Behavioral Health Care Coordination Request Form



This form is for linkage to CenCal Health Mental Health Providers or County Substance Use Treatment Services.

Members may also be referred to CenCalHealth.org to locate a provider on our provider directory or contact the Behavioral Health Call Center at (800) 421-2560.

Referring Providers: Please fax this form to the Behavioral Health Department (805) 681-3070 or upload to https://gateway.cencalhealth.org/form/bh. Questions? Please call (805) 562-1600

Referring Provider/Agency - Required	
Name:	Phone:
Email:	Fax:
Agency Name:	
Member Information	
Member has agreed for CenCal Health to outreach to assist Member to obtain an Appointment or Coordinate services with the County (Required)	
Please complete individual reques	ts for each family member.
Member Name:	
CenCal Health Member ID:	
Phone:	DoB:
Language: Parent	t/Guardian:
Is member participating in other commun	ity programs (ECM, Whole Person Care, CCS, IOPCM, etc):
Release of Information attached. Required only if referring provider is requesting information on the outcome of a Substance Use Referral with the County Behavioral Health Department.	

Reason for Care Coordination Request: Care Coordination Request for Mental Health Services Psychotherapy Medication Management (psychiatry) County Department of Behavioral Health Substance Use Services Brief description of member's needs - Required Please include if member has previously tried to make an attempt to contact or schedule an appointment with a Mental Health provider.
If you would like to refer a member to Specialty Mental Health Services, please use our Transition of Care Form
If you are referring a member for support due to missed appointments, please use our Member Education Form.
All forms are located on CenCal Health's Mental Health Services & Behavioral Health Treatment Page

All Care Coordination Requests will be resolved within 30 days. Referring provider will receive a status update within 30 days.