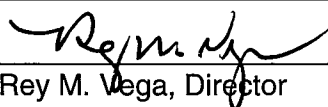


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Screening and Access to Services	POLICY NO: CL-37	Page 1 of 5
RESPONSIBILITY: Clinical Programs		
APPROVED BY:  Rey M. Vega, Director	EFFECTIVE: MAR 14 2017	
	LAST REVIEWED/REVISED:	

PURPOSE:

- A. To provide a structure that defines the process of screening and assessment that determines the person's eligibility for service, level of care and the organization's ability to provide those services.

POLICY:

- A. GBHWC ensures that consumers are properly screened for eligibility and placed in the most appropriate program service and level of care.
- B. All new consumers walking in or brought in after office hours shall be considered as a crisis and crisis assessment screen shall be used to determine disposition.
- C. All new, inactive and discharged consumers requesting GBHWC services shall go through a documented screening interview either face to face, or by phone encounter to review each of the consumer's eligibility for admission which is based on the following;
 1. The presenting problem and the identification of any urgent or critical needs of the person to be served.
 2. Legal eligibility criteria, when applicable such as court ordered and availability of funding sources.
 3. Whether the organization can provide the appropriate services needed.
- D. A documented crisis assessment and emergency intake if appropriate shall be conducted if the screening identifies an urgent and critical need.
- E. If the screening identifies unsafe substance use; a brief intervention is conducted either directly through referral or as part of the treatment program.
 1. The consumer is referred for an emergency intake assessment if necessary, or referred to Drug and Alcohol program for a full assessment and intervention.

PROCEDURES:

I. Screening Protocol: Office Hours

A. Adult Out Patient Mental Health Program

1. Registration personnel shall initiate a referral process; complete the demographics in EBHR for each new consumer requesting services whether in person or by phone and shall contact the screening worker on duty.
2. Screeners shall conduct a face to face screening of all walk-in consumers determining the eligibility to the program; assess the urgency of the presenting problem with the use of appropriate screening tool such as suicide risk, risk taking behavior, use of alcohol, tobacco and other drugs as well as current level of functioning and physical health issues.
3. Consumers calling to request for services shall be screened over the phone by the screener.

- i. If screening identifies urgent and critical needs, he/she will request the consumer to come to the department for a full intake and or crisis assessment.
 - ii. If the case is routine then screener will follow protocol for routine screening and intake schedule.
4. If the screening identifies urgent and critical needs, appropriate action is taken immediately.
 - i. A documented crisis assessment will be conducted that will address suicide risk, danger to self or others, urgent or critical medical conditions and immediate threats.
 - ii. An emergency intake assessment shall be conducted and consult with a clinical Supervisor, Psychologist or Psychiatrist on duty is mandated for proper disposition.
 - iii. A safety plan will be develop and immediately implemented if necessary.
5. If screening identifies unsafe substance use; a brief intervention is conducted either directly, or through referral to Drug and Alcohol program for full assessment.
6. If the presenting problem is not urgent and the services cannot be provided, the screening worker shall refer the consumer to the appropriate outside community services.
7. If the presenting problem is routine and not urgent, and the consumer is eligible to the program the screener shall provide initial orientation to the program and shall inform the consumer that a lead provide will contact the consumer for a full scheduled intake within forty eight (48) hours of screening.
8. The screener shall inform his/her team of the case for staffing and identification of the lead provider who will then schedule the intake.
9. The identified lead provider/intake worker shall contact the consumer within 48 hours to schedule the intake process.
10. Screening process shall be documented in EBHR and completed at the end of the shift or within twenty four (24) hours.

B. Children Adolescents Services Division

1. All families calling and inquiring for services for their child/youth shall be screened and asked to come in with the child/youth for an Intake Assessment. If the caretaker is the legal guardian, he/she must present a legal document stating that he/she has legal guardianship of the minor prior to the Intake assessment.
2. All families coming in between 8:30 a.m. through 3:30 p.m. will be screened and processed for Intake Assessment that same day.
3. The parents/legal guardian and the minor will be provided an orientation to the program to come on a Tuesday or Thursday at 3:00 p.m. for a scheduled orientation.
4. If the family calls or comes in after 3:30 p.m. they will only be screened, and if not, will be asked to walk in the next day for the Intake Assessment. If the situation is acute, they shall be told to report to the main facility for crisis assessment at 4:30 p.m.

