  Inpatient facilities. DMH does not typically receive any payments from patients as they are discharged from hospitals and residential facilities. Patients are billed once an accurate self-pay balance is obtained after all charges are posted and insurance recoupment is finalized.

  Community Mental Health Centers. DMH does try to obtain payments on balances owed at the time of service. For SFY18 10,574 credit card payments were made by 1,915 patients on the same day a service was provided. Total credit card transactions in SFY18 made at the time of service, by phone or on-line was 1,330 for inpatient and 6,021 for outpatient.

- **What portion of total collections are paid by credit card?**
  Credit card payments only apply to self-pay balances. The percentage of total collections made by credit card payment in SFY18 is 27%.

- **How do agency staff notify patients of payment plan options? Is it a standardized type of notification?**
  Inpatient facilities. The admission packet contains a Frequently Asked Question regarding billing. Within that document a payment plan arrangement is discussed. The initial demand letters (4 total) references the option of a payment plan. Patients are offered payment plans as opportunities arise through telephone calls or written correspondence.

  Community Mental Health Centers. At the time of admission, clinical support staff obtain patient/family consents, discuss fee schedules, billing procedures, payment plan arrangements, and hardship reductions. At least annually, patients and employees review fee schedule, payment plans, hardship reductions and entitlement eligibility.

- **What are the mean and median costs to process a single bill? What goes into determining that cost?**

  Currently the Collection Division's decentralized operational structure leaves the agency unable to determine the mean and median cost to process a single bill. The Division has the goal of centralizing all the collection operations for the DMH to enhance efficiency and effectiveness as well to expand reporting and evaluation capacities. Numerous systems and processes influence the costs associated with claim completion/receipt of payment. These include:
  - The agency processes claims within a batch and not by a single claim
  - Patient membership in more than single insurance plan
  - Claim rejection and re-billing cycle
  - Decentralized operations among outpatient settings
  - Addition to standardized pre-submission claim review steps in some locations
  - Variability of billing personnel efficiency among decentralized locations

- **What are the mean and median lengths of time to collect payment from each payor source listed on slide 25?**

	MEAN# DAYS TO COLLECTION	MEDIAN# DAYS TO COLLECTION
MEDICAID SFY 18	11	4
MEDICARE A&B SFY 18	34	15
MEDICARE D SFY 18	80	70
PRIVATE INSURANCE SFY 18	42	26
SELF PAY SFY 18	130	15
TRICARE/CHAMPUS SFY 18	23	4
VA (State Veterans Home Billings) SFY 18	14	5
OVERALL SFY 18	55	9

Telepsychiatry

- **Please provide citations to research regarding patient perception and reception of telehealth opportunities.**

  Following are links to articles that discuss patient perception and reception of telehealth opportunities:
  1. https://www.thenationalcouncil.org/wp-content/uploads/2017/03/Psychiatric-Shortage_National-Council-.pdf
  2. https://www.americanwell.com/telehealth-patient-satisfaction-survey-shows-acceptance-virtual-care/
  3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5723163/
  4. https://www.behavioral.net/article/telemental-health-booming
  5. https://bmjopen.bmj.com/content/7/8/e016242
  6. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662387/

7. https://www.aha.org/center/emerging-issues/market-insights/telehealth/path-virtual-integrated-care
8. https://journals.lww.com/healthcaremanagerjournal/Abstract/2015/10000/User_Satisfaction_With_Telehealth__Study_of.10.aspx
9. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4378342/
10. https://www.liebertpub.com/doi/abs/10.1089/dia.2014.0159

Following are sample metrics gathered by the South Carolina Department of Mental Health from calendar year 2009 to calendar year 2015 (as of 2015):

- Impact on Patients
  - 100% of Emergency Department Staff state Telepsychiatry is an efficient use of Patient's time.
  - 92% of Emergency Department Staff state Patients appear comfortable during evaluations.

