**NOTE TO USER- This template is intended to give your clinic a head start on developing its own SOP for this topic. The template can quickly be adapted to fit your clinic’s needs, dropping content you do not need and adding anything you feel is relevant. Note that there are several highlighted areas, which should be addressed as you customize this template for your clinic.**

**Subject:** Standard Operating Procedure (SOP)/Operating Instruction (OI) for the assignment of patients to providers at the [Behavioral Health Clinic] at [Medical Center] for Evidence-Based Psychotherapy (EBP) group treatment

**Purpose:** To establish a structured, efficient process for assigning patients to providers for EBP group treatment, and offer guidance on specific roles and responsibilities for a group services coordinator, providers, and Behavioral Health Technicians (BHT)

**References:** [add any clinic SOPs/OIs that are referenced in this document]

**1. Objectives.**

* 1. Provide appropriate Evidence-Based Psychotherapies (EBPs) in a group format to reach as many patients as possible.
  2. Provide EBPs in a timely manner.
  3. Minimize the logistical challenges for referral into EBP groups.

**2. Responsibilities.**

* 1. [Clinic Manager] has overall responsibility for the provision of services and their method of delivery within the clinic. S/he will work with the group services coordinator to determine the EBP groups that the clinic will offer.
  2. [Group Services Coordinator] will work with [clinic manager] to coordinate staffing schedules, group room availability, and training for groups, when applicable. The coordinator will support and reinforce the group procedures outlined. The Group Services Coordinator role is outlined in the addendum section.
  3. [Providers] are responsible for following the procedures as outlined below.
  4. [Lead EBP Behavioral Health Technician] will oversee and coordinate appointment scheduling and assignment of BHTs to additional duties as outlined below.
  5. [Behavioral Health Technicians] are responsible for following the procedures as outlined below.

1. **General.** 
   1. As part of its efforts to optimize services, the [clinic] will be offering more EBP groups. All providers should evaluate a patient’s suitability for one or more of the EBP groups upon intake and follow-up sessions.
   2. This SOP applies to all staff working in the [MHC.] Note that this SO covers only referral procedures for EBP groups and does not apply to **all** clinic groups. For non-EBP groups (e.g., [process and interpersonal] groups) contact the provider/s who conducts that group to make a referral. Within the [MHC], the following groups are considered EBPs and fall under this SOP/OI:
   * Cognitive Processing Therapy Group (CPT)
   * Cognitive Behavioral Therapy for Depression (CBT-D)
   * Cognitive Behavioral Therapy for Anxiety
   * Cognitive Behavioral Therapy for Stress Management
   * Anger Management Group
   * Cognitive Behavioral Therapy for Anger
   * Cognitive Behavioral Therapy for Insomnia (CBT-I)
   * Cognitive Behavioral Therapy for Chronic Pain Group (CBT-CP)
   * Dialectical Behavior Therapy Skills Group
   * Unified Protocol Group
   1. Note that a current Group schedule is available on the shared drive at: [fill in the location].
2. **Procedures.**

4.1. Referral Procedures.

* + 1. All providers should be aware of the range of group therapy options within the [clinic] and consider inclusion and exclusion criteria when referring to EBP groups. This information is clearly noted on the Pre-Group Screening and Referral handout in the group therapy binder.
       1. General exclusion criteria for an EBP group include active severe substance use disorder, active psychosis, and personality disorders or traits that would interfere with the group, etc.
       2. SI/HI are NOT a standard exception. In these cases, providers are to follow regular risk procedures and refer to appropriate EBP group unless contraindicated.
       3. If a provider wishes to have a patient attend an EBP group and they do not meet the inclusion criteria (e.g., placing a non-PTSD patient into the CPT group), then the provider will need to clear this with the group provider.
    2. The referring provider should discuss the group referral with the patient, giving them a realistic understanding of the format and expectations for group attendance. [Optional: The clinic may provide a 1-page sheet to explain the format, expectations, etc.]
       1. Patients should be informed that participation in an EBP group is the clinic standard, prior to the option of attending individual therapy sessions.
       2. [Clinic manager] will monitor referral rates into EBP groups. At weekly staff meetings, [clinic manager] may ask about how full EBP groups are and if they are underutilized, discuss referral patterns.

