

# GREATER COLUMBIA BEHAVIORAL HEALTH Policies and Procedures

Category: Quality Management  
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Approved By: The Board of Directors  
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**No: QM505.01**

**Title: COORDINATION OF MENTAL HEALTH SERVICES WITH OTHER SYSTEMS OF CARE**

## **I. Policy:**

It is the policy of GCBH and its contracted provider network to participate in the coordination of mental health services with other systems of care (e.g. physical health care, Alcohol and Substance Abuse, Developmental Disabilities, Child Welfare, Juvenile Justice, Aging and Disabilities Services Administration, Tribes, Vocational Rehabilitation, jails, corrections, informal/natural supports, and education).

## **II. Purpose:**

The intent of this policy is to convey the GCBH expectation that its contracted providers cooperate and actively work with other systems of care involved with the same person.

Effective communication and the coordination of services are fundamental objectives for GCBH and its contracted provider network when serving persons involved with other systems of care. When mental health providers and other systems of care coordinate care efficiently, the following positive outcomes can occur:

- A. Services are coordinated and delivered safely;
- B. Duplicative and redundant activities, such as assessments, treatment plans and inter-agency meetings are minimized;
- C. Continuity and consistency of care are achieved;

- D. Clear lines of responsibility and accountability across mental health and other systems of care providers in meeting the needs of the person and family are established; and
- E. Limited resources are effectively utilized.

### **III. Procedures:**

GCBH contracted providers are responsible for actively coordinating the services a person receives with the services provided by other systems of care.

### **IV. General Requirements:**

The following information represents the GCBH expectations for its contracted providers when collaborating and coordinating care with other systems of care that may be involved with persons receiving mental health services.

#### **A. Physical Health Care:**

1. Obtain the name of the person's primary care provider (PCP) during the initial evaluation, and record information in the clinical record.
2. Refer children and adolescents up to age 21 to physical health care when the Mental Health Care Provider (MHCP) determines a referral is needed based on the periodicity schedule (e.g., EPSDT screening, well baby checks)
3. Where healthcare needs are identified, persons of all ages are referred to the identified necessary physical health care, diagnostic services, treatment, and other measures within the initial 30-day intake.
4. Referral and transition for those consumers who are enrolled in Healthy Options (H.O.) Plans when:
  - a. the consumer is stabilized;
  - b. their needs can be covered with services available from the H.O. Plan (e.g. medication management).

- B. Alcohol and Substance Abuse, Developmental Disabilities, Child Welfare, Juvenile Justice, Aging and Disabilities Services Administration, Tribes:
  - 1. Coordinating the development of the mental health treatment plan with the other systems of care to avoid redundancies and/or inconsistencies.
  - 2. Actively consider information and recommendations from other systems of care in the development of the mental health treatment plan.
  - 3. Ensure the goals of the mental health treatment plan for persons with developmental disabilities, who are receiving psychotropic medications includes reducing mental health symptoms and achieving optimal functioning, not merely the management and control of unwanted behaviors.
  
- C. Jails, corrections:
  - 1. Work in collaboration with the appropriate jail/corrections staff involved with the person.
  - 2. Invite jail/corrections staff to participate in the development of mental health treatment plan and subsequent planning meetings as members of the person's service team.
  - 3. Actively consider information and recommendations from jail/corrections staff in the development of the mental health treatment plan.

**V. 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 February of odd years,
- B. by the Regional Advisory Board (RAB) by March of odd years,
- C. by the GCBH Board of Directors by April of odd years, and
- D. outside of the schedule if required.