

# POLICY AND PROCEDURE

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## REACH for Tomorrow

### Warm Handoff and Internal Pathways Protocol

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: All Programs — Outpatient MH/SUD, IOP, PHP, and Integrated Primary Care/Behavioral Health

#### Purpose

To ensure timely, coordinated, and person-centered transitions between primary care and behavioral health services within the organization, supporting continuity of care, client engagement, and improved outcomes.

#### Scope

This protocol applies to all staff involved in the coordination, referral, or transition of individuals between disciplines within the integrated care setting, including medical providers, behavioral health clinicians, case managers, and support staff.

#### Policy Statement

The organization will utilize warm handoffs to ensure that individuals receive seamless, coordinated care between service areas. A warm handoff is a direct, personal introduction between providers that facilitates immediate engagement, builds trust, and ensures no interruption in care. Internal referral pathways shall be clearly defined to promote efficient communication, timely access, and collaborative follow-up.

#### Definitions

- Warm Handoff: A real-time, personal introduction of the client from one provider to another, ensuring direct communication and transfer of responsibility.
- Internal Pathway: The structured process for referring and coordinating services within the organization across disciplines (e.g., from primary care to behavioral health, or vice versa).

#### Procedure

##### 1. Identification of Need for Handoff

A warm handoff shall be initiated when:

- A provider identifies behavioral or physical health concerns beyond their scope or needing interdisciplinary collaboration.
- Immediate engagement with another discipline may improve client safety, adherence, or outcomes.
- The client expresses readiness or need for integrated support (e.g., behavioral symptoms

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in primary care visit or physical health concerns in therapy).

### 2. Initiating the Warm Handoff

- The referring provider explains the purpose and benefit of the referral to the client.
- With the client's consent, the referring provider contacts the receiving provider (e.g., behavioral health clinician or nurse practitioner) during the same visit, either in person or via phone/video.
- The referring provider personally introduces the client to the receiving provider, providing a concise summary of presenting issues, relevant findings, and immediate needs.

Example:

"This is Ms. Jones, who has been experiencing significant anxiety impacting her sleep and physical health. She's open to talking with behavioral health today to explore coping strategies."

### 3. Immediate Engagement

- The receiving provider greets the client, offers a brief overview of services, and if appropriate, conducts an initial assessment or schedules a same-day appointment.
- The goal is to establish rapport and initiate the care connection during the same encounter whenever possible.

### 4. Documentation

- The referring provider documents:
  - The reason for referral
  - That a warm handoff occurred
  - The receiving provider's name and any immediate outcomes
- The receiving provider documents the outcome of the handoff and any follow-up plan in the client's record.

### 5. Internal Referral Pathways

All internal referrals will follow a standardized process:

1. Referral Initiation: The referring provider completes an internal referral form in the electronic health record (EHR) or designated system.
2. Triage: The referral is routed to the designated intake coordinator or receiving department for review within one business day.
3. Scheduling: The client is contacted within 48 hours to schedule a follow-up appointment.
4. Follow-Up Communication: The receiving provider sends a summary note or update back to the referring provider to confirm service engagement and ongoing coordination.
5. Shared Care Plan: Both disciplines contribute to the shared integrated plan of care, updating goals and interventions collaboratively.

### 6. Emergency and Crisis Situations

- In cases involving suicidality, severe decompensation, or medical instability, the handoff

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must occur immediately and in person whenever possible.

- The provider must remain with the client until the receiving clinician or emergency responder assumes responsibility.

### 7. Communication and Collaboration

- All providers will participate in regular interdisciplinary case conferences to ensure alignment and follow-up.
- Communication regarding shared clients will be documented in the EHR and maintained in compliance with HIPAA and 42 CFR Part 2 regulations.
- The team will use secure communication channels for coordination and updates.

### 8. Quality Monitoring

- The Quality Improvement Committee will review warm handoff completion rates, response times, and outcomes quarterly.
- Feedback from clients and staff will be used to refine the internal referral and coordination process.
- Staff will receive ongoing training on warm handoff procedures and trauma-informed engagement techniques.

### Performance Indicators

- Percentage of internal referrals completed through warm handoffs
- Percentage of clients engaged in follow-up services within 48 hours
- Client satisfaction and perception of care coordination
- Documentation compliance and timeliness of communication between providers