



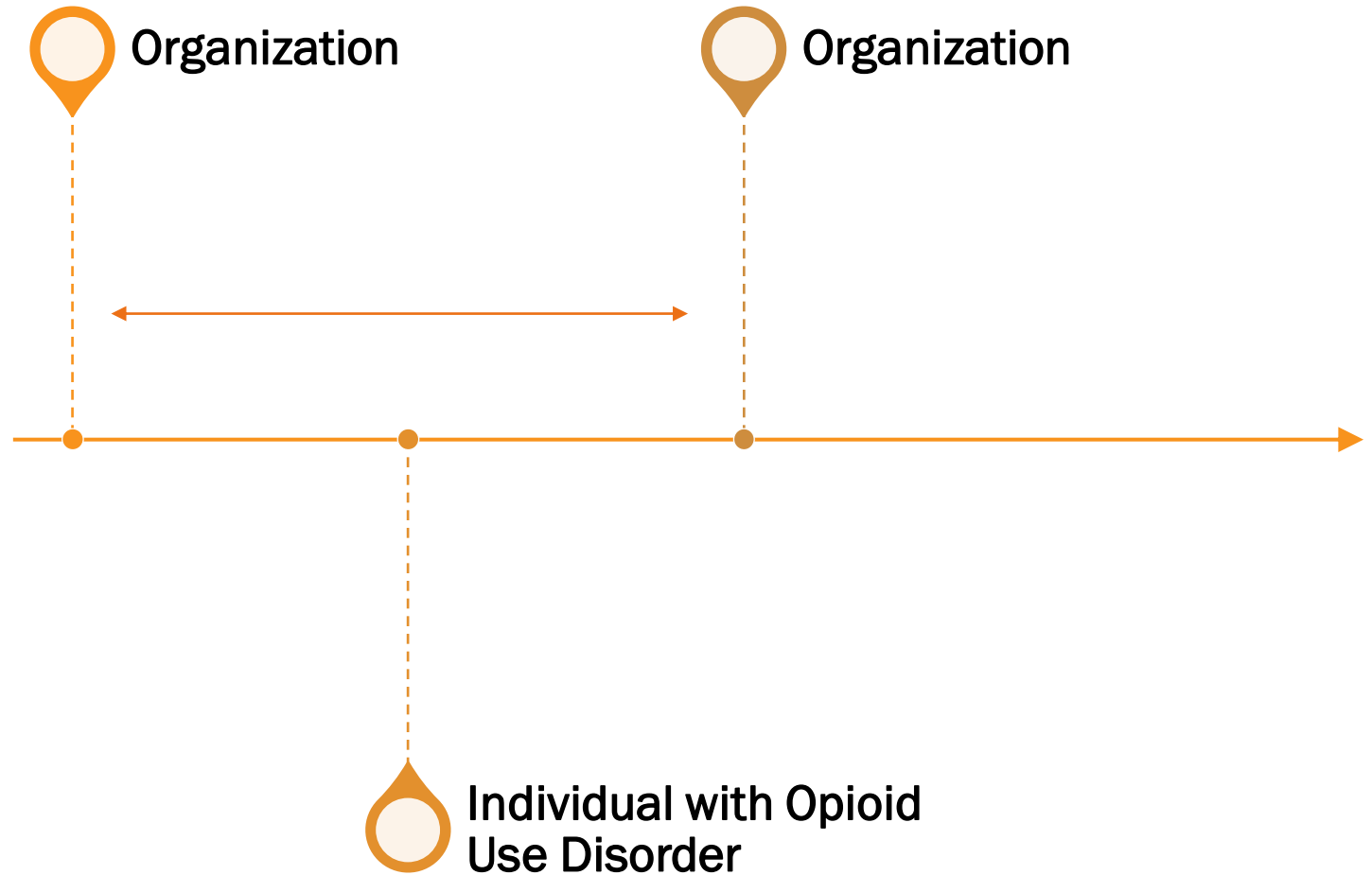
Human Centered Design Communication: Organization to Organization

