# Gardner Packard IBH Referral Guidelines/Categories

<table>
<thead>
<tr>
<th>Consultation: ongoing sessions with IBH ~q2wks-1mo</th>
<th>Triage/Referral: IBH eval + referral to county mental health for higher level of service</th>
<th>Co-management: IBH consultation + resource and referral coordination f/u with MD or SW</th>
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</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Severe anxiety</td>
<td>Behavioral issues + resource needs</td>
</tr>
<tr>
<td>Depression</td>
<td>Severe depression</td>
<td>Behavioral issues + subspecialty issue</td>
</tr>
<tr>
<td>PHQ-9 Score 10-19</td>
<td>PHQ-9 Score &gt; 19</td>
<td></td>
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<tr>
<td>Grief</td>
<td>Moderate/Severe ADHD</td>
<td>ADHD+IEP need</td>
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<tr>
<td>Domestic Violence/IPV</td>
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<td>School problems</td>
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<tr>
<td>Bullying</td>
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<td>Maternal MH issues</td>
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<tr>
<td>Mild ADHD</td>
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<tr>
<td>ADHD with concern for comorbid issue</td>
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</table>
Complete SSETS + place in IBH bin

Pick up SSETS daily

Gardner IBH?

Schedule appt*

Reminder calls
  - 2 days before
  - 1 day before
  - Morning of

Complete county MH referral form

Fax County MH referral form

Document fax in NextGen

Scan confirmation page into NG

Confirm county of residence/insurance (check address for Palo Alto/East Palo Alto)

MD

Peer Partner

Clinician

Mental Health

Psychiatry

No

Yes

Triage/refer

Consultation

Co-case mgmt

ON SITE Peer partner resumes follow up on return

IBH f/u

MD

Peer Partner

Clinician

San Mateo County: 2 weeks

Santa Clara County: 3 weeks

IBH visit

Task to referring attending on SSETS form if services declined

Send Letter of Contact after 2 failed calls per IBH protocol

Repeat every 2-4 weeks until family connected

Call county MH or check email to follow up referral status

Call family to update them on status of referral

On-site peer partner not available

Cancellations made via BOCs tasked to Peer partner and clinician

San Mateo County: 2 weeks

Santa Clara County: 3 weeks

* 7.2018