

### CALL 911 FOR LIFE THREATENING EMERGENCIES OR 988 FOR MENTAL HEALTH CRISIS SERVICE

SECURELY EMAIL REFERRALS TO: BHS-HEARTReferrals@saccounty.gov Or CALL: 916-875-1720

## HOMELESS ENGAGEMENT AND RESPONSE TEAM (HEART) REFERRAL FORM USE THIS FORM ONLY FOR NON-EMERGENCY MENTAL HEALTH OR SUBSTANCE USE TREATMENT NEEDS

# WE ARE NOT A HOUSING PROVIDER REFERRING PERSON'S INFORMATION, IF YOU ARE REFERRING YOURSELF, SKIP TO STEP 1 BELOW Name of person making the referral: Agency Name:

#### May we contact you? ☐ Yes ☐ No Today's date: Best contact (phone, email, etc): REFERRAL INFORMATION ABOUT YOURSELF OR THE INDIVIDUAL WHO IS HOMELESS STEP 1: A. Are you/the individual being referred located in Sacramento County and interested in mental health or substance use treatment? 🔲 Yes 🔃 No B. Are you'the individual being referred experiencing homelessness that includes living outdoors, in a car or other place not meant for human habitation? ☐ Yes ☐ No **C.** Are you/the individual being referred currently at a Shelter? \Boxed Yes \Boxed No If you answered Yes to B or C, proceed to Step 2 If you answered No to both B and C \*STOP\* For individuals who are not homeless, refer to our Mental Health Provider Walk-in List at https://tinyurl.com/MHPList or contact Managed Care Plan here Please indicate the behavioral health services being requested: ☐ Mental health connection or re-connection ☐ Substance use prevention or treatment connection or re-connection ☐ Both mental health and substance use treatment connections needed ☐ Individual is currently connected to mental health and/or substance use treatment provider, and you have a question or are requesting a change \*STOP\* This referral is for individuals who are homeless who are not connected to a Behavioral Health service provider. See Q&A #2. Date of Birth: Name of individual being referred: Interpreter service recommended? Yes □ No Primary Language: Preferred Gender Identity: Preferred Pronoun: Race: Cross streets/location of where you/the individual being referred can be found most often: Can we contact the individual directly? Yes No Best contact info (phone, email, etc.): If no, provide name and contact info for a person willing to support an introduction: Please indicate the behaviors or stressors, which impact quality of life: Hallucinations Paranoia ☐ Depressed mood ☐ Anxiety ☐ Substance use ☐ Easily upset ☐ Suicidal talk/ideation ☐ Anger/Irritability ☐ Sleep issues Any additional concerns/reasons for referral: Observed strengths: Additional information you would like to include:

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#### **Referral Process FAQs and Information**

#### Q1. Who is this referral meant for?

**A1.** This Homeless Engagement and Response Team (HEART) referral is for anyone who is homeless who you think may need help with **mental health** or **substance use** treatment services. If you know the individual, we recommend that you have a conversation and ask them **if they are interested in a referral to HEART**. HEART's focus is outreach, engagement, screening and connection to behavioral health services. This includes outreach to individuals who are homeless, engage them to see if they are ready for help, screen them for eligibility and interest in services and connect them to an appropriate provider to receive needed ongoing services and support.

#### Q2. Why shouldn't I use this referral if the individual is already connected to behavioral health services?

**A2.** This referral should be used for individuals who are not connected to a Behavioral Health Service's provider. If the individual is connected to a BHS provider, please coordinate directly with that provider for follow up.

#### Q3. Can you provide housing?

**A3.** HEART is not a housing provider. **We provide outreach and engagement. If the individual qualifies and is willing, we will connect them to behavioral health services**. We also refer individuals to services who may be able to provide housing supports.

#### **Q4.** What happens after I make a referral?

**A4.** Within 4 business days, HEART staff will review the referral and assign to field staff who will attempt to locate the individual and begin outreach and engagement. If willing, HEART will screen the individual for eligibility and link them to the appropriate service provider. If allowable by HIPAA, we will contact the referring party and other service providers to help us make contact with the individual.

#### **Q5.** Will anyone contact me after I submit the referral?

**A5.** If you are listed as the 'Contact Person' in the referral, the assigned HEART clinicians and/or peers may contact you for any clarification needed and/or to help contact the individual.

\*NOTE\* the team will work directly with the individual being referred and may not be allowed to provide updates in accordance with HIPAA unless the individual agrees that we may share.