PHILLIP FIUTY

Harm Reduction Program Manager for The Mountain Center in northern Santa Fe and Rio Arriba counties

Organization to organization

- Connecting clients with resources
- Referrals and navigation
- Communication between departments, and between agencies



Structural Stigma

health funding requirements
practitioner stigma policy
procedure
experience
Legal mandates
constraints
protocols

Unconscious Manifested Barriers

- Assuming what others have skills at
- Over identifying with clients
- Clinical decisions on UA results
- Language



Internal Referrals

- Be clear
- Don't make promises
- Don't make stuff up



Be clear.

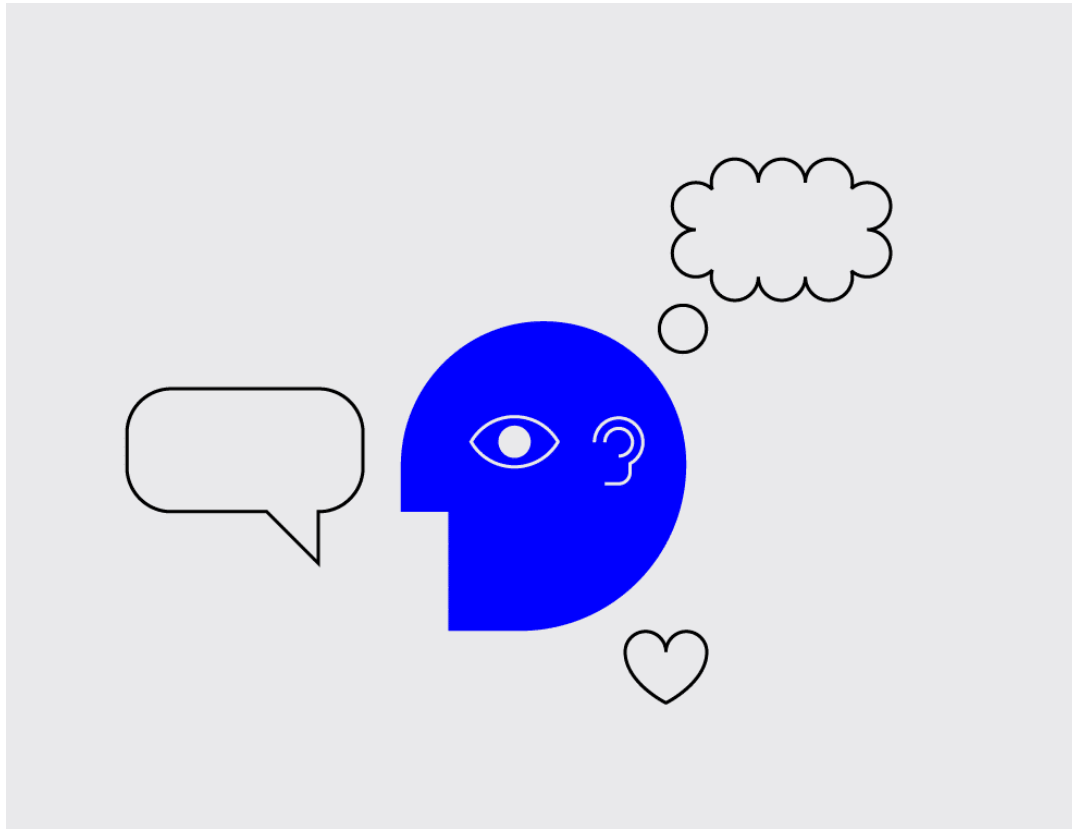


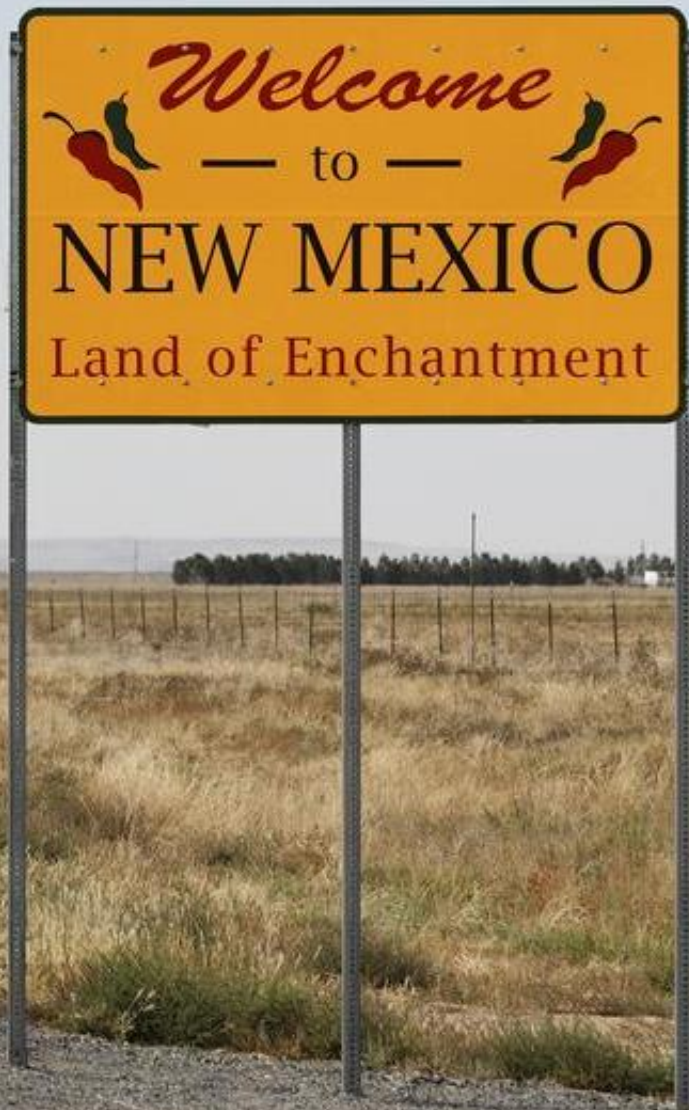
Be authentic.

Be human.

External Referrals

- It's ok to not know things
- Assist with initiating referrals but avoid taking over
- Confidentiality
- Learn programs and organizations
- Advise clients on how to advocate for themselves
- You can help them manage their expectations with:
 - Defined
 - Simple
 - Accomplishable goals





Rural considerations

- few resources to choose from
