 <b>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</b>	<b>ADULT COMMUNITY MENTAL HEALTH &amp; ADDICTION SERVICES</b>	<b>Protocol MHAS.C1.6</b>
<b>MENTAL HEALTH &amp; ADDICTION SERVICES PROTOCOL</b>	<b>INTAKE</b>	

## STANDARD

All referrals to Community Mental Health (CMH) are processed expediently and appropriately in keeping with Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Service's (MH&AS) policy, Health and Disability Services Standards and Ministry of Health guidelines.

## OBJECTIVE

The primary function of the Intake Service is to process all referrals to ACMHAS. The Intake Service provides a clinical first point of contact with a telephonic clinical response and information to referrers and members of the public who request a secondary psychiatric services response. The Intake Service is responsible for the co-ordination of referral information, and ensures continuation of follow-up for incoming referrals.


## EXCLUSIONS

There are no exclusions.

## PROCEDURE

	ACTION
1.	<ul style="list-style-type: none"> <li>• Incoming written referrals are initially date stamped in CMH reception by admin support and passed onto intake.</li> <li>• Non-urgent phone calls and referrals are directed to the Intake service.</li> </ul>
2.	<p>Upon receiving a referral the Intake Co-ordinator will:</p> <ul style="list-style-type: none"> <li>• Enter information electronically on WebPAS</li> <li>• Check WebPAS / Clinical intranet for past psychiatric contacts and include this information with the new referral.</li> <li>• Integrate any relevant feedback obtained from sector teams regarding previous presentations.</li> </ul>
3.	<p>The Intake Co-ordinator:</p> <ul style="list-style-type: none"> <li>• Contacts the referrer and client, and using the Triage form, gains further information to clarify the appropriateness, urgency, main presenting issues and assigns a triage priority (refer to <a href="#">MHAS.A1.53 Triage Scale</a>)</li> <li>• Is supported by on-duty psychiatrist, on-duty crisis team, and clinical leads.</li> <li>• Processes all written referrals, self-presentations, and new-to-service phone calls.</li> <li>• Transfers calls and self-presentations meeting triage category levels A to emergency services</li> <li>• Transfers calls and self-presentations meeting triage category levels B, C and D to crisis staff.</li> <li>• Completes a triage form for the new referral and assigns a priority for a comprehensive assessment for patients at level E.</li> <li>• For patients at triage levels F or G, communicates with the referrer and patient regarding the service criteria and the reason that they are not for service; and provides information about appropriate services or treatment options. See <a href="#">Appendix 1</a>.</li> </ul>

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<b>ACTION</b>	
<b>4</b>	<ul style="list-style-type: none"> <li>• Referrals that meet the MH&amp;AS entry criteria will be discussed with the relevant sector Team Leader for allocation to a healthcare practitioner (HCP) to complete a comprehensive assessment.</li> <li>• Support for comprehensive assessment is available from the duty psychiatrist, crisis staff, clinical leads, and team colleagues. The HCP uses clinical discretion regarding this support considering the patient, assessment setting, and assessment process.</li> </ul>
<b>6</b>	<ul style="list-style-type: none"> <li>• Referrals that have been accepted by the sector team will have a standard acceptance letter sent to both the client and the referrer by the sector admin support.</li> <li>• All referral outcomes will be electronically documented on assignment of clinician by sector admin staff.</li> </ul>
<b>7</b>	<ul style="list-style-type: none"> <li>• Referrals may be declined if the presenting issue does not meet CMH entry criteria i.e. not a primary mental health concern.</li> <li>• In this case, Intake will broker these referrals by identifying appropriate sub-speciality service or community resources and providing the referrer / client with the information necessary to access alternative treatment options should they chose to.</li> <li>• Intake will attempt to provide information on a range of agencies / services that can cater to the issues identified.</li> <li>• Intake will endeavor to keep an updated register / list of Community agencies as providers can regularly change within the community setting.</li> <li>• Mental Health Services do not have preferred community providers</li> </ul>

