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INTRODUCTION:

By its mission statement, Family Resources is dedicated to meeting the broadest possible range of needs for children and families within the community it serves. In order to meet those needs it provides its services through an array of programs representative of many disciplines within the social service profession. No client, however, can be served who does not find their way to the program, and no client may be served effectively who does not find their way to the service activity or activities most likely to meet their needs. Procedures and practices at the agency and program level are designed to assure that clients who will benefit from our work will find their way to us and that when they do they are directed or redirected to that assistance which is most likely to be what they need.

REFERRAL:

Referral is the process by which clients are identified as applicants for service by the agency. Depending on the program, the process may be very general, based on community education concerning service availability or very formalized, based on a legal or contractual requirement imposed upon eligibility. In general, the types of referral and their characteristics are:

- Self Referral: A client comes to us voluntarily and requests assistance. However, it can be argued that this is a misnomer, as the client could not find us without some source of information indicating that we have a service. A better name might be: Public Information Referral.
Professional Referral: This is a variation on the "self referral". In this case a helping professional, such as an attorney, physician, school counselor, etc, perceives that one of our services may be beneficial to a person they are serving and prompts or initiates the contact.
Crisis Referral: Family Resources provides several programs designed to respond quickly to individuals and families in crisis. Example include crisis intervention programs and facets of the



domestic violence and rape sexual assault counseling program. This type of referral is heavily dependent upon formal and informal collaboration with public and private entities in the community who are likely to come into contact with the person in crisis and may direct them to the potential of our assistance. Examples may include police agencies, hospitals, schools, or the courts.

- ✓ **Court Directed Service:** Many of our services are provided as the result of a court order. Examples include children placed in residential programming, family centered services provided in connection with adjudication, or day programming or tracking provided in connection with a delinquency case. These cases are generally referred to us prior to being ordered by a source working directly or indirectly with the court, such as a Juvenile Court Officer or DHS worker.
- ✓ **Government Assisted Voluntary Services:** In some cases, families may be authorized by the Department of Human Services receive services on a voluntary basis without court process. The department would be the referral source and bear responsibility for payment under our purchase of service agreements.
- ✓ **Third Party Payor:** Some clients will come to us because a third party, such as an insurance company or an employer pays all or part of the cost of service and directs that we be used as the service provider. These cases predominate in the Behavioral Health Care Unit and EAP programs.

REFERRAL PROCESS AT THE PROGRAM LEVEL:

Each service program of Family Resources is required to have as part of their program manual a detailed description of the referral process as it applies to their clients and activities. Proceeding from the basis of the identified target population and program goals, this instructional material addresses the following questions:

- ✓ What or who are the typical referral sources?
- ✓ Are there referral sources which are required for program participation?
- ✓ How are referral sources educated about the program and its offerings?
- ✓ Who is primarily responsible among program staff for referral source relations?
- ✓ How is staff in general to relate to referral sources?
- ✓ What limitations, if any, exist with regard to relationships with referral sources?
- ✓ Guidelines in place at the initial referral contact to identify cases that should be determined to be inappropriate for intake processing (without excluding cases worthy of intake review).

INTAKE:

Intake is the process by which potential clients are "screened" for suitability and eligibility for the service offered before being formally accepted or rejected for that service. While time frames and formality may vary from discipline to discipline, the process must be planfully developed to optimize mission fulfillment in accordance with the following general principals:

- ✓ The target population and criteria for eligibility for service are clearly identified in writing and this information is freely made available to stakeholders.



- ✓ The right of the agency to determine whom it will serve is reserved based upon clear, written criteria which are consistent with overall mission, permissible under any applicable laws and will not have the effect of excluding any person otherwise eligible who need and can use the service.
- ✓ The process is time limited and does not present a barrier to the timely initiation of services or referral to other, more appropriate services.
- ✓ Intake information is recorded as received on a Family Resources approved intake form. These forms are designed to obtain information determined to be required for the intake decision. All questions must be answered. If the particular question is not applicable, the designation NA shall be used. If information is not available, the reason for its unavailability must be entered.

ADMISSION:

Once all relevant and necessary intake information is obtained, a determination is made whether service may or will be provided to the proposed client. This determination is referred to as "admission". It will be made in different ways, with varying levels of formality throughout the variety of programs provided by the agency. Subject to clinical supervision, for example, an individual professional in programs such as Behavioral Health Care may have much latitude in application of the guidelines to individual clients. Residential Programs, on the other hand, will have a detailed intake and admission protocol with specific individuals mandated to do intake and facilitate admission determinations. All admission procedures, however, are required to meet the following requirements:

- ✓ The admission decision must be based upon the clear, written criteria established by the program.
- ✓ The admission decision will take into account the identification of special needs and the ability of the agency Unusual Needs Accommodation Protocol to provide a service system which meets those needs.
- ✓ The admission decision will take into account the ability of the agency to commence service in a timely manner, and if initiation of service cannot commence within optimum time frames whether the case need is susceptible for having the client placed on a "waiting list" or whether the situation requires referral for other services.

INTAKE AND ADMISSION AT THE PROGRAM LEVEL:

A section of each program manual is devoted to a "walk through" description of the intake and admission process as it is applied within that discipline. In addition to addressing the macro items set forth in the previous section, this section will provide the operational details for the following:

- ✓ What staff are responsible for overseeing or completing the intake process?
- ✓ What specific information is required to be obtained for the admission process and who is responsible to obtain?
- ✓ What documentation is required during the intake process and who is responsible for completing it?
- ✓ What are the program specific criteria for acceptance or rejection of service?
- ✓ How is the decision of acceptance or rejection made and who has the authority to make that decision?



- ✓ In the event of acceptance, what is the process by which service is initiated and, if service is not immediately available, by what criteria is it determined that delayed commencement of service is acceptable.
- ✓ In the event required services are not immediately available, required funding authorization is delayed, or services other than those provided in the program are required, what process is to be followed to redirect the client or to prevent undue harm?
- ✓ Once the acceptance decision is made, what formalities of documentation are required to be completed (consents, service agreements, etc), who is required to complete them, in what form and within what time frame?
- ✓ The exact manner in which the client is advised of their rights, including the right to grieve service decisions, and the conditions and expectations upon which their service eligibility is based and the consequences of failure to meet those conditions, such as current payment.

SPECIAL ISSUES, UNACCOMPANIED MINORS

In almost all instances, the knowledge and consent of a parent or legal representative is needed for the participation of a child in services. There are some instances, related to the welfare of the child, where some short term, time limited services may be provided without parental knowledge or consent. For obvious reasons, those cases are rare and specialized. Each service provider is responsible for being aware of the limits that are applicable to their particular discipline. Any delivery of service to a minor without the knowledge or consent of the parent or legal representative must be approved by a supervisor and reported to the Legal Affairs/Risk Management Office