

RAPID INTEGRATED SUPPORT & ENGAGEMENT

RISE

PROGRAM

BUILDING BRIDGES TO TREATMENT

REFERRAL INSTRUCTIONS

RISE can help if someone has, or appears to have mental health problems and is unable or unwilling to access assessment and treatment.

Do you know someone...

- ✓ who appears to be experiencing a low level crisis due to mental illness and is impacting the community that requires some type of intervention
- ✓ Who suffer from or appear to suffer from a mental illness of some kind
- ✓ Who is unable or unwilling to access further assessment or treatment
- ✓ Who has been released from a psychiatric hospital one or more times, but never made it into outpatient mental health clinic but isn't following up with outpatient treatment?
- ✓ who is homeless and has a mental illness but currently refuses, or is unable to access treatment
- ✓ Who's symptoms are so severe that they cannot leave their home or get to clinic for assessment

CONTACT US

There are 3 ways to refer someone to RISE:

① Email referral form to: Riseprogram@ventura.org

② Fax referral form to RISE at: (805) 981-9268 ③ Call RISE Engager of the Day at: (805) 981-4233

If you can answer yes to any of these statements, refer to VCBH Crisis Team at 1-866-998-2243

- ✓ Client's word's or behaviors suggest they may harm themselves or others
- ✓ Client appears to be gravely disabled

Referrals which would NOT go to RISE

- ✓ *Clients who have no apparent mental health condition or only a minor mental health issue*
- ✓ *Clients whose primary condition is dementia, autism, or the result of a brain injury*
- ✓ *Client is willing and able to access services should call the ACCESS intake number to schedule an assessment at 1-(866) 998-2243*
- ✓ *Client's issues are predominantly substance-abuse related; please refer to Alcohol & Other Drugs (AOD) at (844) 385-9200*

Confidentiality: Please note that RISE clients are entitled to have their health information protected from disclosure unless they specifically allow for it to be shared-except as otherwise permitted by law. RISE staff will actively pursue securing releases of information so that vital communication can take place; however, the decision to release information is the client's.



Ventura County Behavioral Health
RISE Referral
Rapid Integrated Support & Engagement

CLIENT INFORMATION

Name: _____ DOB: _____ Age: ___ M F Phone #: _____

If a minor, parent/guardian name: _____ Phone #: _____

Verbal consent given to leave messages at (phone #): _____

Language: English Spanish Other: (specify) _____

SSN _____ Insurance: Self-pay Medi-Cal Medi-Care Medi-Medi Private Ins

Address: _____ City & Zip: _____

Homeless - In what city & neighborhood? _____

Where in the neighborhood can we find them?

REFERRAL FROM

Self Family MD Community Agency APS/CPS Law Enforcement

Referring person: _____ Agency: _____ Phone #: _____

Community partners working with client:

SAFETY CONCERNS FOR STAFF No Unusual History

History of:

SERVICES REQUESTED

Services Requested

SIGNIFICANT RISK FACTORS

Homeless Danger to others Suicidal ideation Recent suicide attempt

Paranoia Hallucinations Substance abuse Delusions Mania

Recent hospitalization (when & where) _____

Other behaviors of concern:

Staff completing form: _____

Date: _____