


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Screening and Access to Service	POLICY NO: CL-AP-01	Page 1 of 5
RESPONSIBILITY: Clinical Programs		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: March 14, 2017	
	LAST REVIEWED/REVISED: 1/13/2020	

PURPOSE:

To provide a structure that defines the process of screening which determines a person's eligibility for service and the organization's ability to provide those services.

POLICY:

- A. All new, court-ordered and discharged consumers are properly screened for eligibility prior to clinical intake to determine the most appropriate program service. 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. 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.

- C. If needed services are not available, consumers are referred and linked to other agencies. If an urgent or critical need is identified, GBHWC ensures that the consumer's needs will be addressed appropriately.
 - 1. If screening identifies unsafe substance use, a referral will be made to the local hospital for medical clearance prior to admission to Crisis Stabilization Unit and/or referral to Drug and Alcohol Program

- D. Availability of funding sources does not determine eligibility for services.

DEFINITIONS:

Clinical Intake Assessment: Process used with the consumer to collect information and develop a comprehensive person-centered plan related to his or her history, strengths, needs, abilities, and preferences in order to determine the diagnosis, appropriate services, and /or referral. This information includes previous behavioral health history, mental status, medical history, any co-occurring disabilities and disorders, current level of functioning, demographics, trauma history, substance use, risk factors, literacy level, and support services.

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.

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-10-CM or ICD-11-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. Outpatient Programs
 - 1. All screening and assessments shall be conducted face-to-face. The consumer or his/her legal guardian must complete the following forms:
 - a. *Screening Referral for Services Form*
 - b. *Interagency Release of Information Form*
 - c. *Map to Home Form*
 - d. *Authorization for Photography*
 - 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.
 - b. If the consumer was referred from an outside agency through a *Screening Referral for Services Form*, registration personnel/screeners shall follow-up on the referral by attempting to make contact with the consumer via phone. Referrals shall be monitored for a minimum of 30 calendar days from when the referral was received.
 - 3. Registration personnel/Screeners shall complete an application evaluation, update demographics data, take a photo of the consumer, and document that the consumer has been screened in EBHR for each new consumer requesting services in person.
 - a. If the family comes in to the Child Adolescent Services Division after 3:30 p.m., they will only be screened. If the situation is acute, they will be asked to report to the main facility for crisis assessment at 4:30 p.m.

- b. All new consumers brought in to the main facility during weekends, holidays, and between 4:15 PM and 7:30 AM on a business/working day shall be screened by the nursing staff at the Inpatient Unit.
4. If the presenting problem is urgent, the consumer is prioritized and a crisis assessment or intake will be provided. If a phone call is received that is considered a crisis, it will be transferred to a clinician.
5. If the presenting problem is not urgent and the services cannot be provided by GBHWC, the screening worker shall refer the consumer to the appropriate agency.
6. The screening process shall be documented in EBHR and completed at the end of the shift or within twenty-four (24) hours. Referral disposition notes should document that the screening process was done.

B. 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. Registration personnel/Screeener shall complete an application evaluation in EBHR and update the demographics data in EBHR for each new consumer referred for services. D&A Supervisor shall check all referrals in EBHR and assign cases to the screener, who will schedule a screening & assessment appointment.
3. If the screening and assessment identifies urgent or critical needs such as S.I. or other immediate psychiatric concerns, appropriate action will be taken:
 - a. 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.
 - b. Consumer will be escorted by D&A staff to GBHWC main facility for psychiatric evaluation and disposition
4. If screening and assessment identifies Consumer to be eligible for D&A service, appropriate action will be taken:
 - a. Intake assessment will be conducted.
 - b. 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.

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.