- limited funding encourages silos
- little turnover/lots of turnover
- family members, neighbors providing services
- people from outside of the community
- Transportation
- seeing people on the street

Smith, Tiffany 
 Female Age 56 years DOB 1/21/1963

MRN
10001

Create Care Summary

Profile & Face Sheets

Patient Summary

Encounters

Results

Medications

Documents

Immunizations

Referrals

Patient Summary

Showing All Inpatient Outpatient ER

Additional Records May Be Available

Configure 

Allergies Most Recent

Date	Allergen
12/15/2018	OPTIRAY 320
12/15/2018	RUSSIAN THISTLE
12/15/2018	CANINE

[All Allergies >](#)

Medications Most Recent

Date	Description
11/28/2017	traMADol 50 mg TAB [Ultram]
04/10/2017	traMADol 50 mg TAB [Ultram]
04/10/2017	traMADol 50 mg TAB [Ultram]

[All Medications >](#)

Problems/Conditions Most Recent

Date	Description
03/12/2019	Diabetic Ketoacidosis
03/12/2019	Diabetic Ketoacidosis
03/10/2019	Type 2 Diabetes Mellitus

[All Encounters >](#)

Results Most Recent

Date	Description
03/12/2019	HGB A1C
03/12/2019	CBC with Diff and Pit
03/12/2019	Comprehensive Metabolic Panel

