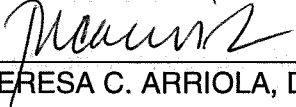


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Screening and Access to Service	POLICY NO: CL-AP-01	Page 1 of 4
RESPONSIBILITY: Clinical Programs		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: March 14, 2017	LAST REVIEWED/REVISED: 1/28/21

PURPOSE:

To provide a structure that defines the process of screening which determine the person's eligibility for service, level of care and the organization's ability to provide those services. This policy is in compliance with CARF Standards 2.b1-7 Screening and Access to Services and Certified Community Behavioral Health Clinic (CCBHC) 2.b 1-3, 4.d.1-2.

POLICY:

- A. GBHWC shall have a 24/7 screening and intake unit providing screening and assessments to all new, court ordered and discharged consumers. Consumers will receive preliminary screening and risk assessment to determine acuity of needs and eligibility prior to clinical intake to determine the most appropriate program service and level of care. Consumers that have the following diagnosis or problems are eligible for GBHWC services;
 1. Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI)
 2. Substance Use Disorder

- B. 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.

- C. Documented screening reviews each 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 consumer.
 2. Whether the organization can provide the appropriate services needed.

- D. Consumers are referred and linked to other designated collaborating agencies if needed services are not available or cannot be provided by GBHWC.

- E. If an urgent or critical need is identified, GBHWC ensures that the consumer needs will be addressed appropriately.
 1. If screening identifies an emergency /crisis needs appropriate action is taken immediately, including admission to crisis stabilization unit and or any necessary subsequent outpatient follow up.
 2. If screening identifies an urgent need, clinical services are provided and the initial evaluation completed within 24 hours.
 3. If screening identifies routine needs, services will be provided and the initial evaluation completed within 3 business days.

4. If screening identifies unsafe substance use, a brief intervention is conducted and/or referral will be made to the local hospital for medical clearance prior to admission to Crisis Stabilization Unit or to Drug and Alcohol Program

F. Availability of funding sources does not determine screening and eligibility for services.

DEFINITIONS:

Clinical Intake: Process used with the consumer to collect information related to his/her history, strengths, needs, abilities, and preferences in order to determine a diagnosis, appropriate services, and/or referral.

Mental Health Crisis: Severe emotional, cognitive, behavioral disturbance which impacts one's ability to function and impairs one's ability to return to previous level of function, including suicidal ideations, homicidal ideations, psychotic symptoms, and an altered mental state.

Mental Health Emergency: A mental health emergency is a crisis that is a life threatening situation in which an individual is imminently threatening harm to self or others, severely disoriented or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control. Appropriate action must be taken immediately.

Mental Health Urgency: A mental health crisis that needs to be address with initial evaluation completed within 24 hours.

Qualified personnel: Determined by the organization's leadership and may base its determination on the skills, experience, and/or education of personnel, and by state, federal, provincial, or regulating guidelines.

Serious Emotional Disturbance(s) under age 18/Serious Mental Illness over 18 years old:

- A. Impairs one's functioning in the family, school, or community, or in a combination of these settings. (As diagnosed by a psychiatrist or reported by parent/legal guardian/caregiver). Or, level of functioning is such that the young adult requires multi-agency intervention involving two or more community service agencies, such as mental health, education, court, legal, and substance abuse and health.
- B. Have an emotional, behavioral, or mental disorder diagnosable under Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or its International Statistical Classification of Diseases and Related Health Problems (ICD-9-CM) equivalents, or subsequent revision (with the exception of the DSM-V "V" codes, substance use disorders and developmental disorders, unless they co-occur with another diagnosable serious emotional, behavioral, or mental disorder).

PROCEDURE:

A. Screening General Guidelines

1. All screening and assessments shall be conducted face-to-face if possible. The consumer or his/her legal guardian if applicable must complete the following forms:
 - a. Screening Referral for Services Form
 - b. Map to Home Form
 - c. Authorization for Photography (photo ID)
2. Registration personnel/screeners shall conduct screening of all walk-in consumers determining eligibility to the program.
 - a. If the consumer is a youth, their parent or legal guardian must present a legal document stating that he/she has legal guardianship of the minor.
3. Registration personnel/screener shall initiate a referral process in EBHR, and completes the demographics section for each new consumer requesting services in person or by phone.
4. Pregnant women and women with dependent children shall be treated as a special needs population and given priority to be seen immediately by available qualified trained clinical staff for a screening, assessment and referral.
5. Screening, Brief Intervention and Referral to Treatment (SBIRT) screening tool shall be utilized to screen consumers with substance use disorders.
6. The consumer is prioritized and provided with a crisis assessment or intake if the presenting problem is emergent or urgent.
7. If the presenting problem is not urgent and the services cannot be provided, the screening worker shall refer the consumer to the appropriate agency.
8. Screening staff shall document the screening process in EBHR and completes it before the end of the shift or within twenty-four (24) hours.
9. Screening Staff should document in the Referral disposition note that the screening process was done and the result of the screening and or disposition.

B. Crisis Intervention Services Hot Line Calls

1. Crisis Hotline calls shall be screened and risk stratified based on the C-SSRS.
2. If caller is deemed imminent or high risk an MCRT will be deployed to respond to the crisis.
3. MCRT responding to the crisis shall assess the consumer if needing admission to crisis stabilization unit (*Reference: Crisis Intervention Management Policy for procedure on new and or current consumers*)

C. 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.
 - a. Information from the contact sheet shall be entered into the Healing Hearts patient listing.
 - b. 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.

- a. Screening will be conducted in person to assess the presenting problem and services requested, suicide/homicide risk, substance abuse, and disposition
 - b. A full intake assessment will be conducted and referral for medical services will be initiated.
3. If the referral identifies a non-acute case, 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:
 - a. The Client's medical condition is such that it can only be safely treated in a medical hospital
 - b. Suicidal/homicidal plans or intent
 - c. Acute behavioral, cognitive or affective symptoms
 - d. Acute substance intoxication

D. Healing Hearts Crisis Center (HHCC) After Normal Business Hours, Holidays and Weekends

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:
 - a. Assess that the call is for HHCC services
 - b. Get the name and contact number of the referring party
 - c. 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.
 - a. 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
5. If the referral identifies a non-acute case, 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.