

# Children's Administration (CA) Division of Children and Family Services (DCFS) Coordination Plan

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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 providers<sup>2</sup>.
  - The requirements herein apply both to GCBH and its network providers<sup>2</sup>. 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.
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## I. BACKGROUND:

GCBH, its network providers and CA regions 1, 2, and 6, 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 in serving children/youth and their biological, foster and/or adoptive families to ensure that mental health issues are effectively treated and provided in the least restrictive setting, enabling children/youth to attain their life potentials.

## III. PLAN:

### A. Roles and responsibilities:

1. GCBH and its network providers role and responsibilities:
  - 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 children 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. Ensure services meet appropriate quality standards of care.
  - d. For children/youth who meet eligibility criteria, the GCBH provider network develops crisis and individual service/treatment plans in accordance with GCBH standards that outline mental health services to be provided. Service planning for children/youth is collaborative.

- e. For children/youth mutually served, where coordination is necessary, GCBH and/or its provider network requests a release of information from the child/youth and/or parent/guardian in order to allow the mutual sharing of information between the systems.
- f. Children/youth receive an intake by a GCBH network provider within 10 working days of a request for services by child/youth or legal guardian.
- g. Upon request of either party, staff participates in interagency staffings for mutually served children/youth. This allows for updating treatment and case plans, safety planning, sharing of information and collaborative problem solving.
- h. If a child/youth is accepted for services, treatment begins within 10 working days of the intake.
- i. Prioritize evaluation with psychiatrists or psychiatric prescribers (nurse practitioner, etc) based on urgency of need.
- j. Attempts to provide crisis support in the community whenever appropriate. However, when psychiatric hospitalization is necessary, GCBH coordinates treatment planning, discharge and crisis planning with DCFS, as is appropriate.
- k. When long-term psychiatric hospitalization is necessary, GCBH coordinates treatment planning, discharge and crisis planning with DCFS, as is appropriate and specified in the PIHP Agreement between DSHS and GCBH.
- l. Provides Community Support Services, whenever possible and when appropriate, to children/youth who meet GCBH eligibility and medical necessity per Access to Care criteria and applicable WAC or statutes, commensurate with their psychiatric need and within available resources. When a child/youth is a consumer of DCFS, these services will be provided in collaboration with existing DCFS services. It is understood that DCFS services will not replace the mental health services offered by GCBH through its provider network and GCBH will not replace DCFS services.
- m. Creates and implements individualized hospital diversion plans prior to psychiatric hospitalization for all child/youth consumers of GCBH at high risk for hospitalization. When necessary, GCBH provides short-term inpatient services for children/youth who experience acute episodes of mental illness, in order to stabilize the psychiatric condition. With appropriate release of information agreements in place, GCBH and DCFS jointly develop the mental health crisis plans for each child/youth for whom DCFS is also providing services, with the intent that one crisis plan is used for children/youth served through both systems.

- n. Provide culturally competent and sensitive services to mutually served children/youth. Interpreter services, when needed, are funded by the GCBH network providers for the delivery of mental health services.
- o. Identify opportunities for education of DCFS 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.
- p. GCBH shall provide Care Coordinators as a source of information and problem solving when issues arise within the GCBH Provider Network.

2. CA/DCFS will.

- a. In cases where a dependency is filed on a child due to abuse, neglect, or no parent willing/capable; DCFS offers the family services to eliminate the risk factors leading to the dependency being filed. DCFS determines the safety risk to the child and makes a decision to place the child in foster care/kinship home or maintain the youth in their own home. Services are specifically tailored to the family and their individual needs in order to prevent and/or eliminate abuse and neglect factors
- b. Request releases of information from DCFS-involved parents/caregivers and youth (over 13 years of age) referred for mental health services. The purpose of the release of information is to allow for exchange of information between GCBH, its network providers and DCFS.
- c. Takes primary responsibility for the community placement of dependent children upon discharge from hospitals or psychiatric facilities, as follow:
  - i. When DCFS is notified of hospitalization, DCFS participates in hospital discharge planning beginning no later than the third day of hospitalization. If the child's social worker is not available to participate in discharge planning, a DCFS supervisor assigns another social worker to the process.
  - ii. When the hospital determines that discharge of a dependent child is appropriate, DCFS makes every effort to support the child/youth's discharge and to ensure the child/youth has non-mental health supports in the community. GCBH or the hospital provides to DCFS at least three days notice of discharge of a DCFS-served child/youth from a psychiatric hospital.
  - iii. When DCFS has been given prior notice of the anticipated discharge date, DCFS provides community placement of a dependent child (in his/her own home, relative home or licensed placement).
- d. Whenever a dependent child/youth is at risk of requiring acute care hospitalization or crisis intervention, DCFS works with the assigned GCBH network provider staff in the development of a crisis intervention/hospital diversion plan. Such plan may include actions each party takes in case the

child/youth's behavior escalates. The plan will include the following:

