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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH Central Office and its functions.
 - X 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.
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PURPOSE: To establish standards for the provision of access to and oversight of intake evaluation services.

DEFINITIONS

- I. Brief Intake Evaluation – An abbreviated evaluation permitted by WAC 388-865-0420 when a provider believes that services will be completed within six (6) months, or when a consumer is resuming services after being out of service for less than twelve (12) months and received a full intake evaluation at the beginning of the previous service provision.
- II. Consumer – A person who has applied for, is eligible for or has received mental health services from a Greater Columbia Behavioral Health (GCBH) network provider, regardless of Medicaid eligibility. For a child under the age of thirteen, or for a child thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians.
- III. Enrollee – A consumer who is also a Medicaid recipient enrolled with GCBH.
- IV. Family – Those the consumer defines as family or those appointed/assigned (e.g. parents, foster parents, guardians, siblings, caregivers, and significant others).
- V. Mental Health Professional (MHP) – An individual who meets the criteria established by WAC 388-865-0150, or its successors.

POLICY

- A. The responsibility for offering/providing intake evaluations to individuals requesting covered mental health services is delegated by the GCBH Regional Office to its contracted network providers.
- B. All intake evaluations are provided by Mental Health Professionals, who determine whether the situation warrants a full or brief evaluation, as defined by WAC, and who carry out the Global Appraisal of Individual Needs – Short Screener (GAIN-SS), when its use is indicated, as defined below.
- C. Intakes are initiated prior to the provision of any non-crisis mental health services, within ten (10) working days of the request for services, and are completed within thirty (30) working days of the initiation of the intake.

¹See definitions of document types in AD100, "Development, Approval & Review of Formal RSN Documents"²"Network Provider" – An organization with which GCBH is contracted for the provision of direct services.

- D. Intakes are developed in collaboration with consumers, and include the input of people who provide active support to the consumers, if consumers request it or are under age thirteen (13).
- E. All intakes include either a consent for treatment or a copy of the detention or involuntary treatment order.

PROCEDURE

Full Intake evaluation

1. Full intake evaluations include:
 - 1.1. A description of the presenting problem, and presented needs;
 - 1.2. A description of the consumer's and family's strengths;
 - 1.3. Consumer's needs and desired outcomes in the consumer's own words;
 - 1.4. Consumer's culture/cultural history, including but not limited to, ethnicity or race and religion;
 - 1.5. History of other disorders, substance/alcohol abuse, developmental disability, any other relevant disability, and treatment, if any;
 - 1.6. Medical history, hospitalizations, treatment, past and current medications;
 - 1.7. Mental health services history, past and current medication;
 - 1.8. Assessment of suicide/homicide and self harm risk. A referral for provision of emergency/crisis services, consistent with WAC 388-865-0452, must be made if indicated in the risk assessment;
 - 1.9. Sufficient information to justify the provisional diagnosis;
 - 1.10. Documentation showing the consumer has been asked if they are under the supervision of the department or corrections or juvenile court;
 - 1.11. If the consumer is a child:
 - 1.11.1. Developmental history;
 - 1.11.2. Parental goals and desired outcomes (if consent is obtained or not required due to age or state custody); and
 - 1.11.3. Family and/or placement issues, including, if appropriate, family dynamics, placement disruptions, and current placement needs.
2. If seeking any of the information required for full intake evaluations presents a barrier to the provision of services for the consumer, any portion of the intake may be left incomplete, providing the reason for the omission is clearly documented in the clinical record.

Brief Intake Evaluations

3. Brief intake evaluations include:
 - 3.1. A description of presenting problem, presented needs, desired outcomes and consumer strengths identified by both the consumer and the clinician;
 - 3.2. Sufficient information to justify the provisional diagnosis;

- 3.3. The consumer's current physician and prescribed medications;
 - 3.4. Current and historical substance use/abuse or other co-occurring disorders including developmental disabilities;
 - 3.5. Mental health services history including past and current medications;
 - 3.6. Assessment of suicide/homicide and self-harm risk. A referral for provision of emergency/crisis services, consistent with WAC 388-865-0452 must be made if indicated in the risk assessment;
 - 3.7. Documentation that the consumer has been asked if they are under the supervision of the department or corrections or juvenile court; and
 - 3.8. Identification of mutually agreed upon outcomes that are expected to be accomplished within the six (6) month period that will be the treatment plan. This treatment plan will be used in place of the treatment plan required in WAC 388-865-0425.
4. If seeking any of the information required for brief intake evaluations presents a barrier to the provision of services for the consumer, any portion of the intake may be left incomplete providing the reason for the omission is clearly documented in the clinical record.
 5. When a consumer who received a brief evaluation is found to need treatment for longer than six (6) months, the additional elements required for a full intake evaluation must be completed, and a treatment plan meeting the requirements of WAC 388-865-0425 must be developed.
 6. Exclusions: a Brief Intake Evaluation will not be conducted if one or more of the following are present:
 - 6.1. The consumer is a child or adult who meets Level II criteria, as defined by GCBH Policy CL301 – Level of Care and Authorization Criteria.
 - 6.2. The consumer is currently on a Less Restrictive Alternative (LRA) community placement.
 - 6.3. During the intake process, the consumer is assessed as a danger to self or others, or as gravely disabled.

Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

7. The MHP conducting an intake must attempt to screen all individuals aged 13 and above via the GAIN-SS, provided by the Washington State Mental Health Division. Use of the GAIN-SS is required during:
 - 7.1. All new intakes;
 - 7.2. The next treatment planning session for individuals who have already had an intake and been authorized for outpatient services, but were not screened via the GAIN-SS during the initial intake;
 - 7.3. Each crisis episode of care including an ITA investigation, except when:
 - 7.3.1. The crisis services result in a referral for an intake assessment,
 - 7.3.2. The crisis services result in an involuntary detention under RCW 71.05, 71.34, or 70.96B,

7.3.3. The crisis services are provided only by telephone, or

7.3.4. The MHP providing the crisis services has information that the individual has been screened via the GAIN-SS within the previous twelve (12) months.

APPROVAL

/S/ William Wilson

William Wilson, DrPH,
Director

10/12/07