Following are findings from the South Carolina Telehealth Alliance Evaluation: Direct to Consumer and Telepsychiatry Programs, 2018-2019 Report, SCTA Evaluation Team, University of South Carolina, School of Medicine:

- McLeod Telehealth Convenient Care ROI
  - Patient Quality (N=1,931)
    - 53 average net promoter score (NPS)
    - 9 was average NPS for overall health care*
    - 324 were repeat users
- Prisma Midlands Smart Exam ROI
  - Patient Quality (N=3,567)
    - 46 average net promoter score (NPS)
    - 9 was average NPS for overall health care*
- Prisma Upstate Smart Exam ROI
  - Patient Quality (N=8,094)
    - 35 average net promoter score (NPS)
    - 9 was average NPS for overall health care*

*SmartExam patients were asked to complete an online survey 24 hours after receiving care. They were asked questions that measured their perception of quality, convenience, affordability, and overall experience. A high score indicates acceptance, loyalty, and is a leading indicator of future growth. Average health care score found at: https://www.accenture.com/_acnmedia/Accenture/Conversion-Assets/DotCom/Documents/Global/PDF/Dualpub_25/Accenture-Think-Your-Patients-Are-Loyal.pdf

Following is a link to anecdotal evidence of patient perception and reception of telehealth opportunities:

1. https://www.scetv.org/stories/telehealth

Following are notations that should be incorporated into the PowerPoint presentation entitled "South Carolina Department of Mental Health Telepsychiatry Programs, Driving

the Future of Psychiatric Service Delivery" provided to the Healthcare and Regulatory Subcommittee on July 8, 2019:

Slide No.	Notation
24, 25, 26	South Carolina Telehealth Alliance, www.sctelehealth.org
27	Dr. Michael Christopher Gibbons, Chief Health Innovation Officer, The Greystone Group, Connect2Health FCC Task Force: remarks at the 7th Annual Telehealth Summit (2019), South Carolina

- **Expand on the telepsychiatry performance measures, particularly any outcome data, presented in the program evaluation report.**

Currently, the SCDMH Telepsychiatry Programs review the following to evaluate program performance (frequency of review may vary):

- Total Number of Comprehensive Evaluations and Treatment Services Rendered via Telehealth for All SCDMH Telepsychiatry Programs Since Inception
  - Emergency Department Telepsychiatry Program
  - Community Telepsychiatry Program includes Deaf Services Telepsychiatry
  - EMS Telepsychiatry Pilot Program
- Total Number of Comprehensive Evaluations and Treatment Services Rendered via Telehealth for All SCDMH Telepsychiatry Programs By Month
  - Emergency Department Telepsychiatry Program
  - Community Telepsychiatry Program includes Deaf Services Telepsychiatry
  - EMS Telepsychiatry Pilot Program
- Number of Participating Hospitals in SCDMH Emergency Department Telepsychiatry Program
- Wait Time for Patients at Participating Hospitals in SCDMH Emergency Department Telepsychiatry Program
- Treatment Services Rendered via Telehealth for SCDMH Community Telepsychiatry Program as a Percent of All Community Mental Health Services

Since 2012, the University of South Carolina, School of Medicine, has evaluated the SCDMH Emergency Department Telepsychiatry Program by means of an R01 Grant provided by the National Institutes of Health. Performance measures associated with said evaluation include:

- Follow-up and retention of patients seen with the telepsychiatry group compared to controls in an outpatient setting
- Lengths of stay
- Number of Inpatient Admissions
- Total charges at encounter level for the index emergency department visit including subsequent inpatient admission versus the telepsychiatry group

The South Carolina Telehealth Alliance Evaluation Team has reviewed both the SCDMH Emergency Department Telepsychiatry Program and the Community Telepsychiatry Program for Access, Value, and Quality.

The SCDMH Emergency Department Telepsychiatry Program has also begun a review of additional performance indicators related to efficiency that considers such measures as workload allocation (scheduling), demand by shift (resource deployment), and productivity.