REFERENCES

RELATED POLICY (IES):

SUPERSEDES:

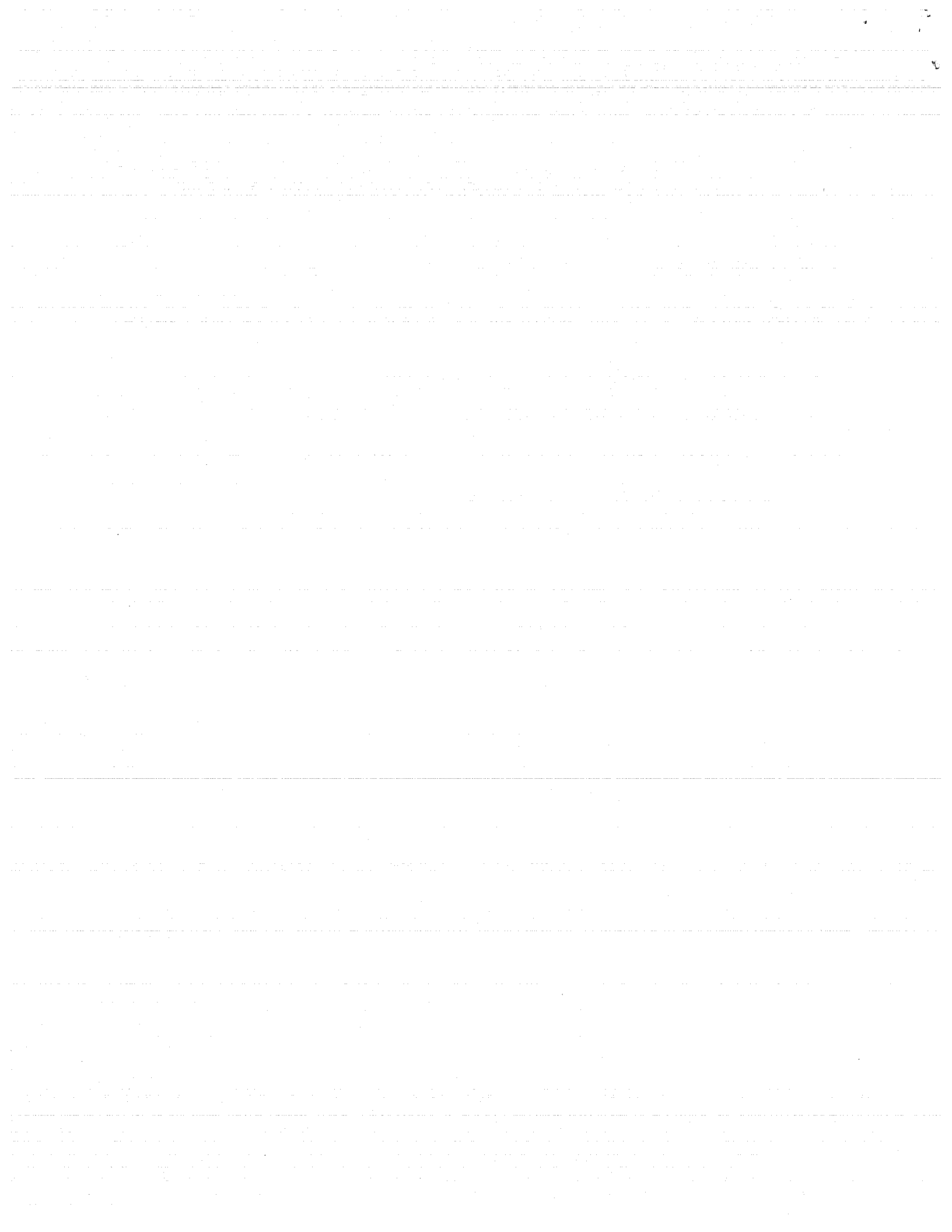
ATTACHMENTS:

F-CL-AP-01.1 Screening Referral for Services Form

F-CL-AP-01.2 Interagency Release of Information

F-CL-AP-01.3 Map to Home

F-CL-AP-01.4 Authorization for Photography, if applicable





SCREENING REFERRAL FOR SERVICES

CONSUMER'S FULL NAME:		DATE OF BIRTH:	AGE:
SOCIAL SECURITY NUMBER:	LANGUAGE SPOKEN AT HOME: <input type="checkbox"/> Check if Interpreter needed	PHONE NUMBER:	OTHER CONTACT#:
MAILING ADDRESS:			
PHYSICAL ADDRESS:			
PARENT/GUARDIAN(s) (IF APPLICABLE):		RELATIONSHIP:	
Please check all that apply:			
<input type="checkbox"/> Intake	<input type="checkbox"/> CASD – I Famagu'on-ta (5 – 17 years old)		
<input type="checkbox"/> Suicide Assessment	<input type="checkbox"/> Project Tulaika (16 – 25 years old)		
<input type="checkbox"/> New Beginnings / Drug & Alcohol Assessment	<input type="checkbox"/> Adult Outpatient Services (17 ½ years or older)		
<input type="checkbox"/> Healing Hearts / Rape Crisis	<input type="checkbox"/> P.E.A.C.E. (Suicide Postvention)		
What Brings You Here Today? Reason for Referral: (List behavioral, emotional or mental condition and duration)			
Is this your 1 st time here? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure			
Are you enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Name of School _____ Grade _____			
Known or Suspected Use of Drugs and/or Alcohol:			
Current Legal Involvement/status (victim, perpetrator, offense, sentence):			
Medical Insurance Coverage (name of plan or benefit):			
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Calvo's SelectCare <input type="checkbox"/> StayWell <input type="checkbox"/> TakeCare <input type="checkbox"/> Netcare <input type="checkbox"/> TRICARE <input type="checkbox"/> VA			
<input type="checkbox"/> Aetna <input type="checkbox"/> Blue Cross/Blue Shield <input type="checkbox"/> Other: _____			
Insurance #: _____ Effective Date: _____			
If Medicare: <input type="checkbox"/> N/A <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender – Male <input type="checkbox"/> Transgender - Female			
Race: <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American			
<input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Declined to specify			
Ethnicity: <input type="checkbox"/> Carolinian <input type="checkbox"/> Chamoru <input type="checkbox"/> Chuukese <input type="checkbox"/> Kosraean <input type="checkbox"/> Marshallese <input type="checkbox"/> Palauan <input type="checkbox"/> Pohnpeian			
<input type="checkbox"/> Yapese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Taiwanese <input type="checkbox"/> Vietnamese			
<input type="checkbox"/> Other: _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widow(er)			
Citizenship: <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Not a U. S. Citizen Veteran Discharge Status: <input type="checkbox"/> N/A <input type="checkbox"/> Unknown <input type="checkbox"/> Honorable <input type="checkbox"/> Not Honorable			



GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER

790 Governor Carlos G. Camacho Road Tamuning, Guam 96913

Tel.#: (671) 647-5325 / 5440 Fax#: (671) 647-0250



Other comments:	
Referral Source/Agency:	Telephone Number:
Person making referral:	Date:
SIGNATURE OF CONSUMER OR PARENT/GUARDIAN:	Date:
Received by:	Date of Receipt:
Assigned to:	Administrator's Signature and date:



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TEL: (671) 647-5330 FAX: (671) 649-6948

**INTERAGENCY RELEASE OF INFORMATION
Authorization for User or Disclosure of Information**

EXPLANATION

The Guam Behavioral Health & Wellness Center (GBHWC) is a single state mental health agency of the territory of Guam whose mission is to provide comprehensive inpatient and community-based outpatient mental health, alcohol and drug programs and services for the people of Guam, and to continually strive to improve, enhance, and promote the physical and mental well-being of the people of Guam who experience the life-disrupting effects of mental illness, alcoholism and drug abuse or are at risk to suffer those effects and who need such assistance and; to provide such assistance in an efficient and effective manner in order to minimize community disruption and strengthen the quality of personal, family and community life. You or your family is protected by Federal Law regarding right to privacy in compliance with the terms of the Confidentiality of Medical Information Act 1981, Civil Code section 56 et seq. and with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

Consumer Name _____

Date of Birth _____

Name & Signature of Consumer or Guardian/
Relation to Youth/Young Adult _____

Contact Number(s) _____

I also authorize GBHWC to furnish and share information with each of the serving agencies specified below:

Initial	Name/Organization	Address: Street, City, State, Zip	Phone No.
	Guam Behavioral Health and Wellness Center	790 Gov. Carlos G. Camacho Rd., Tamuning, GU 96913	647-5440 647-5325
	Guam Department of Education	500 Mariner Ave Barrigada, GU 96913	300-1547
	University of Guam	University Dr. Mangilao, GU 96923	735-2214
	Guam Community College	1 Sesame Street, Mangilao, GU 96923	735-5531
	Guam Police Department	235 Central Ave. Barrigada, GU. 96913	475-8551
	Dept. of Youth Affairs	P. O. Box 23672 GMF Barrigada, GU 96921	735-5031
	Department of Corrections	Dairy Road Masburn Lane Mangilao, GU. 96913	473-7022
	Dept. Public Health & Social Services	194 Hernan Cortes Ave. Ste. 309 Hagåtña, GU. 96910	475-2672
	Dept. of Integrated Services for Individuals w/Disabilities	238 Archbishop Flores St. Ste. 602 Hagåtña, GU. 96910	475-4624
	Superior Court of Guam	Guam Judiciary Center 120 W. O'Brien Drive Hagåtña, GU 96910-5174	475-3331
	Guam Dept. of Labor	414 W. Soledad Ave. Ste. 400 GCIC Bldg. Hagåtña, GU 96931	475-7000
	Guam Housing Urban Renewal Authority	117 Bienvenida Ave. Sinajana, GU 96910	477-9851

(PLEASE FILL OUT REVERSE SIDE)



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The following information may be released to GBHWC (Check all that apply):

- School Academic and Attendance Records
- Special Education Record Reports (e.g. IEP)
- Psychological Evaluation(s)
- Police Investigation Section Reports (GPD)
- Mental Health (Inpatient/Outpatient/Discharge Summaries)
- Other, specify _____ (E.g., Summary Reports, Housing Placement Reports).
- Private Provider and Treatment Records
- Court Records
- Child/Adult Protective Services
- Medical and Lab Reports

Describe: _____
(Federal regulations require a description of the information to be disclosed.)

List specific dates of records to be released: _____

FOR THE PURPOSE OF:

- Coordinated Assessment and/or Wraparound Care of Youth/Young Adult
- Other: _____

DURATION:

This authorization shall be effective immediately and shall remain in effect until (date): _____

RESTRICTIONS:

I understand that the requestor may not further use or disclose information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law. Exceptions to confidentiality and disclosure of information are Public Law 20.209 (Individual is at risk for abuse/neglect or life endangerment), Public Law 24.239, (Family violence) and Public Law 5GCA (Threat to harm another person).

YOUR RIGHTS:

I understand that I have the right to revoke this authorization in writing, signed by me or my legal representative, and delivered to GBHWC. My revocation will be effective upon receipt, but will not be effective to the extent that this organization has taken action in reliance upon this Authorization.

I understand that I may refuse to sign this Authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information to be used and/or disclosed under this Authorization in accordance with organizational policy.

I understand that I have the right to receive a copy of this Authorization upon request.

Copy requested: Yes No

SIGNATURE: _____ **Date:** _____ **Time:** _____
(Consumer or Parent/Legal Guardian)

