

# GREATER COLUMBIA BEHAVIORAL HEALTH

## Policies and Procedures

Category: Clinical  
Approved On: 11/7/05  
Approved By: The Board of Directors  
Revised: 00/00/00  
Effective Date: 15 days from the approval date/ the last revision date

**No.: CL327.00**

**Title: Ensuring Care Coordination to Enhance Service Continuity for High Risk Consumers**

### **I. Scope:**

This policy applies to GCBH and its Provider network.

### **II. Definition:**

A. A “high risk” consumer is an individual who:

1. does not appear for more than 3 appointments (unexplained) in a 6 month period and has had contact with the community crisis system;  
or,
2. requires entry into services through a crisis contact to engage in treatment (without prior Mental Health services elsewhere) or,
3. requires discharge from a 24 hour facility to facilitate engagement in ongoing care after discharge.

### **III. Purpose:**

- A. To ensure that consumers with high risk issues receive individualized Care Coordination oriented to assuring coordination of timely and effective services.
- B. To diminish the potential risk or a poor outcome secondary to unfilled service needs, poor communications or conflicting treatment approaches.

### **IV. Process/Procedures:**

- A. GCBH and GCBH Member Governments/Provider Agencies will cooperate with the GCBH Utilization System (and its Care Coordinators) in their efforts to coordinate the services for an individual identified as being a complex care needs consumers.
- B. A Care Coordination referral may be initiated by the GCBH Medical Director or UM Manager; the GCBH Ombuds; or, the GCBH Utilization Management System itself.
- C. Individuals referred to Care Coordination may receive support for an indeterminate period of time based on the clinical presentation and Care coordinator's input.
- D. Care Coordinators will track the number of individuals under their auspices and report the number of enrollees followed, the length of time in care management, the reason for the referral and the outcome of their intervention. This information should be reported quarterly to the GCBH UM Committee for their review.

**V. Expected Outcome (s):**

- A. That consumers with high risks are provided clinically relevant and coordinated care.
- B. That GCBH and GCBH Member Governments/Provider Agencies remedy issues concerning service inconsistency, if such issues surface.
- C. That the UM Committee will incorporate this information into their assessment of Under or Over Utilization of resources.

**VI. Scheduled Review of this Policy:**

The review of the GCBH policies and procedures manual is on a two year cycle. The GCBH policy review and revision approval process is a three month process. This policy is scheduled to be reviewed every second year:

- A. by GCBH staff by September of even years,
- B. by the Regional Advisory Board (RAB) by October of even years,
- C. by the GCBH Board of Directors by November of even years, and
- D. outside of the schedule if required.