Lastly, SCDMH Telepsychiatry Program physicians participate in Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) processes. Introduced by The Joint Commission in 2007, "these tools were created to work together to help determine if the care delivered by a practitioner falls below an acceptable level of performance.
(https://www.jointcommission.org/jc_physician_blog/oppe_fppe_tools_privileging_decisions/)

Information Technology (IT)

- **What is the strategic plan for IT?**
  See Attachment 2.

- **How do you evaluate the effectiveness of the area? What are the agency's indicators of effectiveness?**
  Examples include:
  a. Monitoring turnaround time of help desk service requests
  b. Evaluate projects for necessity and complexity to ensure ONIT resources are adequately distributed and projects are completed within project timeline
  c. Monitor uptime of network and clinical applications

- **Does the agency utilize external verification of IT security (i.e., practice hacks)?**
  The Department of Mental Health has a third party company perform vulnerability testing every two years or when major changes happen to the network architecture. This testing includes the following:
  - Trying to gain access from outside the network through the Agency's firewalls
  - Performing social engineering against our employees
  - External port scans
  - Trying to gain access toward internet facing systems
  - Testing security of Agency's PC's
  - SQL injections
  - Brute force attacks on web servers and clinical systems that contain patient information

  In addition to this testing, the Agency performs annual security assessments with a vendor. These assessments examine servers and authentication systems to make sure they are configured by best practices and security guidelines.

HomeShare

- **What are typical complaints for HomeShare providers/patients?**
  Homeshare providers generally complain that it is not enough money for what is required in caring for patient and cost of living increases. They also would like reimbursement for

taking patients to work or special programs such as senior or day programs in the community. Also they also tend to state that they have capacity and can serve 2 regular clients in home vs. 1 regular client. Recently with all the disasters the state has experienced, they are starting to discuss need for funds to take care of patients during disasters, i.e. per diem expenses. Homeshare Providers occasionally complain about the stipulations outlined in the contract such as attending monthly network meetings for business and training needs.

As Homeshare patients are all adults, some complaints about the level of supervision in the program and by the providers. Homeshare patients generally complain about not having enough money and wanting to live independently before they have the financial means or skills to be successful.

- **What is the screening process for participation in the program?**

SCDMH recruits private citizens of South Carolina through local media, churches and current providers sharing their experience with others. Interested individuals apply through Material Management Office (MMO) by completing the MMO cover sheet/page two and a four page Homeshare Program application. MMO receives the application and reviews for responsiveness and then sends the application to SCDMH to review for responsibility. Homeshare Coordinators, staff employed at local community mental health center, review the application, conduct home visits, schedule training for the individual while other background checks, i.e. criminal background check with SLED, DSS Central Registry of Child Abuse and Neglect, National Sex Offender Registry, physical/ medical report, references, SC driver license check and Two Step Tuberculosis test, are being processed. DMH staff assesses the home environment and the personality of the home to determine if the interested individual has the personality and environment that is conducive for client recovery. Initial provider training covers the following concepts:

- Session I — Homeshare Introduction and Overview
  Understanding Mental Illness
  Who Are the Clients
- Session II — Homeshare Provider/Staff Role and Responsibilities
  Crisis Prevention and Management
- Session III — Family Dynamics
- Session IV — Communication Skills
- Session V — Diversity and Empowerment
  Confidentiality and Client Rights
  Additional Required Training: BEST, CPR, and FIRST AID
- Session VI — Universal Precautions
  Sanitation Precautions
  Safety and Emergency Procedures
- Session VII — Common Medication Usage and Side Effects
- Session VIII — Effects of Commonly Abused Alcohol or Other Drugs
  Client Management During Detoxification

- ► Session IX Supporting the Individual in Crisis
  Realistic Expectations for Behavior

  Reasonable Limit Setting
- ► Session X Overview of Advanced Training
  Introduction to Homeshare Enhanced Respite (HER)

Upon satisfactorily completing requirements along with determining the applicant and home environment is conducive for program/patient need, SCDMH requests MMO to award a contract to the applicant. Prior to placing any client in the home, the provider has completed all the training and background checks to also include home and auto face sheets, reviewing and signing prohibitive abuse and neglect statement, business agreement and privacy statement.