Witness: _____ **Relationship:** _____



GUAM BEHAVIORAL HEALTH & WELLNESS CENTER

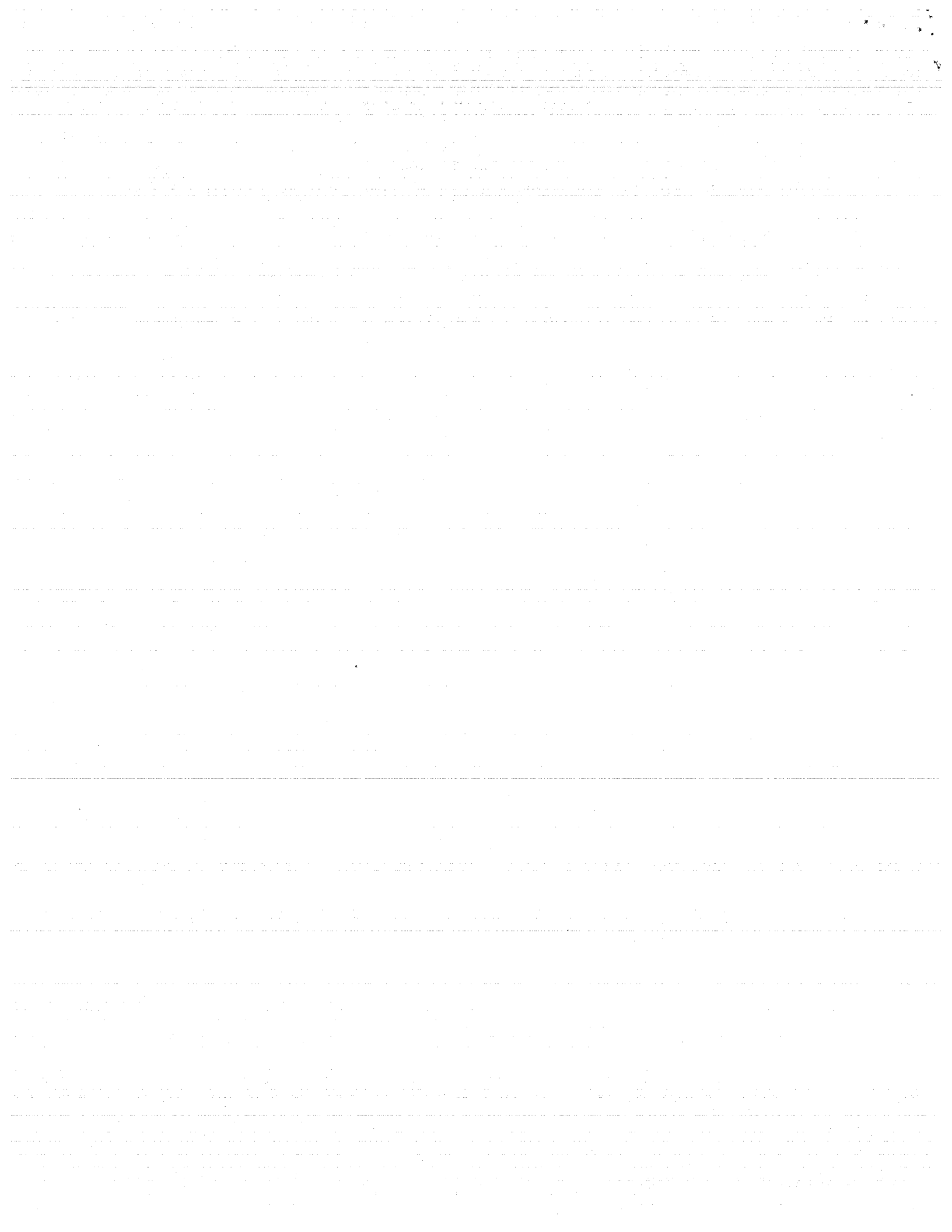
790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913
TEL: (671) 647-5330 FAX: (671) 649-6948

MAP TO HOME

(PLEASE USE ANY AND ALL LANDMARKS SUCH AS SHOPPING CENTERS, BUILDINGS, ETC.)

Consumer's Name: _____ MR#: _____

Home Address: _____ Contact Number: _____





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AUTHORIZATION FOR PHOTOGRAPHY

I, _____, hereby authorize to be photographed for
(Name of Consumer)
my Guam Behavioral Health and Wellness Center Medical Record.

