

For Access to Crisis Services

Serving individuals with mental health, substance use disorder, intellectual/developmental disability, and/or traumatic brain injury needs

Help is available 24 hours a day, seven days a week

Vaya Health
1-800-849-6127

Alamance, Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Caswell, Chatham, Cherokee, Clay, Franklin, Graham, Granville, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Person, Polk, Rowan, Stokes, Swain, Transylvania, Vance, Watauga, Wilkes, and Yancey counties

Partners Health Management
1-888-235-4673

Burke, Catawba, Iredell, Surry, and Yadkin counties

Alliance Health
1-800-510-9132

Durham, Mecklenburg, and Orange counties

Mobile Crisis Management

Appalachian Community Services

Cherokee, Clay, Graham, Haywood,
Jackson, Macon, and Swain counties

1-888-315-2880

Catawba Valley Healthcare

Burke and Catawba counties

1-877-327-2593

Daymark Recovery Services

Alleghany, Ashe, Avery, Iredell, Surry,
Watauga, Wilkes, and Yadkin counties

1-877-492-2785

Daymark Recovery Services

Franklin, Granville, Rowan, and Vance counties

1-888-275-9552

Daymark Recovery Services

Stokes County

1-888-581-9988

Mobile Crisis Management

Freedom House Recovery Center

Durham, Orange, and Person counties

919-797-1865

Matrix

Mecklenburg County

704-566-3410

Psychotherapeutic Services

Alamance and Caswell counties

336-538-1220

RHA Health Services

Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania, and Yancey counties

1-888-573-1006

RHA Health Services

Alexander, Caldwell, and McDowell counties

1-888-646-0188

Therapeutic Alternatives, Inc.

Chatham County

1-877-626-1772

Team Information

 **EMAIL:** geriatric.team@vayahealth.com

 **E-FAX NUMBER:** 1-877-355-2436

 **WEBSITE:** www.vayahealth.com

 **TRAINING CALENDAR:** www.vayahealth.com/calendar

 **REGIONAL CONTACT LIST:** Send request to geriatric.team@vayahealth.com

Please note: If you are sending Vaya confidential information, ensure that your email is encrypted or use Vaya's e-fax number.

Referral for consultation

Geriatric and Adult Mental Health Specialty Team Referral Form

Available on our website (www.vayahealth.com)

- Select **Get Help** from the menu.
- Choose **Education & Training** from the drop-down menu, then **Community Education**.
- Select **Geriatric and Adult Mental Health Specialty Team** to access the link for the referral form highlighted in blue.

Vaya Health

Geriatric and Adult Mental Health Specialty Team Referral Form



Vaya Health's Geriatric and Adult Mental Health Specialty Team (Geriatric Team) offers free education and support for professional staff and family caregivers in Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Graham, Haywood, Henderson, Iredell, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Surry, Swain, Transylvania, Watauga, Wilkes, Yadkin, and Yancey counties.

The team includes registered nurses, licensed clinicians, and qualified mental health professionals. Education and support focus on caring for individuals age 60 and older who are experiencing mental health or substance use issues, dementia, or other emotional or behavioral challenges. The team also serves caregivers of younger adults with dementia. For professionals, the program offers contact hours approved by the NC Division of Health Service Regulation (DHSR).

To refer a caregiver to the program, complete the form below. Please submit all referrals through our confidential fax number at 1-877-355-2436. We will contact you within three business days from the date the referral is received. For more information, call 1-800-893-6246, then enter the extension for our office nearest you: Asheville (ext. 2993) or Lenoir (ext. 3346). Or, contact team management at ext. 3332 or geriatric.team@vayahealth.com.

REFERRER INFORMATION	
Referral date:	Organization making referral:
Referred by:	Telephone:
CAREGIVER INFORMATION	
Caregiver name:	Telephone:
Caregiver relationship to person being referred (e.g., guardian, spouse, child):	
Physical address:	County:
Mailing address:	<input type="checkbox"/> Same as above
INFORMATION ABOUT INDIVIDUAL RECEIVING CARE	
Individual name:	Maiden name (if applicable):
Is the individual already served by Vaya? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES: Enter AlphaMCS and/or Incedo number, if known: _____	
Date of birth:	
Physical address:	County:
Mailing address:	<input type="checkbox"/> Same as above
REASON FOR REFERRAL	
Include any symptoms, challenging behaviors, and indications for needed supports:	

Vaya Health | GAMHST Referral Form
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Care Management | Rev. 05.16.2022
Version 2.0