## REFERENCES

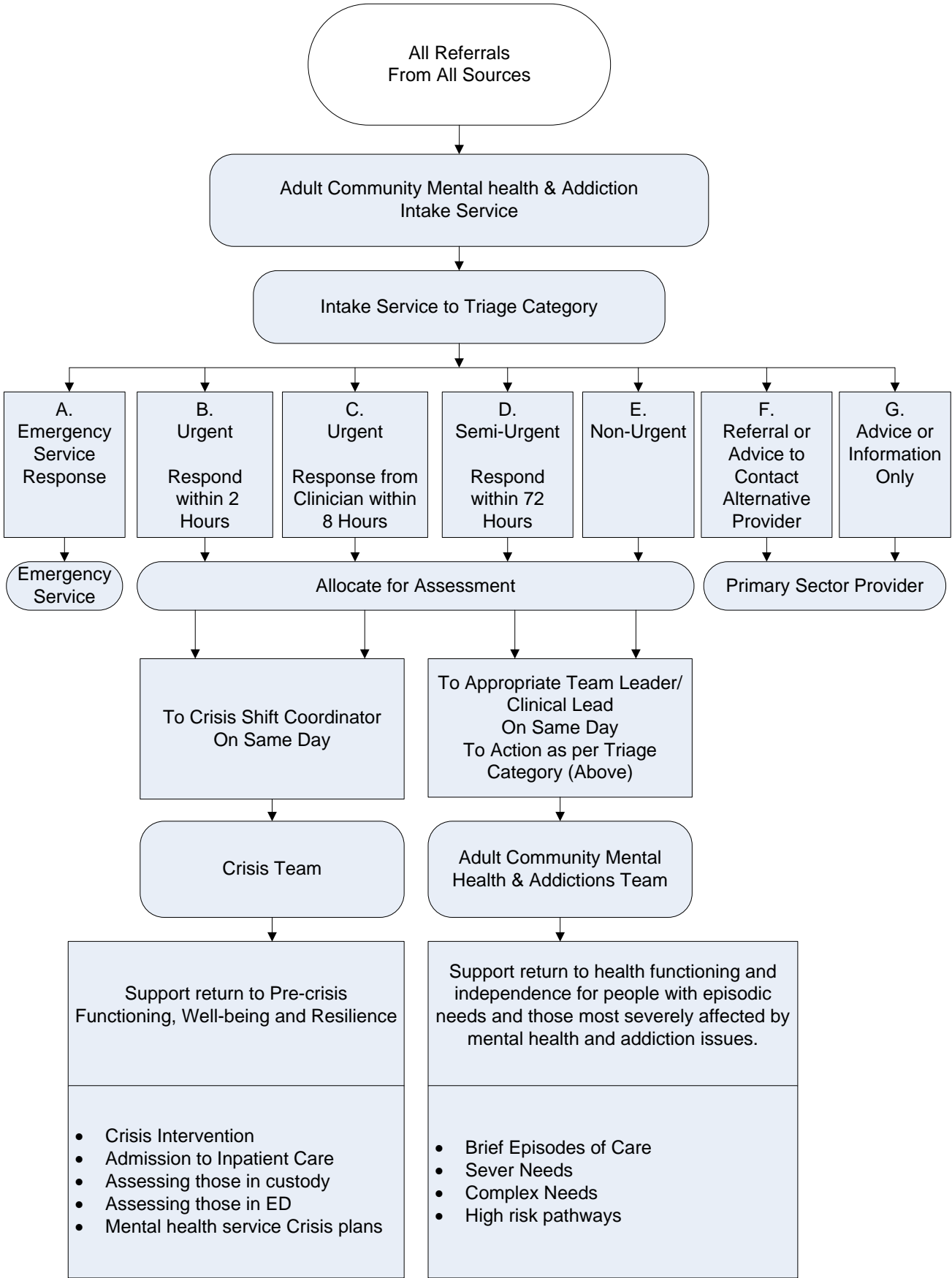
- Health and Disability Services Standard, NZS 8134:2008.

## ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board Mental Health & Addiction Services protocol MHAS.A1.53 Triage Scale](#)
- [Bay of Plenty District Health Board Mental Health & Addiction Services protocol MHAS.A1.23 Assessment](#)
- [Bay of Plenty District Health Board Mental Health & Addiction Services protocol MHAS.A1.43 Referral](#)
- Community Mental Health and Addictions Triage Intake form

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**Appendix 1 Adult Community Mental Health Services Triage Intake Process 2017**



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## Appendix 2 Intake Tasks

# ADULT MENTAL HEALTH INTAKE TASK

## FLOW CHART

PHASE	STANDARDS TASKS	ELECTRONIC ENTRIES	BY WHOM
REFERRAL RECEIVED AND LOGGED	Date Stamp all referrals		
TRIAGE / INTAKE	Contact referrer, elicit relevant health history and information Facilitate Consumer engagement Check demographics, address & contact details, consent, expectations Provide information	<u>In Webpas:</u> Create new primary referral for mental health if none open or re-activate if previous one was closed within last 3 months. Create linked referral for case team if none is open	<b>Admin Support / Intake worker / Crisis Shift Coordinator</b>
		<u>In Webpas:</u> Enter notes against linked referral of case team	<b>Intake/Triage Worker Crisis worker</b>
TRIAGE A, B, C, D, E, F, G REFER MHAS.A1.53	<ul style="list-style-type: none"> <li>• A Crisis</li> <li>• B High Risk</li> <li>• C Urgent</li> <li>• D Semi-Urgent</li> <li>• E Non-Urgent</li> <li>• F+G Not for service</li> </ul>	<u>In WebPAS enter:</u> triage category A-G In primary referral comment field. <u>Contact:</u> use codes T01, T08, T32, T42 <u>Location</u> - phone or physical location for face to face contacts	<b>Intake/Triage Worker Crisis worker</b>
<b>A-CRISIS</b>	<b>REQUIRES IMMEDIATE RESPONSE REFER TO EMERGENCY SERVICES INFORM CRISIS WORKERS /DAO's</b>		<b>Intake refer to Crisis service or Responsible health care professional [if known client] for direct contact and assessment</b>
<b>B- HIGH RISK</b>	<b>Requires direct contact + assessment in 2 hours</b>	Type Assessment & Risk Ass. and email to admin for uploading to CIS. Enter Outcomes scores. Enter encounter in Webpas and make Webpas notes.	
<b>C-URGENT</b>	<b>Requires direct contact +assessment in 8 hours</b>		
<b>D -SEMI URGENT</b>	<b>Requires RHCP allocation by Team Leader RHCP does assessment in 72 hours</b>		<b>Intake refers to Team Leader RHCP does assessment</b>
<b>E- NON-URGENT</b>	<b>Requires RHCP allocation by Team Leader RHCP makes contact in 1 week &amp; does assessment in 3 weeks</b>		
<b>F+G NOT MEETING MENTAL HEALTH SERVICE CRITERIA OR FOR INFORMATION ONLY</b>	<b>Requires written response in 10 days. Provide consumer and referrer with information on alternate services that match health needs</b>	Record against linked referral. Close linked and primary referrals	<b>Intake/ Triage worker</b>
<b>MDT MEETING + FEEDBACK, CONFIRM ACCEPTANCE OR DECLINE INTO SERVICE RHCP / CASE MANAGER DIAGNOSIS TREATMENT PLAN</b>	Use Assessment form for presentation to MDT Record decisions on form Treatment Plan documented  Referrer and client summary letter MDT Review Form filed Treatment Plan updated	<u>Declined:</u> Close linked and primary referrals <u>Accepted</u> RHCP transfer in WebPAS	<b>Intake worker if individual is declined from service and RHCP if accepted for further treatment</b>
<b>DOCUMENTATION COMPLETED</b>			

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