Signature of Consumer or Parent/Legal Guardian

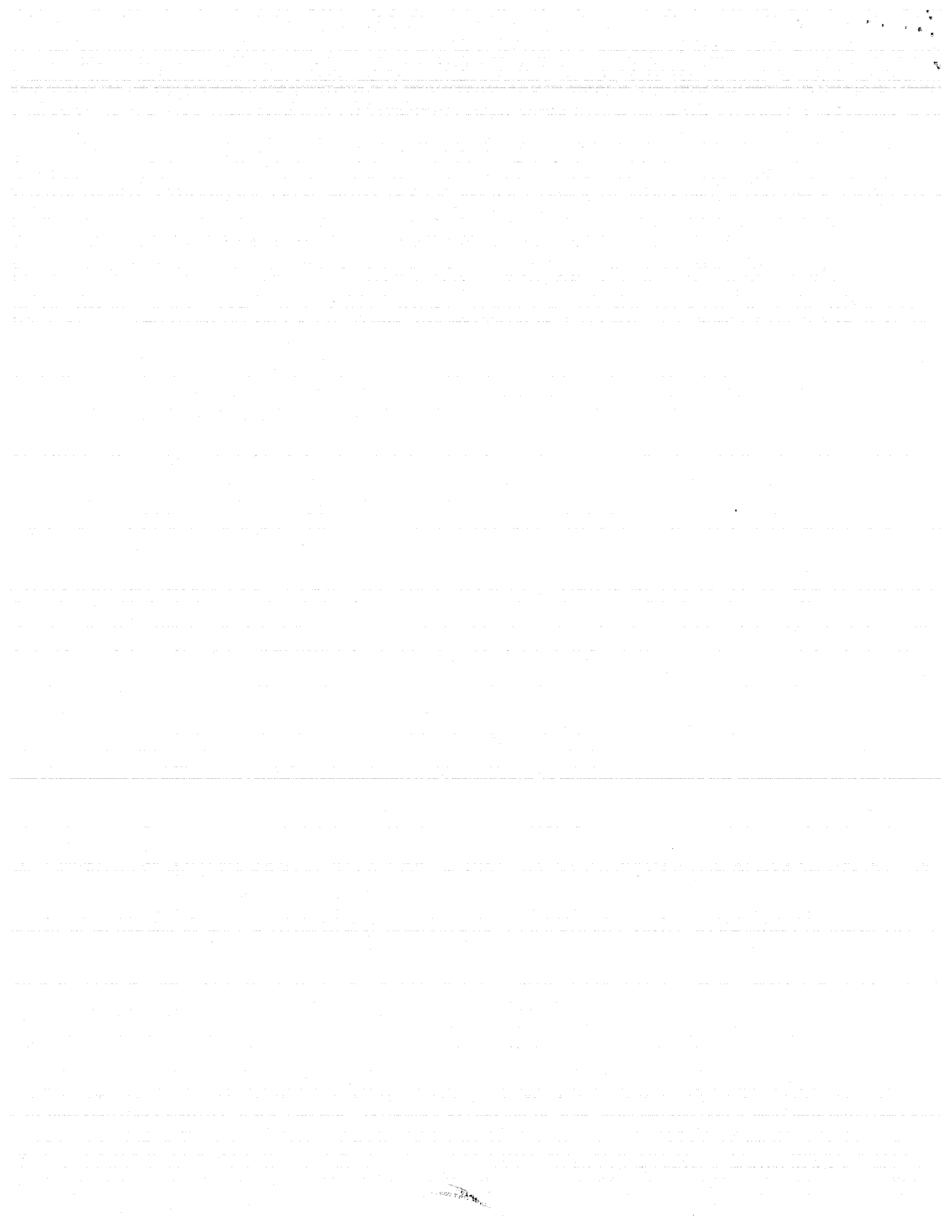
Date

Relationship to Youth/Young Adult, if applicable

(Signature of Staff)

Date

(place photo here)

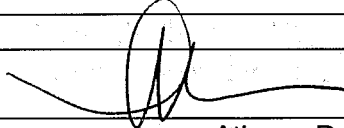




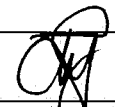
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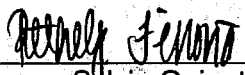
TEL: (671) 647-5330 FAX: (671) 649-6948

Date	Signature
12/12/19	

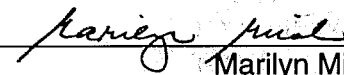
Athena Duenas
Drug & Alcohol Program Supervisor

Date	Signature
12/27/19	

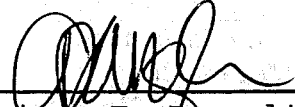
Maria Theresa Aguon
Program Manager-Healing Hearts

Date	Signature
12/17/19	

Sylvia Quinata
Adult Counseling Supervisor

Date	Signature
	

Marilyn Miral
Community Support Services Supervisor

Date	Signature
1/8/2020	

Carissa E. Pangelinan
Deputy Director



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790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913

TEL: (671) 647-5330 FAX: (671) 649-6948

REVIEW AND ENDORSEMENT CERTIFICATION

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

Policy Title: Screening and Access to Service

Policy No: CL-AP-01

Initiated by: Clinical Services

Date	Signature
12/12/19	

Cydsel Toledo
Quality Improvement Coordinator

Date	Signature
12/12/19	

Reina Sanchez
Clinical Administrator

Date	Signature
12/15/19	

Dr. Ariel Ismael
Medical Director

Date	Signature
12.13.19	

Dr. Mary Fegurur
Psychologist

Date	Signature

Leonora Urbano, RN-BC
Nurse Administrator

Date	Signature
12.5.19	

Annie Unpingco
CASD Administrator

Date	Signature
12/5/19	

Helen Onedera
Project Tulaika Director

Date	Signature
12/16/19	

Shermalin Pineda
Program Manager-RRP