- **Have there been any documented abuse on patient or assaults on clients?**
  For information about allegations and investigation of abuse, neglect, or exploitation by Homeshare providers on patient or assaults on clients, please see answer #4 in the Answers to Questions from the February 7, 2019 Letter of Subcommittee.

Community Mental Health Services

- **In community mental health services, does the intake include a question on how a person learned about the services?**
  No; however, we do know who referred the patient because that information is on the C20 and the ICA. See Attachment 3.

- **Provide a list of county contributions to community mental health center operations. If there are in-kind contributions that can be quantitatively valued, please provide those.**
  For FY2019, the following Community Mental Health Centers have received the associated amount in county contributions:

Aiken	$1,500	Greenville	$95,013
Anderson	$98,794	Lexington	$0
Beckman	$16,448	Orangeburg	$19,770
Berkeley	$40,000	Pee Dee	$6,315
Catawba	$3,750	Piedmont	$58,245
Charleston	$62,247	Santee-Wateree	$34,160
Coastal	$44,988	Spartanburg	$312,640
Columbia Area	$2,201,375	Tri-County	$0
		Waccamaw	$77,225

Personnel

- **What is the agency's process for identifying and hiring employees? Does this process differ for any classification of employees?**
  Agency uses multiple resources for identifying applicants for vacant positions. Most fundamental tool is NeoGov (www.sc.jobs) in which each vacancy is posted with brief description of location and duties. Online resources such as Indeed.com, DMH Facebook and DMH website have been successful in attracting applicants for a variety of positions

including hard to fill vacancies (e.g. psychiatrists, nurses, counselors). Radio, television and print media advertise employment/career opportunities. Job fair and professional conferences have been venues to attract applicants in the medical professions with booths and Geo Fencing digital advertisement.

- **How are education and experience criteria developed for agency leadership positions?**
  The educational and experience criteria for agency leadership positions are developed based on DMH mission, scope and complexity of the positions. Community mental health center Executive Director positions and inpatient Facility Director positions have a common job description and educational/experience criteria. The educational and experience criteria are derived from nature of clinical and operational scope as well as accrediting and regulatory body standards.

- **Is the supervision structure for licensed staff (i.e., psychiatrists, physicians, licensed mental health professionals) appropriate?**
  Licensed staff receive supervision from similarly licensed and/or professional disciplines with a more complex scope of knowledge and practice. Nurses are supervised by other nurses, APRNs or psychiatrists. Mental Health Professionals (MHPs) are supervised by managers who are also MHPs with documented years of clinical experience and/or professional licensure.

Patient Care

- **Do medical professionals in administrative positions have the opportunity to get work with patients in order to maintain their skills?**
  All of our docs in administrative positions also see patients.

- **What drug classes are being prescribed and to what percentage of the DMH population?**
  The major categories of meds are: antipsychotics, antidepressants, anxiolytics, mood stabilizers, stimulants for ADHD, opiates are only used to manage pain in our nursing homes and inpatient facilities.

- **How are systemic patient care issues reported to the commission?**
  Quality Management reports to the Mental Health Commission twice a year.

Feedback

- **What mechanisms are in place for employees to provide feedback to agency leadership and the commission?**
  The various methods are among those used to gather employee feedback: Suggestion boxes, employee satisfaction surveys, performance improvement teams for clinical and clinical support (operational, administrative) issues, DMH HR survey to separating employees, facility director employee councils, supervision meetings, communication with HR representatives, accessibility to facility directors/management.

