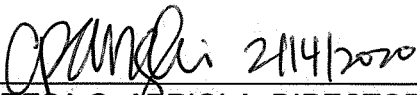


Guam Behavioral Health and Wellness Center		
<b>TITLE:</b> Internal Referrals to Services	<b>POLICY NO:</b> CL-AP-05	Page 1 of 3
<b>RESPONSIBILITY:</b> Clinical Services		
<b>APPROVED BY:</b>  THERESA C. ARRIOLA, DIRECTOR	<b>DATE OF ORIGINAL APPROVAL:</b> 4/19/2017	
	<b>LAST REVIEWED/REVISED:</b>	

**PURPOSE:**

To provide guidelines for Lead Providers who are initiating internal referrals to other Guam Behavioral Health and Wellness Center (GBHWC) services.

**POLICY:**

- A. GBHWC service providers create and maintain linkages within the department in order to ensure referrals to other services are provided to meet the needs of the consumers, as identified through assessments.
- B. Lead Providers, with the informed consent and participation of the consumer, may make referrals to another service within GBHWC at any point in service delivery (i.e. prior to offering service or while service is ongoing).
- C. All additional services not provided by the Lead Provider/Primary Worker of the consumer shall initiate an internal referral process to other services and be documented in the Electronic Behavioral Health Record (EBHR) in the Service Referral module under the Individual Services menu.

**DEFINITIONS:**

- A. Lead Provider: The consumer's predominant service provider who will be point of contact for all other service providers involved in the care of the consumer and is responsible for coordinating treatment and receiving calls/emails/other correspondences regarding the consumer.

**PROCEDURE:**

- A. General Internal Referrals Process
  1. The Lead Provider will initiate a referral process in EBHR through the service referral module.
    - a. The service referral must include the following:
      - i. Referral date
      - ii. Service being referred to
      - iii. Contact person
      - iv. Disposition date
      - v. Disposition status to be set to "Pending"
      - vi. Purpose/Need for the referral
      - vii. Referral tracking note including a case summary indicating reasons for referral

2. The Lead Provider will send an email to the receiving service provider notifying that a referral has been made.
  3. The receiving service provider will contact the Lead Provider to obtain additional information, if needed, to proceed with the referral process and disposition.
    - a. The receiving service provider is responsible for updating the disposition date, disposition status, and referral tracking note on the service referral module.
- B. CASD/Project Tulaika Counseling (individual/family therapy) Referrals
1. Before a referral to counseling is initiated, the Lead Provider will work with the youth and family in identifying treatment goals, commitment to therapy and exploring the youth and family's strengths and needs that will impact the therapeutic process. It is recommended that 3-4 family meetings occur prior to a counseling referral or earlier, if needed.
  2. If the Lead Provider determines that counseling is appropriate, the Lead Provider will initiate the referral process in EBHR following procedure A1-3 and should present the case during staff meetings for disposition.
    - a. The Lead Provider is responsible for documenting the case presentation and disposition on the ITT Consult Note.
    - b. Documentation steps include the following in AWARDS: **Services – Individual -> Progress Notes >** click on name of youth -> **Continue -> Continue->** Under Service Type, scroll to **Care Coordination ->** Under Progress Note Type Selection – click on **Social Work Note ->** Under Include, scroll to **ITT Consult -> Continue ->** Complete Note
    - c. The receiving Counselor/Therapist shall update the service referral module completing the disposition date, disposition status, and referral tracking note on the service referral module.
  3. Once a Counselor/Therapist is assigned, a Wrap meeting will be held to inform the family that counseling services will begin.
- C. CASD Psycho-Educational Group Referrals
1. Before a referral to a CASD Psycho-Educational Group is initiated, the Lead Provider must conduct a pre-screening based on the youth's goal and the purpose of group.
  2. The Group Facilitator will then conduct a screening through an individual, face-to-face session with the consumer to determine appropriateness for the group setting and if the youth's needs are aligned with the purpose of the group.
  3. CASD Psycho-Educational Groups include the following:
    - a. Chill Out Group
    - b. Sunshine Group
    - c. Collaborative Problem Solving
    - d. Road Map

D. Drug and Alcohol (D&A) Referrals

1. Before internal referrals are initiated, the D&A Lead Provider will present the case in the D&A clinical team meeting.
2. The Lead Provider is responsible for documenting the case presentation and disposition through on the ITT Consult Note.
3. Once the team has determined that other services are appropriate, then the Lead Provider will initiate the referral process in EBHR through the service referral module following same protocol as above A1-3.
4. The receiving service provider shall update the service referral module completing the disposition date, disposition status, and referral tracking note on the Service Referral module.





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**REVIEW AND ENDORSEMENT CERTIFICATION**

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

**Policy Title: Internal Referrals to Services**

**Policy No: CL-AP-05**

**Initiated by: Policy Committee**

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