**Oregon Health Authority (OHA) Health Systems Division**

Procedure for Referral of PSRB Clients nearing End of Jurisdiction (EOJ)

Revised 7/23/2018

**For ongoing mental health supports needed at End of Jurisdiction:**

1. **At least 6 months** prior to EOJ, the OSH Social Worker or current Community Provider will send a completed Community Living Assessment Referral (CLAR) Form and referral packet to the Forensic Utilization Coordinator for review. *(Referral packet documentation listed below.)*
2. Within three days of receipt, the Forensic Utilization Coordinator will review the packet for completeness and the potential need for services beyond PSRB jurisdiction. The Forensic Utilization Coordinator will email the packet to the Choice Model Exceptional Needs Care Coordinator (ENCC) of the County of Responsibility, co-copying the Community Outreach Specialist with Adult Mental Health and Housing, as well as the referral source (Community Provider or OSH Social Worker.)
3. If the Individual does not meet criteria for ongoing services in mental health programs, this will serve as notification that the Individual is re-entering the community and some limited coordination may be needed.
4. Within three days, the Choice Model ENCC will confirm, via email to the Forensic Utilization Coordinator, that they have received the packet and have communicated with the referral source.
5. The Choice Model ENCC will be responsible for identification of and referral to the appropriate community services and supports. Services and supports must be arranged prior to EOJ.
6. The Choice Model ENCC will inform the Forensic Utilization Coordinator of their ongoing work to arrange appropriate services and supports before the end of jurisdiction.

**General Expectations:**

The Choice Model ENCC and referral source will regularly communicate and collaborate to ensure appropriate placement and services are found prior to EOJ. This may include *but is not limited to:*

* Attendance of treatment team meetings
* Regular sharing of progress notes, treatment plans, evaluations and changes of mental status and/or service needs
* Regular communication and coordination regarding referrals, screenings, wait listings and transition planning

The Choice Model ENCC and Current Provider or OSH Social Worker will communicate with the Forensic Utilization Coordinator for any complex issues, questions and/or concerns as soon as they are identified to limit the impact on timely transition planning.

**Contacts:**

Forensic Utilization Coordinator:

Ryan Stafford at Ryan.Stafford@dhsoha.state.or.us or at 503.510.5991

Community Outreach Coordinator, Adult Mental Health and Housing:

Leticia Monjaras at leticia.monjaras@state.or.us or at 503.945.6360

If the Individual is DD eligible, please contact:

Matt Bighouse at matt.l.bighouse@state.or.us or 503.945.9820

If the Individual is APD eligible, please contact the local APD office.

**Documentation to include in initial referral packet to Forensic Utilization Coordinator:**

* Community Living Assessment Referral (CLAR) Form *(attached\*\*)*
* Release of Information signed by Individual
	+ ***Tips for ROIs:*** *ROIs should be written to include all necessary referral documentation to release to the County of Responsibility AND to potential statewide providers for referral and treatment planning purposes.*
* Client Living Preferences form *(attached\*\*)*
* LOCUS (if available)
* START (if available)
* Legal documentation/notes, if applicable (including civil commitment, guardianship, parole/probation, immigration, restraining/stalking orders, sex offender registration, etc.)
* Current medication orders
* Copies of required labs (PPD, physical, Hep C results, etc.)
* Last 30 days MAR
* Most recent mental health assessment(s)/evaluation(s), (psychiatric, psychology, social work, etc.)
* Violence/Fire Setting/Sexual Offending Risk Assessments (if available)
* Occupational Therapy Assessments/Scores (if available)
* Behavioral Support Plan (if applicable)
* 30 days progress notes
* Any additional documentation necessary to clarify service and treatment needs

*\*\*Oregon State Hospital should use their version of these forms.*