


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Clinical Intake Assessment	POLICY NO: CL-AP-03	Page 1 of 6
RESPONSIBILITY: Clinical Programs		
APPROVED BY:  2/14/2020 THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: 6/13/17	
	LAST REVIEWED/REVISED:	

PURPOSE:

To provide a structure that defines the process of a Clinical Intake Assessment.

POLICY:

- A. A clinical intake assessment shall be conducted by a qualified, trained Intake Worker knowledgeable enough to assess the specific needs of all consumers.
 1. For court-ordered consumers, treatment recommendations or level of care shall be determined by GBHWC providers upon clinical intake.

- B. An intake packet must be completed to include the following documents:
 1. *Clinical Intake Assessment*
 2. *Informed Consent to Treatment Evaluation and Services*
 3. *Statement of Consumer Rights and Responsibilities*
 4. *Notice of Privacy Practices*
 5. *Privacy Practices Acknowledgement*
 6. *Personal Safety Plan*
 7. *Take Home Instructions*

- C. The assessment process shall include information obtained from the consumer, family members or legal guardian, other collateral sources and focus on the consumer's specific needs, identified goals and expectations, and significant life or status changes of the consumer. All consumers shall be screened for suicide risk. For program specific, evidence-based assessment tools, refer to respective program manuals.

- D. The assessment process shall include the preparation of a written interpretive summary that is based on the assessment data and shall be used in the development of the initial treatment plan.
 1. The written interpretive summary shall include the identification of any co-occurring disabilities, co-morbidities, and/or disorders.
 2. Assessments done by the Drug and Alcohol Program shall include a written interpretive summary that addresses the six dimensions of the American Society of Addiction Medicine (ASAM) or similar criteria.
 3. The clinical intake packet including EBHR documentation should be completed before case presentation.

- E. If the clinical intake assessment determines that there is suspicion or evidence of abuse and/or neglect, the Intake Worker will notify Child or Adult Protective Services.

- F. All intake processes shall be documented under the Intake and Registration module in AWARDS.

DEFINITIONS:

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.

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.

Consult: process of conferring with the immediate supervisor regarding treatment recommendations to determine appropriate level of care when clinical intake assessment determines a crisis

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.

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. Mental Health Outpatient Programs
 - 1. The Registration Personnel/Screeners shall verify the consumer record in EBHR and shall notify the Intake Worker that the consumer has arrived for a clinical intake assessment.
 - 2. The Intake Worker shall conduct and complete a clinical intake assessment, gather information, write the interpretive summary based on the assessment, and staff the case for disposition.
 - a. The Adult Outpatient Intake Worker shall use the GBHWC complex case criteria to identify whether the consumer is a complex case and needs a multidisciplinary treatment approach.

3. Evidence based assessment and screening tools shall be used to determine the level of care, intensity of service, and provisional diagnosis
4. If necessary, the Intake Worker shall consult with their immediate supervisor to receive clinical guidance and recommendations for treatment.
5. When a crisis is determined, if recommended by the immediate supervisor, the Intake Worker shall confer with a nurse for clinical guidance and recommendations. If additional information is required for assessment, the nurse will interview the consumer. After all information has been gathered, the nurse will consult with a Psychiatrist for proper disposition.
 - a. Consumers who are not eligible for admission to the Crisis Stabilization Unit and are not given any medication will be provided with a Personal Safety Plan and Take-Home Instructions including a follow-up with an assigned Lead Provider.
 - b. Consumers who are not eligible for admission to the Crisis Stabilization Unit and are given or prescribed medication will be placed under 23-hour limited admission, as appropriate. Upon discharge, consumers shall be provided with Take Home Instructions including a follow-up with an assigned Lead Provider.
 - c. Consumers who are eligible for admission to Crisis Stabilization Unit and voluntarily consent to treatment shall:
 - i. Sign the Consent to Psychotropic Medication and/or Other Medication.
 - ii. Be administered the first dose of medication at Medication Clinic prior to transfer to the Crisis Stabilization Unit.
 - d. Consumers who are eligible for admission to the Crisis Stabilization Unit and refuse treatment, after all efforts for voluntary treatment have been made, must be involuntarily hospitalized. (for specific criteria and protocol see 72-Hour Hold and 28-Day Certification: Involuntary Hospitalization for Evaluation and Treatment Policy).
6. Upon completion of the clinical intake assessment, results and treatment recommendations are communicated to the consumer and their family.
7. If the clinical intake process determines the following, the consumer/legal guardian shall sign the Chart Closure Form:
 - a. There is no need for services
 - b. There is a need, but the consumer declines services
8. If the consumer declines services, the clinical intake assessments will remain valid for thirty (30) calendar days. The face sheet and following forms will need to be updated if the case is reopened:
 - a. Informed Consent to Treatment Evaluation and Services
 - b. Statement of Consumer Rights and Responsibilities
 - c. Notice of Privacy Practices
 - d. Referral for Services
9. A Lead Provider will be assigned within the following timelines:
 - a. Children and Adolescent Division/ Healthy Transitions Unit (Project Tulaika): 10 business days from clinical intake assessment.