C. Drug and Alcohol Program

1. All screening and assessments shall be conducted face-to-face. Telephone inquiries will be scheduled for a face-to-face meeting.
2. Pregnant women and women with dependent children shall be treated as a special needs population and Walk-in (self-referral) Consumers are given priority and shall be seen immediately by available qualified trained clinical staff for a screening, assessment and referral.
3. Referrals shall be received by D&A Supervisor and assigned to qualified trained clinical staff who will schedule a screening & assessment appointment.
4. If the screening and assessment identifies urgent or critical needs such as S.I. or other immediate psychiatric concerns, appropriate action will be taken:
 - i. If Consumer presents as an immediate danger to himself or others, Drug & Alcohol staff will contact Registration Desk and Nurses' Station at GBHWC main facility.
 - ii. Consumer will be entered into Awards EBHR system.
 - iii. Consumer will be escorted by D&A staff to GBHWC main facility.
5. If screening and assessment identifies Consumer to be eligible for D&A service, appropriate action will be taken:
 - i. Consumer will be placed in the appropriate level of care with the Drug & Alcohol Program.
 - ii. Consumer will be referred out to an (NGO) Non-Government Organization for the appropriate level of care not otherwise provided by the Drug & Alcohol Program of GBHWC. A referral form shall be filled out by clinical staff and given to Consumer.
 - iii. If Consumer's level of care and needs require addition wrap-around services, Screener shall provide an initial orientation to the program, assign them to the Drug & Alcohol (ROSC) Recovery Oriented Systems of Care Social Worker.

D. Healing Hearts Crisis Center (HHCC)

1. Referrals for service via telephone shall be documented on a contact sheet, with the screener gathering as much information as possible to determine eligibility for services.
 - i. Information from the contact sheet shall be entered into the Healing Hearts patient listing.
 - ii. If the contact sheet is likely to result in an intake assessment, the screener shall initiate a client record in EBHR by close of business, documenting demographic information.
2. If the referral identifies an acute case that requires medical services, the client will be asked to come in immediately for a full intake.

- i. Screening will be conducted in person to assess the presenting problem and services requested, suicide/homicide risk, substance abuse, and disposition
 - ii. A full intake assessment will be conducted and referral for medical services will be initiated.
 3. If the referral identifies a nonacute case and the presenting problem is routine and not urgent, and the consumer is eligible for HHCC services, the screener shall provide initial orientation to the program and shall inform the consumer or referral source that they will be contacted to schedule a full intake.
 4. The screener shall call for a staffing in which the case is presented. The Program Manager shall assign the case to an intake worker who will then coordinate scheduling for the intake/assessment, forensic/multidisciplinary team interview and medical services when indicated.
 5. The identified intake worker shall contact the consumer or referral source within 2 business days to schedule the intake.
 6. If at any time during screening information surfaces that deems a client ineligible for HHCC services as listed below, the client shall be referred to the appropriate outside community service or to GBHWC inpatient or drug and alcohol section:
 - i. The Client's medical condition is such that it can only be safely treated in a medical hospital
 - ii. Suicidal/homicidal plans or intent
 - iii. Acute behavioral, cognitive or affective symptoms
 - iv. Acute substance intoxication

II. Screening Protocol : After Office Hours, Holidays and Weekends

All satellite offices are close on weekends

A. Main Facility

1. All new consumers brought in on a weekend and holidays as well as after 4:30 pm on a business/working day shall be considered as crisis.
2. The nursing staff at the Crisis Stabilization Unit shall screen the consumers using crisis assessment to determine whether the consumer is eligible for Adult or Child Inpatient Unit admission.
3. The nursing staff shall consult with the Psychiatrist on duty for proper disposition of consumers.
4. Consumers who were screened and found not eligible for admission in AIU or CIU but were given or prescribed medication will be placed under 23 hour limited admission.
 - i. Upon discharge consumer shall be provided with take home instructions for follow up or for intake in case of new consumers.
5. Consumers who were not eligible in AIU or CIU and not given any medication shall be provided with take home instructions which will include a timeframe for their assigned lead provider to schedule an intake appointment.

B. Healing Hearts Crisis Center (HHCC)

1. HHCC phone lines are forwarded to GBHWC Crisis Hotline after hours and the on-call schedule is provided.
2. When a referral for HHCC services comes through the Crisis Hotline, staff taking the call shall:

- i. Assess that the call is for HHCC services
 - ii. Get the name and contact number of the referring party
 - iii. Call the HHCC On-Call Examiner Assistant listed and provide the information
3. HHCC On-Call Examiner Assistant shall call back the referring party and gather as much information as possible on a contact sheet to determine eligibility for services.
 - i. Information from the contact sheet shall be entered into the Healing Hearts patient listing on the next business day
4. If the referral identifies an acute case that requires medical services, the client will be asked to come in immediately for full intake
 - v. Screening will be conducted in person to assess the presenting problem and services requested, suicide/homicide risk, substance abuse, and disposition
 - vi. A full intake assessment will be conducted and referral for medical services will be initiated
5. If the referral identifies a nonacute case and the presenting problem is routine and not urgent, and the consumer is eligible for HHCC services, the screener shall provide initial orientation to the program and shall inform the consumer or referral source that they will be contacted within 2 business days to schedule a full intake.

REFERENCES:

RELATED POLICY (IES):

SUPERSEDES:

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