

## Referral Process for Road to Recovery

For **ALL** Road to Recovery referrals, please:

1. Complete the Road to Recovery [Referral Form](#)
2. Email the completed Road to Recovery Referral Form:
  - a. **To:** [HHSReferralR2R@marincounty.gov](mailto:HHSReferralR2R@marincounty.gov)
3. Use the same Encrypted Subject line below for every email:
  - a. **Subject: Encrypt Referral R2R**

The Road to Recovery Team looks forward to our continued collaboration with all of our valued partners.

Regards,

Ryan

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# Road to Recovery: Referral Form



1. Email all referrals To: [HHSReferralR2R@marincounty.gov](mailto:HHSReferralR2R@marincounty.gov)
2. **ALWAYS** use Referral email **Subject**: "Encrypt Referral R2R"

Date Referral Submitted: \_\_\_\_\_

Referred By (Agency & Name): \_\_\_\_\_ Phone: \_\_\_\_\_

**Client Information:**

**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**SmartCare ID:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **Preferred language:** English / Other \_\_\_\_\_

Client has given consent to Release Information to Road to Recovery. (By checking this box, it indicates that the client has a Release of Information (ROI) on file with your agency to communicate this information to Road to Recovery.)

Client Readiness to Address Substance Use on a **Scale of 1-10:** (where 1 = Not Ready) \_\_\_\_\_

Is the client interested in receiving services? Yes No

Have you discussed this referral with the client? Yes No

**Source of Income:**

SSI/SDI  GA  TANF  VA Benefits  Employment  Other \_\_\_\_\_

**Insurance:** (Note - R2R is currently accepting **Marin Medi-Cal** beneficiaries and **Marin low income/uninsured**)

Medi-Cal  Medicare  None  Unknown

Client has completed Financial Responsibility Form:  Yes  No (If Yes, please fax w/ referral form)

**Is Client enrolled in any of the following? If YES - Provider Name & Contact information REQUIRED**

<input type="checkbox"/> PCP/Clinic _____	<input type="checkbox"/> Adult Case Management: Kerner / Bon Air _____
<input type="checkbox"/> M/H Therapist _____	<input type="checkbox"/> FSP _____
<input type="checkbox"/> Psychiatrist _____	<input type="checkbox"/> IHSS _____

Psychiatric Diagnosis: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

**In the last 30-60 days has the client been in:** (check all that apply)

PES/CSU  Unit A/Other Psychiatric Inpatient Unit  Case Rene  Jail  Unknown

Inpatient Medical Admission  Inpatient Medically Monitored Detox  Residential Detox (Helen Vine)

**Substance Use:** (check all that apply)

Marijuana  Alcohol  Methamphetamines  Cocaine  Opiates  Other \_\_\_\_\_

Additional Comments: \_\_\_\_\_