



K-12 Education System Coordination Plan

No: AS1002

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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH Central Office and its functions.
- The requirements herein apply, verbatim, to GCBH and its network providers².
- The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

I. BACKGROUND:

GCBH, its network providers and the K – 12 Education System, through ESD 101, 105, 112 and 123, have collaborated and agreed to follow this plan and distribute it to appropriate staff in the combined efforts to coordinate care in serving children/youth with mental illness issues.

II. PURPOSE:

The purpose of this plan is to provide clarification of roles and responsibilities of the allied systems relative to serving children/youth to ensure that mental health issues are effectively treated, enabling children/youth to attain their full academic and life potentials.

III. PLAN:

A. Roles and responsibilities:

1. GCBH and its network providers will carry out the activities described below:
 - a. Provide the full range of crisis response services, including outreach intervention and evaluation for psychiatric hospitalization under the Involuntary Treatment Act, on a 24-hour basis, for consumers in crisis referred for emergency mental health services.
 - b. Provide a mental health assessment and determination of eligibility for every Medicaid enrolled child/youth who requests mental health services (either on their own or through their legal guardian if under 13 years old).
 - c. For children/youth who meet eligibility criteria, GCBH provider's, in collaboration with the K – 12 Education System, will develop crisis and individual service/treatment plans in accordance with GCBH standards that outline mental health services to be

provided.

- d. For children/youth mutually served, where coordination is necessary, GCBH and/or its provider network will request a release of information from the child/youth and/or parent/guardian in order to allow the mutual sharing of information between the systems.
- e. A GCBH network provider will perform an intake evaluation for a child/youth within 14 calendar days of a request for services by the child/youth or his/her legal guardian.
- f. If a child/youth is accepted for services, treatment begins within 14 calendar days of the intake.
- g. At a school's request, network providers' direct service staff will participate in interagency staffings for mutually served children/youth, to update treatment and case plans, safety planning, sharing of information and collaborative problem solving.
- h. Prioritize evaluation with psychiatrists based on urgency of need.
- i. Attempt to provide crisis support in the community whenever appropriate. When psychiatric hospitalization is necessary, GCBH will coordinate discharge and crisis planning with the school, as is appropriate.
- j. Provide Community Support Services, whenever possible and when appropriate, to children/youth who meet GCBH eligibility and medical necessity per Access to Care criteria and WAC statutes, commensurate with their psychiatric need and within available resources.
- k. Provide culturally competent and sensitive services to mutually served children/youth. When needed, interpreter services will be funded by GCBH network providers for the delivery of mental health services.
- l. Comply with EPSDT guidelines.
- m. Identify opportunities for education of school staff to improve their working knowledge about the public mental health system and local treatment options for children/youth who are eligible for GCBH services.

- n. Provide Care Coordinators as a source of information and problem solving when issues arise.
2. K – 12 Education Systems schools will:
- a. Use best efforts to maintain a basic working understanding of GCBH and the services of its network providers and how to access them.
 - b. Identify children/youth presenting with behaviors/symptoms commonly associated with mental illness and refer them for appropriate services. This includes use of internal counseling supports/expertise, as well as supporting students and/or their parents in requesting services through GCBH and/or its network providers or other community supports.
 - c. Request that a release of information be signed by the child/youth (if over 13 years of age) or by their legal guardian when exchange of information is necessary.
 - d. At a GCBH Network Provider's request and insofar as possible, school direct staff will participate in interagency staffings for mutually served children/youth, to update treatment and case plans, safety planning, sharing of information and collaborative problem solving.
 - e. Use best efforts to comply with EPSDT guidelines.

B. Processes for sharing of information related to eligibility, access and authorization:

- 1. GCBH and its network providers will use best efforts to provide informational documents to the K – 12 Education System related to eligibility, access, authorization and services and will provide training for K – 12 schools, as requested.
- 2. GCBH will invite public school staff to participate in the GCBH Children's Committee and other local county children's committees, where access to and components of services are routinely discussed.

C. Identification of needed local resources, including initiatives to address those needs:

- 1. GCBH and the K – 12 Education System interface regularly in

many public meetings, including those intended to identify gaps and develop initiatives to address local need.

2. Staff from the K – 12 Education System will be invited to participate in the GCBH Children’s Committee, where access to and components of services are routinely discussed.

D. Process for facilitation of community reintegration from out-of-home placements:

1. GCBH and/or its provider network will use best efforts to include the K – 12 Education System in crisis planning and short-term psychiatric hospital discharge planning, as appropriate.
2. GCBH and/or its provider network will use best efforts to include the K – 12 Education System in the discharge planning relating to children/youth returning to the community following a CLIP intervention in accord with the current GCBH MOU established with the Children’s Long-Term Inpatient Program Administration.

E. Process to address disputes related to coordination of services or payment responsibility:

GCBH and the K – 12 Education System recognize that circumstances may arise which may create barriers to smooth coordination of services. Therefore, best efforts will be made to resolve issues at the lowest level possible. If necessary, individuals may contact the GCBH Care Coordinators and/or GCBH network providers or a school administrator to resolve the dispute.

F. Process to evaluate progress in cross-system coordination and integration of services:

GCBH, its provider network and the K – 12 Education System are committed to continuous quality improvement. The GCBH Children’s Committee includes a process for routine evaluation of the effectiveness of this agreement. When opportunities to improve are identified, the parties will make reasonable efforts to change service delivery so as to meet community needs, within available resources. Information from the GCBH Children’s Committee regarding system issues will be communicated to the GCBH Regional Advisory Board for their review and recommendations and to the GCBH Board of Directors for their review and action.