



# Case Management Services

Community Mental Health & Addiction

## About

The Pima County Health Department's Community Mental Health and Addiction (CMHA) team utilizes grant funding from the Office of Injury and Violence Prevention at Arizona Department of Health Services to address the harmful public health impacts of substance use and drug overdoses in Pima County. The primary goals of Case Management services are to identify high risk populations, provide brief screenings, establish harm-reduction plans, and connect a member with an established behavioral health provider for treatment.

Note: Case Management is not intended to replace or duplicate medically necessary services or long term counseling and treatment. Case Management encounters are mitigation efforts in the form of brief interventions to support linkage to care and harm reduction.

## Program Eligibility

There are no diagnostic or financial eligibility requirements for these services. There will be no out of pocket cost to the member (person receiving Case Management services). However, services are intended for persons who have recently experienced a drug overdose or are at high risk of a future overdose. **The presence of risk factors and individual willingness to engage are the primary requirement for services.**

The following includes important factors to consider prior to service provision. Items with an asterisk (\*) are required:

- A. \* Member must consent to participate in program support, AND
- B. \* Presence of a substance use disorder or confirmation of active drug use through self-report screening process, AND
- C. History of one or more drug overdoses in the past 12 months, OR
- D. One or more visits to detox or other hospital inpatient setting for the treatment of intoxication or withdrawal, OR
- E. Recent period of unwanted abstinence followed by continued drug use post release from jail, hospital, ED, or other sober living environment, OR
- F. Presence of severe physical addiction and symptoms of withdrawal (e.g. nausea, sweating, diarrhea, vomiting, fatigue)

## Referral Process

Referrals will be reviewed by the assigned Case Manager prior to provision of services. The Case Manager will then reach out directly to the member and begin plans for initial meeting. Case Managers may provide services via face-to-face, telephonic, or virtual encounters. In person interactions will occur outside of a residence or in outdoor community settings upon completion of a safety/risk assessment.

Referrals are primarily made through subcontracted behavioral health agencies who conduct rapid response and peer support services for high risk populations. Referrals may also come from other "outside agencies," outside of the Pima County Health Department, or internally from programs within the Health Department.

## Emergency Situations

If you believe there is an immediate risk to safety to the member or others around them, immediately **call 9-1-1**.

If you believe a member is experiencing an overdose, **call 9-1-1**.

If a member is experiencing a mental health crisis, **call (520) 622-6000**.



# Case Management Referral Form

Community Mental Health & Addiction

Referral Date

## Referral Source

|   |                              |  |
|---|------------------------------|--|
| Who is referring the member?                    | Name (Person/ Agency)        |  |
| What is your phone number and/or email address? | Referral Source Contact Info |  |

## Referred Member's Information

|  |  |                         |                  |                                 |  |
|--|--|-------------------------|------------------|---------------------------------|--|
| Member's First and Last name?  | Member Name  |                         |                  |                                 |  |
| Is member currently enrolled with a behavioral health or substance use provider?   | Y/N  | Agency/Provider Name    |                  |                                 |  |
| Best time/day to reach member?   | Time of day  | Day(s) of the week      |                  |                                 |  |
| Best way to contact member?  | Home   | Cell                    | Work             |                                 |  |
|  | Email  |                         |                  |                                 |  |
| IF CONSENTED TO COMMUNITY/HOME BASED VISIT<br>Best address/location to meet member (can be home/public/business location)? | Address  | City                    |                  |                                 |  |
|  | State  | Zip                     |                  |                                 |  |
| Member's demographic information and background?   | Physical Disability (Y/N)  | Medical Condition (Y/N) | Primary Language |                                 |  |
|  | Age  | Race/Ethnicity          | Gender           |                                 |  |
| Any known clinical history? Check where applicable. (Will not affect eligibility.)   | Hx of OD (Y/N)   | Date of last OD         |                  |                                 |  |
|  | DTO  | DTS                     | AVH              | Other (describe in notes below) |  |
| Additional notes?  | <p>If 'Yes' to disability/medical condition, please specify any necessary accommodations or support needed?</p> <p>Any other relevant details?</p> |                         |                  |                                 |  |

Please submit form to [CMHAreerrals@Pima.Gov](mailto:CMHAreerrals@Pima.Gov)

For Internal Use:

Referral Accepted (Y/N)

Date Reviewed

CMHA Reviewer