Transitions from primary care to specialty mental health: Understanding characteristics of successful referrals in the public mental health system

**Background**
- Specialty medical referral from primary care (PC) has frequent breakdowns and inefficiencies\(^1,2\).
- Referral coordinators and warm hand-offs are commonly used in other specialties to assist in the referral process\(^3\).
- Specialty mental health (SMH) referrals often depend on a patient’s ability to navigate this process independently\(^4\).
- Limited research on referral patterns for behavioral health conditions\(^5\).

**Objectives**
- Assess the success of SFDPH specialty mental health referrals from HealthRIGHT 360 (HR360) to improve coordination of care and address disparities

**Methods**
- **Design:** Retrospective cohort study
- **Setting:** HR360 Integrated Care Clinic (ICC) is a community-based FQHC in San Francisco for underserved and otherwise marginalized low-income individuals, many of whom have substance use disorders and/or housing instability
- **Data Source #1:** HR360 eClinicalWorks
  - Free text chart review using search terms including “specialty mental health” from Jan 2019 through Dec 2020. Reviewed to determine if a referral to SMH was made.
- **Data Source #2:** SFDPH Avatar
  - Link HR360 data to SFDPH data to determine which patients received MH services through SFDPH within 6 months of their referral date. We coded this data by type of service and time from referral date.

**Results**
- **First service type received after referral**
  - Residential: 14 (6%)
  - Outpatient: 32 (14%)*
  - Crisis: 74 (32%)
  - None: 108 (47%)
  - Successful referral linkage: 2 (0.9%)

<table>
<thead>
<tr>
<th>Total, N (%)</th>
<th>Successful</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American/Indian/Alaska Native</td>
<td>0</td>
<td>0.3317</td>
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<tr>
<td>Asian/Asian-American</td>
<td>2 (28.57)</td>
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<tr>
<td>Black/African-American</td>
<td>2 (3.92)</td>
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<td>Native Hawaiian/Pacific Islander</td>
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<tr>
<td>Hispanic/Latino</td>
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<tr>
<td>White</td>
<td>22 (28.95)</td>
<td>0.0000</td>
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<tr>
<td>Other</td>
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<tr>
<td>Declined/Missing</td>
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<td>0.0498</td>
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</table>

- Mean days from referral to outpatient appt: 20.4 +/-27.6 days
- Successful referrals seen for medication management: 14 (44%)

**Limitations**
- Ambiguity in referral status due to lack of formalized referral process at PC and SMH clinics
- Difficulty exchanging patient information with outside clinics: Unclear how many “successful referrals” were already receiving outpatient SMH services prior to their referral date

**Discussion**
- Low rates of successful linkages, high rates of crisis service utilization
- Lack of parity with other medical specialty referrals
- Marked racial disparities

**Recommendations**
- Formalize SMH referral process, ideally with an integrated electronic system (like eConsult Mental Health in LA\(^6\))
- Use referral coordinator to give parity with other specialties and help SMI patients most in need
- Build close relationship with a nearby “sister” clinic to facilitate increased communication
- Better understand root causes of racial disparities; implement more culturally competent care to address

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