



Chemical Dependency and Substance Abuse (CDSA) Services Coordination Plan

No: AS1005

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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 CDSA agencies, through the DASA Alcohol and Drug County Coordinators and County Prevention and Treatment Specialists, have collaborated and agreed to follow and distribute this plan to appropriate staff in the combined efforts to coordinate care in serving consumers 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 consumers with co-occurring mental illness and chemical dependency and/or substance abuse issues to ensure that they are effectively treated, providing them with the opportunity to achieve their personal goals.

III. PLAN:

A. Roles and responsibilities:

1. The roles and responsibilities of GCBH, its network providers and the DASA Alcohol and Drug County Coordinators and County Prevention and Treatment Specialists are a collaborative and shared effort. All agencies share goals in serving individuals who have chemical dependency and/or substance abuse and mental health issues as a co-occurring clinical presentation. Shared objectives include but are not limited to:
 - a. Reducing the number and length of psychiatric hospitalizations;
 - b. Reducing the number of chemical dependency involuntary commitments;
 - c. Reducing the number of jail incarcerations due to mental health or chemical dependency and/or substance abuse;

- d. Linking incarcerated individuals with mental health and chemical dependency and/or substance abuse issues to services prior to their release from jail;
 - e. Improving the quality and availability of services for co-occurring disorders across the region;
 - f. Facilitate linkage to Medicaid enrollment while individuals are still incarcerated; and
 - g. Ensure a combined intake process where mental health and chemical dependency and/or substance abuse needs are evaluated by agencies serving either population.
2. To achieve these goals all agencies will use best efforts to coordinate to provide integrated treatment for persons with co-occurring disorders including but not limited to:
- a. All individuals who receive a mental health intake shall be screened for chemical dependency and/or substance abuse issues.
 - b. If through the mental health intake, the individual is determined to require further chemical dependency and/or substance abuse assessments and mental health services then they will be referred to a CDSA provider for a complete chemical dependency and/or substance abuse assessment along with mental health treatment services.
3. If the individual is enrolled for both mental health and chemical dependency and/or substance abuse services, then GCBH, its network providers and/or the CDSA agencies will obtain the necessary releases to allow for coordinated treatment between agencies.
4. Central Washington Comprehensive Mental Health (CWCMH), through a formal written contract with GCBH, provides a Pathways Co-Occurring Disorders (COD) male-only program especially developed to treat the most severe COD patients. The program specializes in thought disorders, severe learning difficulties, and residents who may require medication in order to successfully complete chemical dependency treatment.

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

GCBH and its network providers will provide informational documents to CDSA providers related to eligibility, access, authorization and services and other information necessary for ensuring continuity of care across systems.

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

1. GCBH, its network providers and the DASA Alcohol and Drug County Coordinators and County Prevention and Treatment Specialists will use best efforts to collaborate to identify needed local resources, including initiatives to address those needs.
2. GCBH is in the process of development and implementation of a PACT program for adults. Once this program is implemented it will be included in the continued efforts of GCBH, its network providers and the DASA Alcohol and Drug County Coordinators and County Prevention and Treatment Specialists to collaborate to address needed local resources, identify gaps and develop initiatives to address local needs.

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 CDSA providers in crisis planning and short-term psychiatric hospital discharge planning as appropriate and in concert with formal current contracts and/or agreements with the DDD and Home and Community Services (HCS).
2. GCBH and/or its provider network and CDSA providers will use best efforts to collaborate to facilitate treatment planning at the community level to assure that shared adult consumers are discharged from ESH into supportive community settings.

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

GCBH and CDSA providers 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 the DASA Alcohol and Drug County Coordinators and County Prevention and Treatment Specialists to resolve the dispute.

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

1. GCBH, its provider network and CDSA providers are committed to continuous quality improvement. Complaints or issues regarding collaboration and coordination are responded to as they arise. In response to findings, all parties will make reasonable efforts to improve collaboration and change service delivery when in the best interests of the community and within available resources.
2. GCBH performs annual reviews to evaluate cross system coordination and integration of services through the following:
 - a. Clinical chart audits will determine whether an assessment for co-disorder occurred. For those consumers assessed to have co-occurring disorder, the audit will also look at whether the treatment plan demonstrated a goal and objective appropriate for co-occurring disorder, and whether care appropriate to the treatment plan was provided by qualified staff. The quality goal is that these services are provided as co-occurring disorder care.
 - b. To determine whether the necessary cross system coordination is occurring, charts are also audited to ensure the presence of allied systems and stakeholders in the treatment process, programs under contract with GCBH will be audited to determine whether they are facilitating cross system coordination.
 - c. The results of these audits will be included in the GCBH quality improvement process.
3. Information from the audits 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.