- **What mechanisms are in place for members of the public to provide feedback to agency leadership and the commission?**

  Following are examples of mechanisms the public may use to provide feedback to agency leadership and the Commission:

  - ✓ Mental Health Commission meetings are open to the public and the agenda is published on the SCDMH website. These meetings rotate among the State Office, MHCs and DIS facilities.
  - ✓ South Carolina Mental Health State Planning Council is comprised of SCDMH staff and others outside of SCDMH. Meetings are open to the public and the agenda is published on the SCDMH website.
  - ✓ A paid Notice of Availability of Mental Health Block Grant Application and Report is placed in the three newspapers representing the Upstate, Midlands, and Lowcountry regions of South Carolina. This Block Grant Application includes SCDMH's fiscal year State Plan Report required by Public Law 102-321, for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance. The public is asked for continual feedback.
  - ✓ SCDMH Senior Management has monthly meetings with Mental Health Advocates.
  - ✓ The State Director has held community forums in the MHCs.
  - ✓ Community Mental Health Center Board Members are volunteers appointed either by the County Legislative Delegation or nominated by the County Legislative Delegation or County Council and appointed by the Governor.
  - ✓ Community Mental Health Center Board Meetings advertised and open to the public.
  - ✓ Community stakeholders, patients, families and employees contribute input to the development of CMHC strategic plans.
  - ✓ SCDMH Office of Patient Advocate receives patient specific and general input and inquires. This office ensures all suggestions, complaints and inquiries have an appropriate disposition. Data is maintained and reported to SCDMH CMHC and DIS facility directors, State Director and the Mental Health Commission regularly.
  - ✓ There exists statewide coalitions (e.g. SC Suicide Prevention Coalition; Joint Council of Children and Adolescents, etc.).
  - ✓ SCDMH website provides direct contact information (https://scdmh.net/contact/central-administration-office/).

- **What mechanisms are in place for DMH vendors to provide feedback to agency leadership and the commission?**

  Following are examples of mechanisms vendors may use to provide feedback to agency leadership and the Commission:

  - ✓ Vendors can access Senior Management through email and/or telephone if needed.
  - ✓ Each Vendor contract is assigned a designated Contract Monitor for the duration of the contract.
  - ✓ Accounts Payable Staff are available to vendors.
  - ✓ SC Materials Management Office can provide information and facilitate communication with the agency as needed.

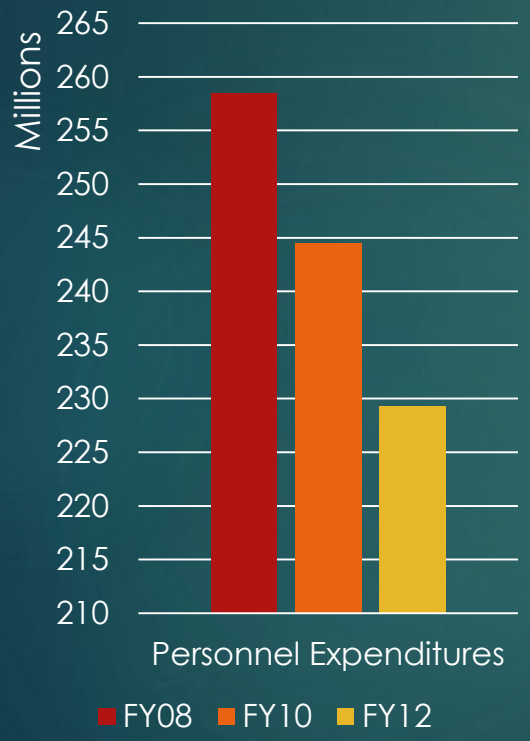
[End]