- i. Mental health supports
  - ii. Supports to the child/youth's caregiver
  - iii. Safety plan
  - iv. Involvement of other agencies/support services
  - v. Alternative community placements
- e. Utilizes the Child Behavior Check List (CBCL) for all youth entering out-of-home care 18 months to 18 years of age to screen for mental health issues. Children/youth with clinical range scores on internal or external scales will be referred to GCBH services for additional assessment to determine medical necessity and eligibility for services.
- f. DCFS-involved children/youth with EPSDT recommendations for mental health treatment are referred to GCBH services for additional assessment to determine medical necessity and eligibility for services.
- g. Comply with EPSDT guidelines.
- h. DCFS social workers participate in the mental health assessment and treatment planning for all children/youth served by DCFS. If the social worker is unable to attend the intake appointment, the social worker is expected to contact the MH professional to provide more information on the child. An appropriate ROI form needs to be signed by the client or the parents.
- i. For children/youth served by both DCFS and GCBH, service planning for children/youth is collaborative, as is financial participation in the service plan. DCFS authorizes, within available resources, appropriate non-mental health services for DCFS-involved children/youth to stabilize the child/youth in their family home and community. These services may include family support/preservation services, respite, parenting education, psychological assessments of parents, residential supports, specialized day care services, technical assistance and consultation.
- j. Determine eligibility for DCFS services for children/youth referred for services to DCFS by the mental health system. Whenever a child/youth is denied services by DCFS, GCBH or its network providers may request a written explanation, which DCFS will provide if a release of information, is obtained from the parents and child/youth (if 13 years of age or older).
- k. Identifies a regional or county-based DCFS Liaison who is responsible for linkage and referral, screening, case staffing and interdisciplinary planning for children/youth served by both systems. DCFS considers input from GCBH and its network providers as to the appointment of the Liaison.

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

1. When exchange of information is necessary or there is an overlap in services, GCBH and/or its network providers and DCFS requests that a release of information be signed by the child/youth (if over 13 years of age) or by their legal guardian.
2. GCBH and its network providers share informational documents to DCFS regarding each system's eligibility requirements and access procedures and other information necessary for ensuring continuity of care across systems.
3. DCFS staff regularly participates in the GCBH Children's Committee and other local county children's committees, where access to and components of services are routinely discussed.
4. Shared consumers are identified by either system. For example, DCFS children/youth entering out-of home care receive a mental health screening and if indicated are referred for mental health services. GCBH children/youth intake assessments also screen for DCFS involvement.

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

1. GCBH and the DCFS interface regularly in many public meetings, including those intended to identify gaps and develop initiatives to address local need.
2. Staff from the DCFS 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 includes DCFS in crisis planning and short-term psychiatric hospital discharge planning as appropriate.
2. DCFS is especially involved in the discharge planning relating to children/youth returning to the community following a CLIP intervention in concert with the current PIHP Agreement between DSHS and GCBH.

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

1. GCBH and DCFS recognize that circumstances may arise which may create barriers to smooth coordination of services. Therefore, every effort is 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 DCFS social

worker or supervisor assigned to the case to resolve the dispute. If the dispute cannot be resolved informally, then all entities have access to the GCBH formal dispute resolution process as follows:

- a. Disputes, unless otherwise stated herein, shall be determined by a Dispute board in the following manner: Each party shall appoint one member to the Dispute board. The members so appointed shall jointly appoint an additional member to the Dispute Board. The Dispute Board shall review the facts and applicable statutes and rules and make a determination of the dispute. This dispute resolution procedure shall not modify or reduce either party's rights to judicial proceedings.
2. This process does not interfere with the right of DCFS to involve the Ombudsman for the mental health system. The process does not interfere with the right of GCBH or its network providers to involve the Office of the Family and Children's Ombudsman.

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

GCBH, its provider network and DCFS are committed to continuous quality improvement. Complaints or issues regarding collaboration and coordination are responded to as they arise. The GCBH Children's Committee will include a process for routine evaluation and to help all organizations benefit from the findings of complaints or issues. In response to findings, all parties will make reasonable efforts to change service delivery when in the best interests of the community and within available resources. Information from the GCBH Children's Committee regarding system issues will be communicated to the GCBH Board of Directors for their review and action.