C. Healing Hearts Crisis Center (HHCC)

1. The Intake Worker shall conduct a full assessment, gathering information from client as well as parent/guardian when indicated and utilizing evidence-based assessment and screening tools to assist in determining the level of care, intensity of service and provisional diagnosis.
 - a. For minors, the Intake Worker will ensure that the parent/legal guardian presents a legal document (i.e. birth certificate, ex parte order or custody agreement) as evidence of legal guardianship.
 - b. The Intake Worker will consult with the HHCC Program Manager for clinical guidance and treatment recommendations.

2. The Intake Worker shall complete portions of the social work intake checklist as indicated by completion deadlines to ensure the following:
 - a. Complete intake documentation on EBHR including interpretive summary and service plan.
 - b. Complete documentation of forms to be submitted to Medical Records including Authorization to Release Mental Health Records.
 - c. Referral for Child Protective Services for all minor clients.
 - d. Update of HHCC patient listing.
 - e. Documentation of interview recording and custody receipt when indicated.
 - f. Complete intake summary.

3. The Intake Worker will refer client for forensic/multidisciplinary team/forensic experiential trauma interview if client consents to participate. Upon completion of the interview, the Interviewer will complete interview summary for inclusion in client's record.

4. Based on information gathered in the intake assessment and interview process, client may be referred for medical services if client consents to participate.
 - a. For emergent and urgent cases (in which the assault occurred within 72 hours for minors and 96 hours for adults) an abbreviated intake assessment will be conducted in conjunction with medical services to prioritize medical intervention. Intake completion and interview will be scheduled for a later time.

5. Upon completion of the clinical intake assessment, results and treatment recommendations are communicated the client and family.

6. The Intake Worker (unless otherwise indicated) is the client's case manager and will conduct a follow up with client and/or parent/legal guardian within 2 weeks.

D. Drug and Alcohol Program

1. D&A supervisor shall assign referred consumers to an intake worker/LP who will conduct a screening and intake assessment at the same time, if eligible for services.
2. All intakes are by scheduled appointment.
 - a. Special needs population (e.g. pregnant women and women with dependent children) will be given priority and be seen as a walk-in immediately.

3. The Intake Worker shall conduct a full assessment and gather information using ASAM to determine the appropriate level of care.
4. Based on the assessments, an interpretive summary shall be written that addresses the six dimensions of the American Society of Addiction Medicine (ASAM) as well as other required elements stated in this policy.
5. If the consumer's level of care and needs require additional wrap-around services, the Screener shall provide an initial orientation to the program and assign them to the Drug & Alcohol (ROSC) Recovery Oriented Systems of Care Social Worker.

SUPERSEDES:

Intake Policy; 8/9/1994; Marilyn L. Wingfield, Director DMHSA

REVIEWED /REVISED DATES: 6/13/2017. 1/13/2020

ATTACHMENTS:

F-CL-AP-03.1 Clinical Intake Assessment

F-CL-AP-03.2 Informed Consent to Treatment Evaluation and Services

F-CL-AP-03.3 Statement of Consumer Rights and Responsibilities

F-CL-AP-03.4a Notice of Privacy Practices

F-CL-AP-03.4b Privacy Practices Acknowledgement

F-CL-AP-03.5 Personal Safety Plan

F-CL-AP-03.6 Take Home Instructions