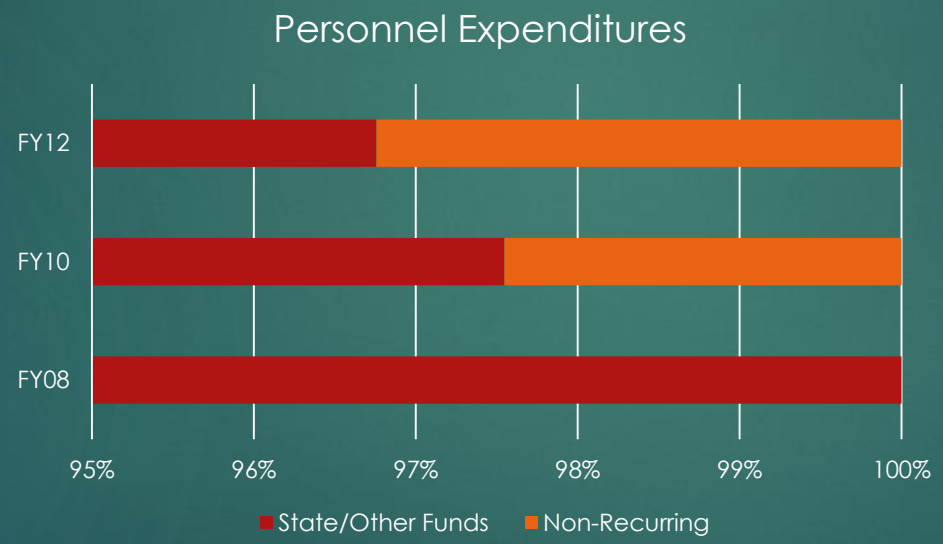
Budget Presentation

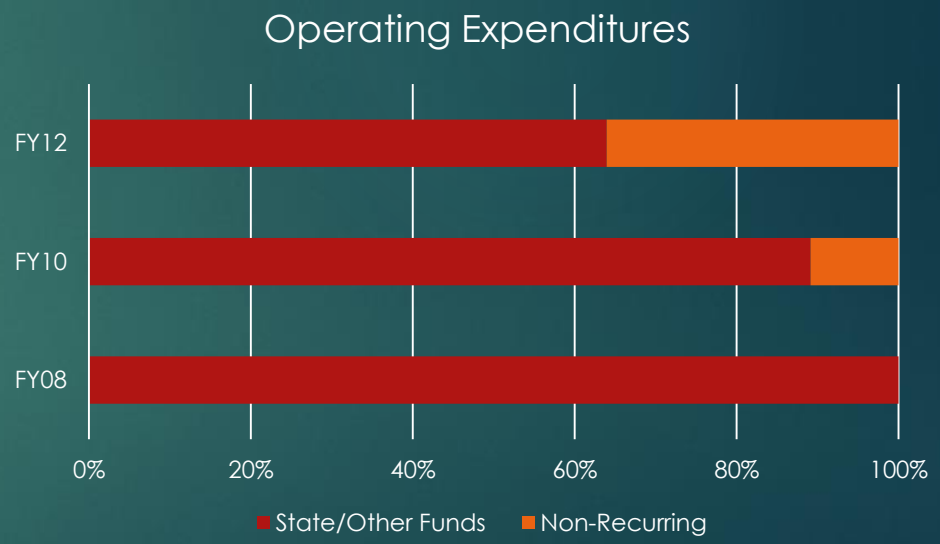
Response to 7/22/19 follow up questions

Reductions during the Recession

*Includes Contract Personnel in Personnel Expenditures
*Includes a shaded portion of expenditures attributable to one-time funds for Personnel Expenditures and Operating Expenditures.







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SCDMH

OFFICE OF NETWORK AND INFORMATION TECHNOLOGY

Strategic Plan 2019

ONIT Strategic Plan

Table of Contents:

Introduction

The Office of Network and Information Technology has 93 employees in three separate divisions (Software Support, Network Services, and Records Management). The division is responsible for supporting all administrative and clinical initiatives of the South Carolina Department of Mental Health to ensure our patients/residents are receiving appropriate treatment while keeping up with the ever changing healthcare environment.

Information Technology continues to be a key component of all aspects of the South Carolina Department of Mental Health. The need for a secure, reliable, patient centered technology environment is a must have in our healthcare system. ONIT must provide technology to support the clinical and administrative work critical to patient care delivery while maintaining

The Office of Network and Information Technology is dedicated to leveraging information technology to advance the mission of the South Carolina Department of Mental Health, and to help achieve the goals of the agency.

