

Behavioral Health Bridge Housing at Arrowood Referral Form

Please Note: All referrals need to include signed Release of Information (ROI)

Medi-Cal #: _____ Sonoma County: Marin County: Conserved:

Referral Date: _____ Client's Phone #: _____

Client's Full Name/AKA: _____

Client's Current Location: _____

Client's Primary Language: _____ Translator Required? Yes No

Referring Agency: _____

Referring Staff: _____ Staff Phone #: _____

Referring Staff Email: _____

Client notified of referral and is agreeable to engage in services at BHBH at Arrowood? Yes No

Mandatory Criteria: (please check all that apply)

- Current Medi-Cal or eligible for enrollment in Medi-Cal
- Serious Mental Illness and/or Co-Occurring Disorder
- A significant impairment in social, occupation, or other important activities due to a diagnosed/suspected mental health and/or substance use disorder.
- Actively experiencing at least one complex social factor influencing their health.
 - Lack of access to food Lack of access to housing Currently Unsheltered
 - History of Adverse Childhood Experiences Inability to work or engage in the community
 - History of recent contacts with law enforcement related to behavioral health symptoms / behaviors

Population of Focus: (please check all that apply)

- CARE Court Participant
- Pending discharge from a Long-Term Care (LTC) facility.
- Pending discharge from a correctional facility.
- Pending Discharge from Crisis Services (select one):
 - PHF Name _____
 - CSU Of Facility: _____
 - CRU
- Pending completion of a Residential Treatment program for co-occurring disorders.
- Transitional Age Youth (TAY) transitioning out of foster care.
- SCBH client who is also currently unsheltered.

Referral may be sent via email DHS-BH-BridgeHousing@sonomacounty.gov

BHBH at Arrowood Main Number 707-565-3495 Fax: 707-565-4901