

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
POLICY AND PROCEDURE MANUAL

Section: Clinical
Policy Number: 13
Subject: **Intra-Agency Transfer**

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Policy

It will be the policy of Shiawassee County Community Mental Health Authority (SCCMHA) that there are organization wide standards for the transfer of consumers between SCCMHA primary service providers, programs, and/or levels of care.

Purpose

To ensure that consumers do not experience disruptions in care when there is a change in primary service provider, program and/or level of care within SCCMHA service delivery system.

Application

All SCCMHA program elements.

Definitions

Intra-Agency Transfer: The reassignment of a consumer receiving ongoing services to a different SCCMHA primary service provider.

Primary Service Provider: The SCCMHA service provider who has the responsibility for the development, implementation, and monitoring of a consumer's service plan.

Standards

1. An intra-agency transfer may occur when a consumer identifies ongoing conflicts with a primary service provider which impede the consumer's ability to achieve her/his desired outcomes and honest attempts have been made to resolve the identified conflicts.
2. A consumer and/or a primary service provider may request that a consumer be transferred to a different program element in the same level of care when it is determined that the requested program will enhance the consumer's ability to achieve her/his desired outcomes.