The [Clinic Manager] may task the BHT with monitoring levels of utilization.

* + 1. The referring provider fills out the Scheduling Form to identify to which group the patient is referred (see Scheduling Form & Group Referral Binder Procedure for additional information).
    2. Upon receipt of the Scheduling Form, a BHT will add patient to Group Referral binder list.
       1. Whenever possible, a designated BHT will discuss the group referral and group process and expectations with the patient.
       2. Note that some groups may require that patients be screened before being able to attend the group therapy. BHTs will conduct a screening according to the Pre-Group Screening and Orientation Instruction Guide for a particular group.

* 1. Clinical and Administrative Responsibility for Patients Attending EBP Groups.

4.2.1. EBP groups are offered as a service to all clinic patients by providers. Referral into an EBP group does not constitute a transfer of care for a patient and the referring provider remains the primary provider for their patient. This is the case even if the EBP provider has seen the patient more often.

* + 1. Primary providers remain responsible for the following administrative and clinical areas:
       1. Any necessary command consultation.
       2. Treatment planning and disposition.
       3. Initiation of Medical Evaluation Boards. (Note: group providers can supply a short summary of the patient’s group therapy experiences for the MEB.)
       4. Handling any walk-in crises appointments for the patient.
       5. Profiles.
       6. Any special requests from or requirements for the patient (e.g., letters to other agencies).

4.3. Group Referral Binder Procedures.

* + 1. The Group Referral Binder must be kept in the [front office administrative] area and should be treated as other documents containing protected health information (PHI). As part of the clinic closing-down procedures, the front office staff will be responsible for ensuring that the binder is locked securely in the [High Interest File Cabinet].
    2. Do not overbook the groups. If groups are full, patients should be added to a new sheet and will be able to attend the group once the next iteration of the EBP group starts. BHTs will notify the [clinic manager] that the group is full.
       1. If a patient drops out before the start of the current group, BHTs can call patients on the list for the next group to determine whether they can move up the dates for attending the group.
  1. EBP Group Management Procedures.
     1. Preparations for group.
        1. Group leaders are responsible for collecting or reviewing their referral sheets prior to the start of the group session.
        2. Behavioral Health Techs.   
           1. Using the group therapy referral sheets, the BHT will ensure that patients referred to the group are booked [several days ahead].

Verify patients can attend first session by calling them 1-2 days ahead of initial session. This call is also used to re-affirm expectations about the group including attendance, homework, number of sessions, start date, and times of group (including arriving 10-15 minutes before group starts to complete outcome measures).

* + - * 1. Conduct group screening for any groups that require it 2-3 days ahead of initial session.
        2. Assemble materials for instructors and handouts for patients, along with pens 1-2 hours before group.
        3. BHT will be in group room 15 minutes before the start of group to help with preparations.
    1. In session, BHT will:
       1. Pass out any outcome measures that are required for the group, ensuring that patients complete and return the measures.
       2. Complete tracking form, Group Module Session Note Tracking Sheet for Tech, noting the following: outcome measure scores, homework and participation, Mental Status Exam (MSE), behavioral observations, risk, and plan for upcoming sessions.
       3. Co-facilitate the group to degree agreed upon with provider.
    2. Post session, BHT will:
       1. Debrief with provider, if necessary.
       2. Draft notes:
          1. Use EBP note template designed for that group.
          2. Use information from the tracking form - Group Module Session Note Tracking Sheet for Tech.
          3. Provide the completed session note template to the EBP group leader.
       3. BHT will score and enter all outcome measure data into clinic tracking resource.
    3. Group leaders will add clinical information where appropriate and enter the information into the patient’s medical record.
  1. Handling Group Absences.