[All Results >](#)

Care Summaries Most Recent

Date	Description
02/20/2019	Summarization of Episode Note (CCD)
12/12/2001	HCS Continuity of Care Document (CCD)

[All Care Summaries >](#)

Reports Most Recent

Date	Description
03/13/2019	DISCHARGE SUMMARY (TRANSCRIPTION)
03/12/2019	ECG 12 LEAD (RAD)
03/12/2019	CHEST PA/LAT (RAD)

[All Reports >](#)

Rio
 Arriba
 O.U.R.
 Network

REQUEST FOR BEHAVIORAL HEALTH CONSULTATION

Request or referral made by _____
Contact numbers: _____
Date of request or referral: _____

Name of patient: _____
Medical condition and reason for treatment: _____

SYMPTOMS YOU HAVE NOTICED

sadness depressed tearful irritable/angry anhedonia low motivation hopelessness
poor concentration/memory ↓↑energy ↓libido ↑↓sleep ↑↓appetite ↑↓weight
helplessness worthlessness guilt anxious worried restlessness ruminating fearful
panic attacks phobia: _____ distractible hyperactive impulsiveness Bx Px
flashbacks hypo-manic/manic Hallucinations/delusions substance abuse/dependence DTS/DTO
Pain (Scale 0-10): _____ site: _____ Other observations _____

QUESTIONS OR ISSUES YOU WOULD LIKE ADDRESSED IN BEHAVIORAL HEALTH CONSULTATION:

BEHAVIORAL INTERVENTIONS YOU THINK MIGHT BE HELPFUL

Diaphragmatic Breathing Thought Redirecting Augment Social Support Normalizing
Relaxation Techniques Visualization Stress Management Lifestyle Changes Support/Validation Coping
Skills Communication Skills Personal Rights Parenting Skills Anger Mgmt. Skills Problem Solving
Grief Work Values Clarification Goal Setting Pleasurable Activities Psycho-educational interventions
Motivational Interviewing Care Coordination
Outpatient Counseling: _____ Community Referral: _____ Other _____

Bob Phillips, D.BH, LMSW, LADAC
(575) 208-8737
Bob.Phillips@roswell.enmu.edu

REPORT OF BEHAVIORAL HEALTH CONSULTATION

Patient : _____ Seen _____ Time _____
Description

Assessment

Interventions Provided
Diaphragmatic Breathing Thought Redirecting Augment Social Support Normalizing Traumatic
stress reduction Relaxation Techniques Visualization Stress Management Lifestyle Changes
Support/Validation Coping Skills Training Communication Skills Other CBT _____
Parenting Skills Anger Mgmt. Skills Problem Solving Grief Work Values Clarification
Goal Setting Pleasurable Activities Sleep Hygiene Psycho-educational interventions Motivational
Interviewing Care Coordination Community referral
Other _____

Behavioral action plan / Recommendations for referring provider

FOLLOW-UP:
_____ Follow up consult not indicated at this time
_____ Patient scheduled for _____

Bob Phillips, D.BH, LMSW, LADAC
(575) 208-8737
Bob.Phillips@roswell.enmu.edu

A REFERRAL FOR SERVICES For _____ Date _____

This is the service provider I want you to see:

Name _____
Address _____
Phone _____
Contact Person _____

These are the services I am recommending you receive from this provider:

This is why I am recommending these services:

These are some of the positive things I think you can expect from receiving these services:

What questions do you have about this referral? (Continue on back if needed)

A REFERRAL FOR SERVICES For _____ Date _____

Here is where you are being referred to
This is who I would like you to see
Here is where this is located
Here is how to contact them

This is why this referral is recommended

This is the contact person there

Here are some of the positive things you can expect from these services

These are the services I am recommending you receive

What are best times to have an appointment?

DECISION MATRIX TOOL

Good things about doing this Not-so-good things about doing this

Do This		
Don't Do This		