Mission & Core Values

ONIT Mission Statement

Support all administrative and clinical initiatives of the South Carolina Department of Mental Health to support the agency's mission while managing the demands of the ever changing healthcare environment.

Core Values:

Collaboration

ONIT is dedicated to a team-oriented environment, gathering varied perspectives, building partnerships with stakeholders, and supporting the patient care delivered by the South Carolina Department of Mental Health.

Continuous Improvement

ONIT strives for operational excellence through on- going development of the staff and services.

Innovation

ONIT encourages creative and critical thinking in the design and implementation of technology initiatives to support the mission of the South Carolina Department of Mental Health.

Service

ONIT strives to provide excellent service by being consistent, reliable and accessible to all SCDMH staff.

Transparency

ONIT supports open communication and reporting to be accountable in our projects, tasks, and agency initiatives.

Reliability

ONIT is committed to providing reliable technology resources and secure infrastructure to support the patient care delivery and administrative functions of the South Carolina Department of Mental Health.

Key Strategic Initiatives

Patient Care Delivery:

The use of information technology to support patient care delivery in all outpatient and inpatient facilities is a key component of the mission of the Office of Network and Information Technology.

Customer Service:

The increased use of technology in clinical and administrative needs places a premium on support and service. The ability to provide quality service requires a robust and dedicated information technology division.

Software Applications:

Clinical and Administrative applications play a vital role in supporting the SCDMH mission. As technology and requirements change, the importance of maintaining these applications is imperative for the agency to accomplish its mission.

Security & Infrastructure:

The protection of information, most importantly patient information from unauthorized access, disclosure or modification is the responsibility of the Office of network and information technology. ONIT constantly evaluates and updates software, infrastructure, and security standards to maintain this high level of protection.

Goals, Objectives, and Key Strategies

Goal 1: Support Patient Care Delivery

Objective 1.1: Provide technical support to direct care staff in the SCDMH Inpatient and Outpatient facilities.

Key Strategy:

- Provide 24/7 support for all clinical applications
- Integrate the Division of Inpatient Services Information Technology department into the Office of Network and Information Technology

Goal 2: Provide Excellent Customer Service

Objective 2.1: Implement a Project Management Office within the Office of Network and Information Technology.

Key Strategy:

- Implement Project Management Software
- Implement Project Management Workflow

Objective 2.2: Create Service Level Agreements with ONIT customers to determine appropriate turnaround time for service requests.

Key Strategy:

- Analyze Help Desk Software service requests to create benchmarks

Goal 3: Support and Enhance Software Applications

Objective 3.1: Provide technology systems and services to improve the agency's electronic medical records used in the Inpatient and Outpatient facilities.

Key Strategy:

- Upgrade operating and database management systems to maintain recommended and supported versions of software
- ONIT staff will provide technology recommendations related to agency initiatives by participating on agency workgroups and standard operational meetings.

Objective 3.2: Enhance clinical and administrative applications

Key Strategy:

- Research innovative technology functionality to support clinical and administrative agency initiatives
- Employ in house software developers to meet the time critical demands related to regulatory compliance (JCAHO, CARF, CSM, DHEC, etc.)

Goal 4: Provide Technology Standards to provide a secure and reliable Network.

