**Behavioral Health Continuum of Care**

- Patient referred via Referral form in eCW assigned to “Referral, BH” Folder
- Crisis calls from site: (Patient may be seen the same day/week or if hospitalization needed, can case manage.)
  - Urgent Phone: Evaluation
  - Urgent Referral 1-2 days schedule appointment
  - Crisis: On site evaluation

**Referred Out**
- Mass Health or Network Health
- Major Mental Illness requiring a mental health clinic level of care.
- Child sexual abuse evaluations
- Actively Suicidal
- Medically complicated eating disorders.
- Active Addiction to Opiates *

**Phone Intake Completed**
- Patient Objecting Tx
- Higher Level of Care
- Behavioral Health Resources
- Waitlist

**Clinicin Assigned & Treatment Begins**
- Standardized tools administered
- Bio-Psychosocial Assessment
- Treatment Goals Established
- Case Coordination via Telephone Encounter: Virtual Visit

**Ongoing Care Coordination**
- Medication Mgt
- Higher levels of care
- Neuropsych testing
- Evaluations

**Mid Phase of Treatment**
- Ongoing work on treatment goals.
- Care Coordination Telephone Encounter: Virtual Visit

**Termination**
- Treatment goals met
- Define when and if to return to treatment
- PCP informed

**Communicate to PCP via telephone encounter: Virtual Visit**

*Patients with Active Addiction may be referred to BH for Assessment and Referral. Given the needs of the patients, this may include detox, an IOP and or Suboxone protocol. PCPs will be informed of all outside referrals as well as short and long term tx goals. At this time BH does not tx active addictions but will support patients with abuse and recovery.*