

Older Adult Mental Health Program Referral Process/Triage

REFERRAL PROCESS for persons ages 65 and above or functionally geriatric:

1. City of Alexandria DCHS (CSB) Mental Health Services are accessed through Central Intake number is 703-746-3400, ask for intake worker. Central Intake will notify the team supervisor through Credible and City email.
2. For inter-agency referrals or **urgent community referrals**: Email referral to oamhreferrals@alexandriava.gov. or Contact Team Supervisor: Rhonda Williams, LCSW by email. Provide referral information. Office phone: 703-746-3573.

URGENCY AND TRIAGE PROCESS:

NOTE: Urgency is triaged by Team Supervisor with the information provided at time of referral – or later.

1 = Urgent:, APS, Police, Fire/Code, State Hosp. DC and other Urgent MH community referrals for persons **at risk/in crisis**.

2= Moderate: needs services or evaluation but is not an emergency.

3= Lower Risk: Would benefit from services or assessment, but supports are currently in place, or there is question of the individual's motivation for treatment.

Common Urgency 1 Referral Sources:

APS: Adult Protective Services

EMS: Emergency Medical Services

APD: Alexandria City Police Department

HTF: Hoarding Task Force

HSP: Local or State Hospital Referral

CSB: Emergency Services, Hospital Discharge, RAFT

Common Urgency 2 or 3 Referral Sources:

CSB: Internal referral from non-emergent programs of the Community Services Board, central intake, or other programs

AAS: Internal Aging and Adult Services, NOT APS

OTH: Other Community Referral

SLF: Self referred

Referrals for Capacity Assessments and Evaluations:

URGENCY AND TRIAGE PROCESS:

NOTE: Urgency is triaged by Team Supervisor with the information provided at time of referral – or later.

1 = Urgent: APS, Police, Fire/Code, State Hosp. DC and other Urgent MH community referrals for persons **at risk/in crisis**.

2= Moderate: needs services and/or evaluation but is not willing/able to see medical providers for follow up care or assessment. Situation is not an emergency.

(Note: no level 3 “we just want to know” assessments can be provided, as we recommend you follow up with their family, PCP, and if possible a neurologist first).