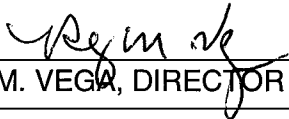


Guam Behavioral Health and Wellness Center		
TITLE: Referrals and Transfers to Programs	POLICY NO.: CL-41	Page 1 of 2
RESPONSIBILITY: Clinical Treatment Program		
APPROVED BY:  REY M. VEGA, DIRECTOR	EFFECTIVE: 4/19/17	LAST REVIEWED

**POLICY:**

- A. Guam Behavioral Health and Wellness Center (GBHWC) creates and maintains linkages and relationships with other services providers, organizations and professionals in the community in order to ensure consumer have the opportunity to access the most effective coordinated and comprehensive services available.
- B. GBHWC, with the informed consent and participation of the consumer, may make referrals to another service within GBHWC or to external resources, at any time in service delivery (i.e. prior to offering service, while service is ongoing or when service is being terminated).
- C. All screened consumers who need services that are not provided at GBHWC shall be referred to the appropriate agency.
- D. All screened adult consumers requesting or requiring medication without needing or refusing other services shall be provided with psycho-education including medication management education by the Lead Provider within 3 months and treatment plan completed prior to transfer to Medication Clinic Treatment Team.
- E. All Internal referrals shall be documented in the Electronic Behavioral Health Record in the service referral filled under Consumer Services Menu.

**PROCEDURE:**

Referrals

A. Internal Referral – Within Programs within Teams

1. Consumer requesting another Lead Provider: The consumer shall be directed to speak personally to assigned Lead Provider and submit a written request for another Lead Provider. The assigned clinical teams/supervisor will discuss and determine appropriate clinical case disposition. The consumer will be notified in writing regarding written request and appointments scheduled with current and/or newly assigned Lead Provider.
2. Lead Provider requesting internal referral for another Provider: The Lead Provider shall discuss the reason of the request with his/her supervisor and present the case at the team meeting for case disposition.

#### B. Internal Referrals – Between Programs

1. Generally the internal referrals are made between programs to a worker or program that offers specialized expertise.
2. Each team in the Adult Outpatient Mental Health has a counterpart staff in the Child Adolescent Services Division, Drug and Alcohol Division and or a point of contact in Residential Recovery Program and or Healing Hearts program for internal referrals.
3. All referrals must be made in the Electronic Behavioral Health Record (EBHR), service referral under consumer services menu.
  - i. The referring program or Lead Provider of the consumer shall notify the point of contact or counterpart staff in the program the consumer is being referred to.
4. The appropriateness of the referral and the availability of the services will be discussed between staff.
5. The consumer will be provided information on the expected waiting time, plans for follow- up and the type of services, in order to make an informed decision.
6. The referring lead provider shall assume the responsibility of co-ordination.
7. The services provided to the consumer in the new referred program shall be documented in the consumers electronic behavioral record under the referring program.

#### C. External Referrals

1. Consumers that are screened and GBHWC can't provide the services shall be given a list of agency and the number the consumer can call.
2. For existing consumers of GBHWC that needs services from other agency, the lead provider or the social worker assigned to the consumer shall facilitate the lead referral to the appropriate agency.
3. An external referral form *F-CL-41* shall be completed by;
  - i. the screener for new consumers.
  - ii. the lead provider for active consumers.

#### Transfers

##### A. Transfers to Team 1 Medication Clinic.

1. If the consumer does not need or is refusing any other services the consumer shall be transferred to Team 1 Medication Clinic.
2. The Lead Provider shall staff consumer at Team's meeting with Team 1 Medication Clinic's Social worker in attendance.
3. The Lead Provider shall document the disposition of the case in the Interdisciplinary Treatment Team (ITT) consult field in the electronic behavioral health record.

#### **ATTACHMENTS**

1. *F-CL-41 External Referral Form*

#### **SUPERSEDES:**

- A. Title; Policy No.; Effective date/signature date; Approving individual's name



External Referral Form

**FOR OFFICIAL USE ONLY**

Referring Service/Program: \_\_\_\_\_  
Person Making the Referral \_\_\_\_\_  
Position Title: \_\_\_\_\_

Date: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Contact No: \_\_\_\_\_

Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred To: (Indicate name of agency/organization and contact number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
Client/Guardian

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Referring Staff

Date: \_\_\_\_\_

**GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER  
REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

Policies and Procedure

Submitted by: Cydsel Toledo

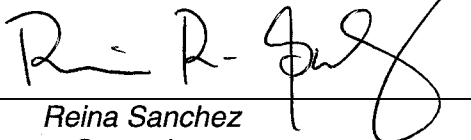

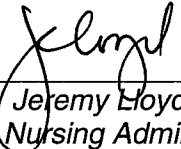
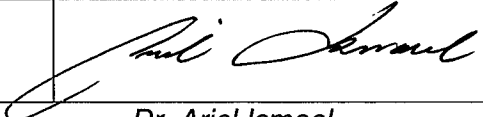
Protocol/Form

Policy No: CL-41


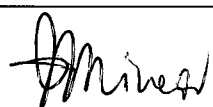


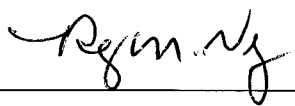
Bylaws

Title: Referrals and Transfers to Programs

Program Plan

<b>Reviewed/Endorsed Title</b>	<b>Date</b>	<b>Signature</b>
	4/12/17	
	Reina Sanchez Supervisor Community Support Services	
<b>Reviewed/Endorsed Title</b>	<b>Date</b>	<b>Signature</b>
	4/13/17	
	Sylvia Quinata Adult Counseling Supervisor	
<b>Reviewed/Endorsed Title</b>	<b>Date</b>	<b>Signature</b>
	4/19/17	
	Jeremy Floyd Acting Nursing Administrator	
<b>Reviewed/Endorsed Title</b>	<b>Date</b>	<b>Signature</b>
	04/18/17	
	Dr. Ariel Ismael Medical Director GBHWC	

**GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER  
REVIEW AND ENDORSEMENT CERTIFICATION**

Reviewed/Endorsed Title	Date	Signature
	04/19/2017	
	Maresa Aguión Program Manager Healing Hearts Program	
Reviewed/Endorsed Title	Date	Signature
	4/17/17	
	Shermalin Pineda Program Manager Residential Recovery Program	
Reviewed/Endorsed Title	Date	Signature
	4.17.17	
	Annie Unpingco Administrator Child and Adolescent Services Division	
Reviewed/Endorsed Title	Date	Signature
	Athena Duenas Supervisor Drug and Alcohol Program	
Reviewed/Endorsed Title	Date	Signature
	4.17.17	
	Dr. Mary Fegurgur Psychologist	
Reviewed/Endorsed Title	Date	Signature
	4/19/2017	
	Rey M. Vega GBHWC Director	