Objective 4.1: Keep End User Devices Current

Key Strategy:

- Replace all end user devices every 5 years
- To control equipment costs twenty percent of end user devices will be replaced every year

Objective 4.2: Keep Network Equipment Current

Key Strategy:

- Replace all switches and routers every 5 years
- To control equipment costs twenty percent of routers and switches will be replaced every year

Objective 4.3 – Maintain Storage capacity to support agency initiatives

Key Strategy:

- Maintain two Storage Area Networks
- Replace every 8 to 10 years

Objective 4.4 – Server Operating Systems

Key Strategy:

- Test major operating system releases for a minimum of one year
- Coordinate operating system roll outs with clinical application developers/vendors

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CHARLESTON DORCHESTER COMMUNITY MENTAL HEALTH CENTER SCREENING

Type of Contact: ☐ Phone ☐ Face to Face ☐ Emergency ☐ Urgent ☐ Non-Urgent

Date/Time of Service Request: / **Date/Time of Appointment Offered by CMHC:** / **Date/Time of Appointment by Client's Preference:** /

Clinician:

Client Demographic Information

Name: (Last) (First) (MI) CID:

Address:

Phone: (home) (work) (cell) (other)

DOB: **Age:** **SSN #:** **Gender:** ☐ Male ☐ Female

County of Residence: **School Attending:** **Grade:**

Translator/Interpreter Needed? ☐ No ☐ Yes **Language:**

Payor Source/Type of Insurance:

REFERRAL INFORMATION

Name of Referral Source: ☐ Self ☐ Family: Relationship:

☐ School: Position:

☐ Other :

Legal Involvement: ☐ No ☐ Yes Type:

Name of Contact:

Other Agencies Currently Involved:

Reason for Referral:

OTHER IDENTIFYING INFORMATION

RACE: ☐African American/Black ☐Asian ☐Hispanic ☐Native American ☐White ☐Other:

MARITAL: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Unknown

EMPLOYED: ☐ No ☐ Yes (what type and how long?)

LIVING SITUATION: ☐ Alone ☐ w/Spouse ☐ w/Children ☐ w/Siblings ☐ w/Parents ☐ Jail ☐ Homeless

☐ Group Home ☐ Shelter ☐ Foster Home ☐ Other

FORMER CMHC CLIENT: ☐ No ☐ Yes (where)

ALTERNATE CONTACT INFORMATION

Contact Name: **Relationship**:

Address:

Phone: (home) (work) (cell) (other)

Client Name:

PRESENTING PSYCHIATRIC SYMPTOMS & RISK ASSESSMENT: *(check and summarize)*

☐ Suicidal ☐ Gesture/Attempt ☐ Ideation ☐ w/ plan ☐ w/ intent ☐ w/means ☐ Previous Attempt(s)
☐ Homicidal ☐ Gesture/Attempt ☐ Ideation ☐ w/ plan ☐ w/ intent ☐ w/means ☐ Previous Attempt(s)
☐ Self-Harm Behaviors ☐ Fire Setting ☐ Destructive Behavior(s) ☐ Violent threats/Behaviors
☐ Cruelty/Harm to People/Animals/Property ☐ Change in School Performance ☐ Bedwetting

☐ Alcohol Use Last Used: _____ ☐ Drug Use Last Used: _____

☐ Alcohol/Drug Screen Lab Results: _____

Summary: _____

Safety Plan : _____

Other Presenting Psychiatric Symptoms: _____

CURRENT MEDICATION(S) (name, and prescribing doctor if known): _____

List any Medical problem/issues/concerns: _____

PSYCHIATRIC / A&D TREATMENT HISTORY: *(check all that apply)*

INPATIENT: ☐ No ☐ Yes (where, when, reason): _____

OUTPATIENT/OTHER: ☐ No ☐ Yes (where, when, reason): _____

DISPOSITION: *(check ALL that apply)*

Eligible for CMHC services: ☐ Yes ☐ No **If no explain:** _____

Referral made: ☐ Private MH Professional/Psychiatrist ☐ Drug/Alcohol Agency ☐ DSS ☐ DDSN
☐ Vocational Rehabilitation ☐ Primary care Physician ☐ Other: _____

☐ **Inpatient Psychiatric Admission:** ☐ Voluntary ☐ Involuntary Facility: _____

☐ **Inpatient Alcohol/Drug Admission:** ☐ Voluntary ☐ Involuntary Facility: _____

Follow up if indicated: _____

Comments/Summary:

Clinician Signature / Title: **Date:**