* + 1. When patients referred to an EBP group do not attend a group session, either the group leader or BHT will call the patient to discuss his/her absence. If the patient indicates that s/he will not be attending the group any longer, then the group leader or BHT will inform the primary provider of this change in services.
    2. The primary provider should then reach out to the patient to schedule an individual follow-up to discuss disposition.
    3. The primary provider updates the treatment plan and annotates in the electronic medical record that the patient is no longer attending the EBP group.
  1. Handling Non-compliance or Disruptive Behaviors.
     1. Patients attending an EBP group who do not complete homework assignments or are disruptive to the group process can be disenrolled by the group provider.
        1. The group leader will send an email to the primary provider stating the reason(s) the patient was disenrolled from the group.
        2. If a patient is disenrolled from an EBP group, then the group leader should follow up with their primary provider, who should then reach out to the patient to discuss disposition.
  2. Successful Completion of EBP Groups.
     1. Upon completion of an EBP group, the following will occur:
        1. The patient will be asked to complete a group therapy evaluation form.
        2. The electronic medical record will be updated, documenting completion of the group.
        3. The group leader will inform the primary provider that the patient has completed group. The primary provider then contacts the patient to discuss any additional follow-up and/or disposition.
        4. Recommendations will be made for attending other groups. [Note that some clinics may choose to not allow patients to self-refer into other EBP groups at the end of one group.]:
           1. Group leaders recommend other EBP groups including CPT, CBT-D, CBT-I, and CBT for anxiety.
           2. Group leaders let patients know if they might benefit from completing another cycle of the same EBP group to continue to build on their skills.

ADDENDUM: Group Services Coordinator Role

1. Objective. The Group Services Coordinator role was established to oversee and aid in the implementation of group services in the [clinic].
2. General.
   1. Whenever possible, the Group Services Coordinator role will be filled with a provider who has skill and interest in the provision of group therapy services.
   2. Depending on the needs within the [clinic], the Group Services Coordinator may be given a reduction in workload to offset taking on this role.
3. Procedures
   1. The Group Services Coordinator will collaborate with the [clinic manager] to determine group offerings in the clinic.
      1. Desired group offerings will be selected according to [clinic] and patient need as determined by needs assessment processes, data analysis, and/or leadership appraisal.
      2. Groups will be strategically staffed by providers and/or BHTs, with intentional consideration of specialized groups being staffed first followed by more general groups. (Example: If only 2 staff can run an EBP group for PTSD, but 10 staff are trained to lead a CBT-Depression group, the PTSD group will be staffed first and then the depression group to ensure both have appropriate leadership.)
      3. The Group Services Coordinator will actively recruit providers to lead groups.
      4. Anticipating gaps in group services and managing short-notice coverage for groups will also be part of the Group Services Coordinator role.
   2. The Group Services Coordinator will manage logistical functions of groups in the clinic.
      1. Schedule and location of groups.
      2. Work with Senior BHT to coordinate scheduling of and training of BH Technicians to assist with groups.
      3. Work with a BHT to ensure the availability of group manuals and resources.
   3. The Group Services Coordinator may provide staff training on group-related topics such as
      1. Performing referrals to group.
      2. How to do effective group screening.
      3. Managing group dynamics.
      4. Dealing with risk issues in group.
      5. Effective termination in group therapy.
   4. When possible, the Group Services Coordinator will co-lead groups with less experienced staff to build competence and excitement for groups.
   5. The Group Services Coordinator may provide routine group supervision of group work to students/trainees of the clinic.
   6. In this role, the coordinator will strongly recommend hiring staff with group interest and training.
   7. The Group Services Coordinator will advocate for trainings associated with group services for providers and BHTs.
   8. Monitoring the referral and dropout rates for groups and reporting back to group leaders and supervisors is an important function of this role. (Example: If a staff member has not referred a patient to group in 2-3 months, there may be an issue to address here. Additionally, if a particular group has a significantly higher dropout rate than other groups, it would be helpful to examine the factors contributing to this.)
   9. The Group Services Coordinator will assist group leaders with advertising groups